



# 2024 Enrollment Guide

**UHC Dual Choice DC-Q001 (PPO D-SNP)**

H2406-099-000

**Service area:** District of Columbia - District of Columbia

United  
Healthcare®

# UnitedHealthcare health plans are there for what matters to you, today and tomorrow



## Plans designed to fit your life

With plans designed for all styles, stages and ages there's a UnitedHealthcare plan to fit your life. Use your UnitedHealthcare UCard® as your member ID and so much more. Your UCard gives you access to a large network of providers. From choosing a plan to using your plan, enjoy an easier-than-ever experience, informed by members like you.



## More for your Medicare dollar

Use your UnitedHealthcare UCard to buy healthy food, OTC products and pay utility bills.



## Guidance for today and as your needs change

Count on us to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online tools and helpful UnitedHealthcare Plan Experts.<sup>1</sup> As a member, UnitedHealthcare advocates and navigators help you get the answers and care you need. Put UnitedHealthcare's more than 45 years of experience to work for you.

<sup>1</sup>Medicare Plan Expert is a licensed insurance sales agent/producer.

# UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail.  
Reach for your UCard when:



## Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



## Buying healthy food, OTC products or paying utility bills

Use the credit loaded on your UCard as payment in-store or online.



## Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



# Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan.



## Here's how this PPO D-SNP plan works



**Select a primary care provider to oversee and help manage your care.** You're not limited to this PCP, but it's beneficial for your long term health and well-being.



**\$0 covered services when received in-network.** See the Summary of Benefits in this book to find out what services are covered.



**No referral is needed to see a network specialist or other provider.**



**Emergency and urgently needed services are covered anywhere in the world.**



**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

Go to **[UHCCommunityPlan.com](https://UHCCommunityPlan.com)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



# Benefit Highlights

## UHC Dual Choice DC-Q001 (PPO D-SNP)

This is a short description of your 2024 plan benefits for those who get coverage of only Medicare cost-sharing. Medicaid pays your Medicare Part A and Part B deductibles, coinsurance, and copayment amounts only for Medicaid covered services. You pay nothing, except for Part D prescription drug copays (if applicable). This information is not a complete description of benefits. Refer to your **Summary of Benefits** or **Enrollee Handbook**. Limitations, exclusions, and restrictions may apply. Please call Enrollee Services: **1-866-242-7726**, TTY **711** for additional assistance.

**If you are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare covered services that are also covered by Medicaid.** If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Plan costs		
<b>Monthly plan premium</b>	\$0 with full “Extra Help”	\$41.30, depending on your level of “Extra Help”

Medical benefits				
Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your <b>Summary of Benefits</b> or <b>Enrollee Handbook</b> .				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual medical deductible</b>	No deductible		\$240	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$0 In-network	\$0 combined in and out-of-network	\$8,850 In-network	\$13,300 combined in and out-of-network

## Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your **Summary of Benefits** or **Enrollee Handbook**.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Doctor's office visit</b> Primary care provider (PCP)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)	20% coinsurance (no referral needed)	30% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay-30% coinsurance (depending on the service)
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days	\$1,900 copay per stay for unlimited days	30% coinsurance per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$204 copay per day: days 21-100	30% coinsurance per stay, up to 100 days
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance

## Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your **Summary of Benefits** or **Enrollee Handbook**.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Outpatient mental health</b> Group therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Individual therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	\$0 copay	\$0 copay for covered brands	30% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Ambulance</b>	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)		\$100 copay (\$0 copay for emergency care outside the United States) per visit	

### Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your **Summary of Benefits** or **Enrollee Handbook**.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Urgently needed services</b>	\$0 copay (worldwide)		\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

### Benefits and services beyond Original Medicare

	In-network	Out-of-network
<b>Routine physical</b>	\$0 copay, 1 per plan year*	30% coinsurance, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per plan year*	30% coinsurance, 1 per year*
<b>Routine eyewear</b>	\$0 copay Receive a total credit of \$250 toward your purchase of frames/lenses and contact lenses every year. Limited to 1 pair of frames/lenses and contact lenses every year.* Home delivered eyewear available through March Vision (select products only).	
<b>Dental – preventive</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental – comprehensive</b>	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
<b>Dental – benefit limit</b>	\$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	
<b>Hearing – routine exam</b>	\$0 copay, 1 exam per plan year*	30% coinsurance, 1 per year*



## Benefits and services beyond Original Medicare

	In-network	Out-of-network
<b>Hearing aids</b>	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
<b>Routine transportation</b>	\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
<b>Personal emergency response system</b>	\$0 copay for a personal emergency response system (PERS)	
<b>Foot care – routine</b>	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$84 credit every month to pay for covered groceries, OTC products and certain utility bills	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Nurse hotline</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week, at <b>1-877-440-9407</b> .	

\*Benefits are combined in and out-of-network.

## Prescription drugs

<b>Annual prescription (Part D) deductible</b>	\$0
<b>30-day or 100-day supply from retail network pharmacy</b>	
<b>All covered drugs</b>	\$0 copay Some covered drugs limited to a 30-day supply



Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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# Summary of Benefits 2024

**UHC Dual Choice DC-Q001 (PPO D-SNP)**  
H2406-099-000

Look inside to learn more about the plan and the health and drug services it covers.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-560-4944**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



**UHCCommunityPlan.com**

**United  
Healthcare®**

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Enrollee Handbook at [myuhc.com/communityplan](https://myuhc.com/communityplan) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC Dual Choice DC-Q001 (PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$0	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$0	This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.

## Medical benefits

		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		\$0 copay per stay	\$0 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient hospital observation services <sup>2</sup>	\$0 copay	\$0 copay
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$0 copay
	Specialists <sup>2</sup>	\$0 copay	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> </ul>	

## Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <li>□ Medical nutrition therapy services</li> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> </ul>	<ul style="list-style-type: none"> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul>

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

### Emergency care

\$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

### Urgently needed services

\$0 copay (worldwide) per visit

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup>

\$0 copay

\$0 copay

Lab services<sup>2</sup>

\$0 copay

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$0 copay

\$0 copay

Therapeutic radiology<sup>2</sup>

\$0 copay



\$0 copay

Outpatient X-rays<sup>2</sup>


\$0 copay

\$0 copay

**Medical benefits**

		<b>In-network</b>	<b>Out-of-network</b>
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Hearing aids <sup>2</sup>	\$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids* <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>	
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	\$1,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Medicare Advantage’s largest national dental network</li> <li><input type="checkbox"/> Freedom to see any dentist</li> <li><input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</li> </ul>	

## Medical benefits

		In-network	Out-of-network
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Routine eyewear	\$0 copay Plan pays up to \$250 every year for lenses/frames and contacts*	\$0 copay Plan pays up to \$250 every year for lenses/frames and contacts*
<b>Mental health</b>	Inpatient visit <sup>2</sup>  Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay	\$0 copay per stay
	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b>  Our plan covers up to 100 days in a SNF.	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	



Medical benefits			
		In-network	Out-of-network
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Occupational Therapy Visit <sup>2</sup>	\$0 copay	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 copay for air
Your provider must obtain prior authorization for non-emergency transportation.			
<b>Routine transportation</b>		\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay	\$0 copay
	Part B covered insulin <sup>2</sup>	\$0 copay	\$0 copay
	Other Part B drugs <sup>2</sup>	\$0 copay	\$0 copay

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**Prescription drugs**

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**Annual  
Prescription  
Deductible**          \$0

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**30-day^ or 100-day supply from a retail or mail order network pharmacy**

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All covered drugs          \$0 copay  
(Some covered drugs are limited to a 30-day supply)


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^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Additional benefits			
		In-network	Out-of-network
<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	\$0 copay
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay	\$0 copay

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay	\$0 copay
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
<b>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay

**Additional benefits**

	<b>In-network</b>	<b>Out-of-network</b>
 <b>Food, Over-the-Counter (OTC) and Utility Bill Credit</b>	<p>\$84 credit every month to pay for healthy food, OTC products and utility bills</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li><input type="checkbox"/> Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more</li> <li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li> <li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you</li> </ul>	
<b>Personal emergency response system</b>	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
<b>Renal Dialysis<sup>2</sup></b>	\$0 copay	\$0 copay

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network

## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what District Medicaid covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Enrollee Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call ESA - Department of Human Services Economic Security Administration (ESA), 1-202-671-4200.

Benefits	Medicaid	UHC Dual Choice DC-Q001 (PPO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Not covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Not covered	Covered with limitations
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered

<b>Benefits</b>		
	<b>Medicaid</b>	<b>UHC Dual Choice DC-Q001 (PPO D-SNP)</b>
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

## About this plan

UHC Dual Choice DC-Q001 (PPO D-SNP) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes the following:

**District of Columbia:** District of Columbia.

## Use network providers and pharmacies

UHC Dual Choice DC-Q001 (PPO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHCCommunityPlan.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.



## Required Information

UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and with District Medicaid.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-242-7726 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 days a week, October-March.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-242-7726, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### Food, Over-the-Counter (OTC) and Utility Bill Credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

The company complies with applicable Federal and State civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of any of the following:

- Race or Ancestry
- Color
- Creed
- Religion
- Age
- National origin
- Language
- Marital status
- Sex (including sexual orientation and gender identity)
- Medical Condition or Disability (including physical or mental impairment)
- Pregnancy
- Family Responsibilities
- Source of Income
- Place of Residence
- Political Affiliation
- Personal appearance

If you believe you were treated in a discriminatory way, you can send a complaint to:

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130

**UHC\_Civil\_Rights@uhc.com**

If you need help with your complaint, please call Member Services at **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:**

U.S. Dept. of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201

We can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call Member Services at **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March.

If you need any other assistance, please contact the Office of Health Care Ombudsman at 202-724-7491.

## English

If you do not speak and/or read English, please call **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March. A representative will assist you.

## Spanish

Si no habla ni lee en inglés, llame al **1-866-242-7726**, TTY **711**, de lunes a viernes, de 8:00 a.m. a 5:30 p.m. hora del este, de abril a septiembre; y los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora del este, de octubre a marzo. Un representante le brindará asistencia.

## Amharic

እንግሊዘኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከቀኑ 8:00am - 5:30pm EST፣ ከሰኞ - አርብ፣ ወራት ከኤፕሪል - ሴፕቴምበር፣ 8:00am - 8:00pm EST፣ በሰኞን 7 ቀናት፣ ወራት ከኦክቶበር - ማርች። አንድ ተወካይ ይረዳዎታል።

## Vietnamese

Nếu quý vị không nói và/hoặc đọc được tiếng Anh, vui lòng gọi đến số 1-866-242-7726, TTY (Thoại văn bản) 711, từ 8:00 sa – 5:30 ch, giờ Chuẩn Miền Đông (EST), từ thứ Hai – thứ Sáu trong tháng Tư – tháng Chín; 8:00 sa – 8:00 tối, giờ Chuẩn Miền Đông (EST), 7 ngày một tuần trong tháng Mười – tháng Ba. Một nhân viên sẽ hỗ trợ cho quý vị.

## Korean

영어로 말하거나 읽지 못하는 경우, 4월~9월에는 월요일~금요일 오전 8시~오후 5시 30분(동부 표준시), 10월~3월에는 주 7일 오전 8시~오후 8시(동부 표준시)에 1-866-242-7726, TTY 711로 전화하십시오. 담당자가 도움을 드릴 것입니다.

## French

Si vous ne savez pas parler et/ou lire l'anglais, veuillez composer le numéro 1-866-242-7726, téléscripateur 711, de 8:00 à 17:30 (heure normale de l'Est), du lundi au vendredi, d'avril à septembre ; de 8:00 à 20:00 (heure normale de l'Est), 7 jours sur 7, d'octobre à mars. Un représentant vous aidera.

## Arabic

إذا كنت لا تتحدث الإنجليزية و/أو لا تجيد قراءتها، فيُرجى الاتصال على 1-866-242-7726، الهاتف النصي 711، بين 8:00 صباحًا و5:30 مساءً بتوقيت شرق الولايات المتحدة، من الإثنين إلى الجمعة، من أبريل إلى سبتمبر؛ ومن 8:00 صباحًا إلى 8:00 مساءً بتوقيت شرق الولايات المتحدة، 7 أيام في الأسبوع، من أكتوبر إلى مارس. وسيساعدك أحد ممثلي الخدمة.

## Mandarin

如果您不会说和/或阅读英语，请在四月至九月之间，于周一至周五，上午 8:00 至下午 5:30（美国东部标准时间）；在十月至三月之间，每周 7 天，上午 8:00 至晚上 8:00（美国东部标准时间），致电 1-866-242-7726，听障专线 (TTY) 711。一位代表将为您提供帮助。

**Russian**

Если вы не говорите и/или не читаете по-английски, позвоните по телефону 1-866-242-7726, TTY 711, 08:00 – 17:30 по восточному поясному времени, с понедельника по пятницу, с апреля по сентябрь; 08:00 – 20:00 по восточному поясному времени, 7 дней в неделю, с октября по март. Наш представитель поможет Вам.

**Burmese**

သင်အင်္ဂလိပ်စကား မပြောလျှင် နှင့်/သို့မဟုတ် အင်္ဂလိပ်ဘာသာစကားကို မဖတ်တတ်လျှင်၊ ဧပြီလမှ စက်တင်ဘာလအတွင်းဖြစ်ပါက၊ တနင်္လာနေ့မှ သောကြာနေ့၊ အရှေ့ပိုင်းစံတော်ချိန် နံနက် 8:00 နာရီမှ ညနေ 5:30 အတွင်းနှင့် အောက်တိုဘာလမှ မတ်လအတွင်းဖြစ်ပါက၊ တစ်ပတ်လျှင် 7 ရက်လုံး၊ အရှေ့ပိုင်းစံတော်ချိန်၊ နံနက် 8:00 နာရီမှ ည 8:00 နာရီအတွင်း 1-866-242-7726၊ TTY 711 ကို ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်အား အကူအညီပေးသွားပါမည်။

**Cantonese**

如果您不會說和/或閱讀英語，請在美國東部標準時間週一至週五、四月至九月的上午 8:00 至下午 5:30 之間致電 1-866-242-7726，聽障專線 ( TTY ) 711；美國東部標準時間上午 8:00 至晚上 8:00，每週 7 天，十月至三月。代表將為您提供協助。

**Farsi**

اگر به زبان انگلیسی صحبت نمی‌کنید و یا متن نمی‌خوانید، لطفاً از ساعت 8:00 صبح تا 5:30 عصر EST، از دوشنبه تا جمعه، ماههای آوریل تا سپتامبر؛ 8:00 صبح تا 8:00 شب EST، 7 روز هفته، ماههای اکتبر تا مارس با TTY 711، 1-866-242-7726 تماس بگیرید. یکی از نمایندگان به شما کمک خواهد کرد.

**Polish**

Jeśli nie mówisz i/lub nie czytasz po angielsku, prosimy o kontakt pod numerem 1-866-242-7726, TTY 711, w godzinach 8:00 – 7:30 EST, od poniedziałku do piątku, w miesiącach kwiecień – wrzesień; 8:00 – 20:00 EST, 7 dni w tygodniu, w miesiącach październik – marzec. Przedstawiciel firmy udzieli Ci pomocy.

**Portuguese**

Se não fala e/ou não lê inglês, ligue para o 1-866-242-7726, TTY 711, entre as 8:00h - 17:30h EST, de segunda a sexta-feira, nos meses de abril - setembro; 8:00h - 20:00h EST, 7 dias por semana, nos meses de outubro – março. Um representante irá ajudá-lo(a).

**Punjabi**

ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਨਹੀਂ ਪੜ੍ਹਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-866-242-7726, TTY 711 ਨੂੰ, ਅਪ੍ਰੈਲ - ਸਤੰਬਰ ਮਹੀਨੇ ਲਈ ਸੋਮਵਾਰ - ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ EST; ਅਕਤੂਬਰ - ਮਾਰਚ ਮਹੀਨੇ ਲਈ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ EST ਦੇ ਵਿਚਕਾਰ ਕਾਲ ਕਰੋ। ਇੱਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

**Haitian Creole**

Si ou pa pale ak/oswa li anglè, tanpri rele 1-866-242-7726, TTY 711, ant 8:00am – 5:30pm EST, lendi – vandredi, pou mwa avril – septanm; 8:00am – 8:00pm EST, 7 jou nan yon semèn, pou mwa oktòb – mas. Yon reprezantan pral ede ou.

**Hindi**

यदि आप अंग्रेज़ी बोल और/या पढ़ नहीं पाते हैं, तो कृपया 1-866-242-7726, TTY 711 पर, सुबह 8:00 – शाम 5:30 EST, सोमवार – शुक्रवार, महीने अप्रैल – सितम्बर; सुबह 8:00 – शाम 8:00 EST, 7 दिन प्रति सप्ताह, महीने अक्टूबर – मार्च संपर्क करें। एक प्रतिनिधि आपकी सहायता करेगा।

**Somali**

Haddii aadan ku hadlin iyo/ama akhrin Ingiriisi, fadlan wac 1-866-242-7726, TTY 711, inta u dhexaysa 8:00 subaxnimo – 5:30 galabnimo EST, Isniinta – Jimcaha, billaha Abriil – Sitembar; 8:00 subaxnimo – 8:00 galabnimo EST, 7 maalin isbuucii, billaha Oktoobar – Maarso. Wakiil ayaa ku caawin doona.

**Hmong**

Yog koj hais lus As Kiv tsis tau thiab/los sis nyeem ntawv As Kiv tsis tau, ces hu rau 1-866-242-7726, TTY 711, thaj tsam thaum 8:00 teev sawv ntxov – 5:30 teev yav tsaus ntuj EST, hnuv Monday – Friday, lub Plaub Hlis Ntuj – Cuaj Hli Ntuj; 8:00 teev sawv ntxov – 8:00 teev tsaus ntuj EST, 7 hnuv hauv ib lub vij, Lub Kaum Hli Ntuj – Peb Hlis Ntuj. Ib tug neeg sawv cev yuav los pab koj.

**Italian**

Se non si parla e/o legge in lingua inglese, si prega di chiamare il numero +1 866 242 7726, TTY 711, dalle 8:00 alle 17:30 ora standard orientale, da lunedì a venerdì, nei mesi da aprile a settembre; e dalle 8:00 alle 20:00 ora standard orientale, 7 giorni su 7, nei mesi da ottobre a marzo. Si riceverà assistenza da un rappresentante.

**Tagalog**

Kung hindi ka nagsasalita at/o nagbabasa ng English, pakitawagan ang 1-866-242-7726, TTY 711, sa pagitan ng 8:00am – 5:30pm EST, Lunes – Biyernes, mga buwan ng Abril – Setyembre; 8:00am – 8:00pm EST, 7 araw sa isang linggo, mga buwan ng Oktubre – Marso. Tutulungan ka ng isang kinatawan.

**Japanese**

英語を話したり読んだりできない場合は、以下の時間帯に電話(1-866-242-7726、TTY 711)でお問合せください。4月～9月、午前8:00～午後5:30(東部標準時)、月曜日～金曜日。10月～3月、午前8:00～午後8:00(東部標準時)、週7日間。担当者がお手伝いいたします。

# Important information: 2024 Medicare star ratings



## UnitedHealthcare - H2406

For 2024, UnitedHealthcare - H2406 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ 4 stars
- Health Services Rating: ★ ★ ★ ★ 4 stars
- Drug Services Rating: ★ ★ ★ ★ ½ 4.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars shows how well a plan performs.**

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-242-7726** (toll-free) or **711** (TTY).

# Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs
<b>Amitiza</b>	<b>Linzess</b> Lubiprostone <b>Movantik</b> <b>Motegrity</b> <b>Trulance</b>
<b>Basaglar</b>	<b>Lantus</b> <b>Levemir</b> <b>Toujeo</b> <b>Tresiba</b>
<b>Bystolic</b>	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
<b>Cialis &amp; Tadalafil 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release Doxazosin Tamsulosin
<b>Cyclosporine Ophthalmic</b>	<b>Restasis</b> <b>Tyvaya</b>
Icosapent Cap	<b>Vascepa</b>
<b>Latuda</b>	Lurasidone
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> )
<b>Novolin</b>	<b>Humulin</b>
<b>Novolog</b>	<b>Humalog</b> <b>Insulin Lispro</b> <b>Lyumjev</b>
<b>Nucynta ER</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
<b>OxyContin</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets



Drugs not covered by the plan	Alternative covered drugs
<b>Pradaxa</b>	<b>Eliquis</b> <b>Xarelto</b>
<b>Proair</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) <b>Ventolin HFA</b>
<b>Proventil HFA</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) <b>Ventolin HFA</b>
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule
<b>Victoza</b>	<b>Trulicity</b> <b>Mounjaro</b> <b>Ozempic</b> <b>Bydureon</b>
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release <b>Belsomra</b>

**Bold type = Brand name drug** Plain type = Generic drug



Scan this code to  
access the drug cost  
estimator tool



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

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# Helpful resources

## You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

## Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

## We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



If you are a veteran or Dual Special Needs Plan member, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, 9 a.m.–6 p.m. local time, Monday–Friday.

## Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare® designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



**MedicareMadeClear.com**

# Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at [UHCCommunityPlan.com](https://www.uhc.com/communityplan).



**Did you check the online Drug List to make sure your prescription drugs are covered?**



**Did you check the online Provider Directory to make sure your providers are in the network?**

This plan includes a network of quality doctors, hospitals, and other providers, designed to help you get the care you need.



**Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?**

If your pharmacy is not in the network, you will need to select a new network pharmacy.



**Did you look through the Summary of Benefits in this booklet to review your medical services and prescription drugs?**

If you want more information, the Evidence of Coverage includes a complete list of coverage, benefits and plan rules.

**You're eligible to enroll in this Dual Special Needs Plan (D-SNP) if you:**



Are enrolled in Original Medicare Parts A and B



Receive Medicaid benefits



Live in the plan's service area

# What to expect after you enroll

Once you're an enrollee, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your enrollee site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your health plan.



**You are here**  
Enrollment  
submitted



Create your  
account to review  
your plan online



UCard arrives in the  
mail – be sure to  
activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your enrollee ID number and email address to create an account at [myuhc.com/communityplan](https://myuhc.com/communityplan). Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment
- Review UnitedHealthcare UCard balances

## Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to an annual in-home UnitedHealthcare® HouseCalls visit and personalized care coordination from a Care Navigator as part of your health plan
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

## Benefits may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

## Thank you for choosing UnitedHealthcare

If you have questions, call Enrollee Services toll-free at **1-866-242-7726**, TTY 711.

Scan this code to access  
the enrollee site using  
your enrollee ID number



# How to enroll

You can enroll by phone, online, mail or fax. Simply choose the way that's easiest for you and follow the directions below.



## By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with an agent in your area.



## Online

Go to **UHCCommunityPlan.com** and follow the step-by-step instructions to enroll.



## By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
P.O. Box 30769  
Salt Lake City, UT 84130-0769



## By fax

Fill out the Enrollment Request Form and fax the front and back of each page to:  
1-888-950-1169

## Enrollment Request Form checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your date of birth
- ✓ Verify your providers accept the plan you are choosing
- ✓ Provide the name of your primary care provider (PCP)

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# Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

**Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):**

- Medicare Advantage plans (Part C) and cost plans
- Stand-alone Medicare prescription drug (Part D) plan
- Medicare Supplement (Medigap) products
- Dental-vision-hearing products
- Hospital indemnity products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

**Beneficiary or authorized representative signature and signature date:**

<b>Signature of beneficiary/authorized representative</b>	<b>Today's date</b>
_____	MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)	Relationship to beneficiary
-----------------------	-----------------------------

**To be completed by licensed sales representative** (please print clearly and legibly)

Sales Agent name (First and Last)	Sales Agent phone	Sales Agent ID
	■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	

Beneficiary name (First and Last)	Beneficiary phone	Date of appointment
	■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	MM - DD - YYYY

Beneficiary address

Initial method of contact	Plan(s) the Sales Agent will represent during the meeting
---------------------------	---

Sales Agent signature

## Medicare Advantage plans (Part C) and cost plans

**Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare health maintenance organization (HMO) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

**Medicare preferred provider organization (PPO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare private fee-for-service (PFFS) plan** — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) plan** — MSA plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare cost plan** — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Stand-alone Medicare prescription drug (Part D) plan

**Medicare prescription drug plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

## Other related products

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

**Dental/vision/hearing products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Hospital indemnity products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.





## 2024 Enrollment Request Form

UHC Dual Choice DC-Q001 (PPO D-SNP) H2406-099-000 - B4T

### Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial
Birth date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home phone number (     )     -		Mobile phone number (     )     -
Social Security number (Required for people who are enrolling in D-SNP plans):     ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■		
Medicare number		

Permanent residence street address (**P.O. box is not allowed**)

City	County	State	ZIP code
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Mailing address (**Only if it's different from above. You can give a P.O. box.**)

City	State	ZIP code
------	-------	----------

Email address (optional)

**Do you have other insurance that will cover your prescription drugs?**      Yes    No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance

Member number	Group number	RxBin	RxPCN (optional)
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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### How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you
- I want to pay from my Social Security check
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account type  Checking  Savings

Account holder name: \_\_\_\_\_

Bank routing number \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/

Bank account number \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/

### A few questions to help us manage your plan

**1. Would you prefer plan information in another language or an accessible format?**  Yes  No

Please check what you'd like:  Spanish  Braille  Other \_\_\_\_\_

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHCCCommunityPlan.com** for online help.

**2. Are you enrolled in your state Medicaid program?**  Yes  No

If yes, please give us your Medicaid number: \_\_\_\_\_

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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**3. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, or Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin
- I choose not to answer

**4. What's your race? Select all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander
- I choose not to answer
- Member/Citizen of a federal or state recognized Tribe (name of Tribe) \_\_\_\_\_

**5. Do you or your spouse work?**

Yes  No

Do you or your spouse have other health insurance that will cover medical services?  
(Examples: Other employer group coverage, LTD coverage, Workers' Compensation,  
auto liability, or Veterans benefits)

Yes  No

If yes, please complete the following:

\_\_\_\_\_  
Name of health insurance company

\_\_\_\_\_  
Member number

**6. Please give us the name of your primary care provider (PCP), clinic or health center.**

You aren't limited to this list. You may go to any doctor who accepts Medicare and the plan's payment terms.

You can find a list on the plan website or in the Provider Directory.

\_\_\_\_\_  
Provider or PCP full name

\_\_\_\_\_  
Provider/PCP number:

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider?  Yes  No

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

**Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.**

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

**If you would rather have hard copies of required materials mailed to you, please check here:**

- Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

**Please read and sign**

**By completing this form, I agree to the following:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private-Fee-For-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and its affiliates and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**When I sign below, it means that I have read and understand the information on this form**

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

**Signature of applicant/member/authorized representative    Today's date**

**If you are the authorized representative, please sign above and complete the information below**

**\*Not a Sales Agent**

Last name	First name	
Address		
City	State	ZIP code
Phone number (       )       -	Relationship to applicant	

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

**For Licensed Sales Representative/agency use only**

Licensed Sales Representative/writing ID	Initial receipt date
Licensed Sales Representative/agent name	Proposed effective date
Employer group name	
Employer group ID <input type="text"/>	Branch ID <input type="text"/>

**Agent must complete**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees)             | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 – Mar 31)        |
| <input type="checkbox"/> OEP (Newly eligible)  | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence)                  | <input type="checkbox"/> SEP (Loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic)         | <input type="checkbox"/> SEP (Dual LIS maintaining)      | <input type="checkbox"/> AEP (October 15-December 7)                | <input type="checkbox"/> OEPI                        |
- SEP (SEP reason) \_\_\_\_\_

<b>Licensed Sales Representative signature (optional)</b>	<b>Date</b>
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**Please mail or fax this completed form to:**

UnitedHealthcare  
P.O. Box 30769  
Salt Lake City, UT 84130-0769

Fax: 1-888-950-1169

Fax the front and back of each page

Enrollee name \_\_\_\_\_  
Agent name/ID number \_\_\_\_\_  
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**PRIVACY ACT STATEMENT:** The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2024

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## Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

### Understanding the benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary to make sure your drugs are covered.

### Understanding important rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



# 2024 Enrollment receipt

## To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

**This copy is for your records only. Please do not resubmit enrollment.**

<b>Applicant 1:</b>	<b>Applicant 2 (if applicable):</b>
Name	Name
Application date - -	Application date - -
Proposed effective date - -	Proposed effective date - -
Plan name	Plan name
Plan type	Plan type
Health plan/PBP number	Health plan/PBP number
Enrollment tracking number (if applicable)	Enrollment tracking number (if applicable)

**Call your Licensed Sales Representative if you have any questions:**

Representative name and ID number

Representative phone number

□ □ □ - □ □ □ - □ □ □ □ □

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: MPDCSP**

**We're here to help.** If you have additional questions, please call Enrollee Services toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

**Important reminder** - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



## Notes and doodles

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# Ready to use your extra benefits?

## UHC Dual Choice DC-Q001 (PPO D-SNP)

Take advantage of your additional plan benefits by using the providers below.



Call **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m.: 7 days a week, October-March or visit [myuhc.com/communityplan](https://myuhc.com/communityplan) for:

- Routine vision services
- Routine dental benefits
- Transportation



### Hearing aids

UnitedHealthcare Hearing  
1-877-704-3384  
[UHChearing.com/Medicare](https://UHChearing.com/Medicare)



### Prescription drug home delivery

Optum Home Delivery, a service of  
OptumRx  
1-877-889-6358  
[OptumRx.com](https://OptumRx.com)



### Food, Over-the-Counter (OTC) and Utility Bill Credit

Solutran  
1-833-853-8587  
[myuhc.com/communityplan](https://myuhc.com/communityplan)



### Personal emergency response system

Lifeline  
1-855-596-7612  
[lifeline.com/UHCMedicare](https://lifeline.com/UHCMedicare)



### Nurse Hotline

1-877-440-9407



You can count on us to be here when you need us.  
Call us when you need 1 on 1 support.

## We're happy to help



Call toll-free **1-844-560-4944**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



**UHCCommunityPlan.com**



Download the UnitedHealthcare app

Important plan information

Y0066\_EGCov\_2024\_C

Scan this code  
to download the  
UnitedHealthcare  
app



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