Summary of Benefits 2024

UHC Dual Complete NY-Y001 (HMO D-SNP)
H3387-013-000

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®
Dual Complete

Y0066_SB_H3387_013_000_2024_M

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 Evidence of Coverage (EOC) at **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 Complete NY-Y001 (HMO D-SNP)

Medical premium, deductible and limits	
Monthly plan premium	$0 You may need to continue to pay your Medicare Part B premium
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 network providers.
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay $0 for your Medicare-covered services as noted by the cost-sharing in this chart.

Medical benefits		
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$0 copay per stay
Outpatient hospital	Ambulatory surgical center (ASC)[2]	$0 copay
	Outpatient hospital, including surgery[2]	$0 copay
	Outpatient hospital observation services[2]	$0 copay
Doctor visits	Primary care provider	$0 copay
	Specialists[2]	$0 copay
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	Routine physical	$0 copay, 1 per year
	Medicare-covered	$0 copay ▯ Abdominal aortic aneurysm screening ▯ Alcohol misuse counseling ▯ Annual wellness visit ▯ Bone mass measurement ▯ Breast cancer screening (mammogram) ▯ Cardiovascular disease (behavioral therapy) ▯ Cardiovascular screening ▯ Cervical and vaginal cancer screening ▯ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ▯ Depression screening ▯ Diabetes screenings and monitoring ▯ Hepatitis C screening ▯ HIV screening ▯ Lung cancer with low dose computed tomography (LDCT) screening ▯ Medical nutrition therapy services ▯ Medicare Diabetes Prevention Program (MDPP) ▯ Obesity screenings and counseling

Medical benefits		
		• Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time) 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)[2]	$0 copay
	Lab services[2]	$0 copay
	Diagnostic tests and procedures[2]	$0 copay
	Therapeutic radiology[2]	$0 copay
	Outpatient X-rays[2]	$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay
Routine dental benefits		Not covered

Medical benefits		
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay
	Eyewear after cataract surgery	$0 copay
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay
	Outpatient group therapy visit[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay
	Virtual mental health visits	$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing facility (SNF)[2] Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$0 copay
	Occupational Therapy Visit[2]	$0 copay
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay for ground $0 copay for air
Routine transportation		Not covered

Medical benefits		
Medicare Part B prescription drugs	Chemotherapy drugs[2]	$0 copay
	Part B covered insulin[2]	$0 copay
	Other Part B drugs[2]	$0 copay

Prescription drugs	
Annual Prescription Deductible	$0
30-day^ or 100-day supply from a retail or mail order network pharmacy	
All covered drugs	$0 copay (Some covered drugs are limited to a 30-day supply)

^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		
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Diabetes self-management training	$0 copay
	Therapeutic shoes or inserts[2]	$0 copay
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	$0 copay
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay
Foot care (podiatry services)	Foot exams and treatment[2]	$0 copay
Meal benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home health care[2]		$0 copay

Additional benefits		
Hospice		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.
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Opioid treatment program services[2]		$0 copay
Outpatient substance abuse	Outpatient group therapy visit[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay
Food, Over-the-Counter (OTC) and Utility Bill Credit		$184 credit every month to pay for healthy food, OTC products and utility bills □Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water □Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more □Pay home utility bills like electricity, heat, water and internet □Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you
Renal Dialysis[2]		$0 copay

[2] May require your provider to get prior authorization from the plan.

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 New York State Department of Health 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 Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Initial Eligibility Unit - HRA/Medical Assistance Program, 1-800-541-2831.

Benefits		
	Medicaid	**UHC Dual Complete NY-Y001 (HMO D-SNP)**
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered with limitations
Dental Services	Covered	Covered with limitations
Vision Services	Covered	Covered with limitations
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Not covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered with limitations
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered with limitations
Home Health Care	Covered	Covered

Benefits		
	Medicaid	**UHC Dual Complete NY-Y001 (HMO D-SNP)**
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete NY-Y001 (HMO D-SNP) is a Medicare Advantage HMO 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 Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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 these counties in:

New York: Erie, Genesee, Monroe, Niagara, Orleans, Wyoming.

Use network providers and pharmacies

UHC Dual Complete NY-Y001 (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or 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 Complete NY-Y001 (HMO 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.

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 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.

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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 1-866-547-0772 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

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 1-866-547-0772, 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; de lunes a viernes, de abril a septiembre.

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

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.

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.