




# Annual Notice of Changes 2025

**UHC Dual Complete NJ-Y001 (HMO D-SNP)**

 **MyUHC.com/CommunityPlan**

 Toll-free **1-800-514-4911**, TTY **711**  
8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept

**Do we have the right address for you?**

If not, please let us know so we can keep you informed about your plan.

**United  
Healthcare®**



# Here for you every step of the way

With more than 45 years of experience, we understand Medicare coverage is personal and changes to your coverage can affect your life. As America's most chosen Medicare Advantage brand, we're committed to delivering a 2025 plan that fits your needs, especially as some regulations change across the Medicare industry.

This Annual Notice of Changes will tell you what you need to know about your plan benefits, including what's new for 2025 and what's staying the same. You can continue to count on your easy-to-use UCard,<sup>®</sup> only from UnitedHealthcare, to open doors for your care, rewards and so much more.

**The Annual Enrollment Period (AEP) is October 15–December 7.** It's an opportunity to reflect on your health plan needs. And if your needs have changed, you can explore other plan options. With plans designed for all budgets, stages and ages, UnitedHealthcare has coverage you can count on for your whole life ahead.

### A few important reminders:

1. You'll be automatically enrolled in this 2025 plan unless you take action during AEP
2. Your 2025 benefits will be effective January 1, whether you stay in your current plan or switch
3. Your current plan benefits end December 31, take advantage before it's too late



### Expert guidance to support you

Questions? Contact your local licensed sales agent or call Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept



Visit [uhc.care/next-year](https://uhc.care/next-year) or scan the QR code to:

- Learn about Medicare industry changes
- View your 2025 Annual Notice of Changes online
- Review current year benefit usage

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Medicare Plan Expert is a licensed insurance sales agent/producer. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. © 2024 United HealthCare Services, Inc. All Rights Reserved.

**United  
Healthcare<sup>®</sup>**

## Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **MyUHC.com/CommunityPlan** to review the details online. All of the below documents will be available online by **October 15, 2024**.

### Provider and Pharmacy Directory

Review the 2025 Provider and Pharmacy Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

### List of Covered Drugs (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

### Evidence of Coverage (EOC)

Review your 2025 EOC for details about plan benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

### Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at **1-800-514-4911** (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

### Reduce the clutter and get plan documents faster.

Visit **MyUHC.com/CommunityPlan** to sign up for paperless delivery.

# Annual Notice of Changes for 2025

## Introduction



**You are currently enrolled as a member of our plan.**

Next year, there will be some changes to our benefits, coverage, rules. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of your **Evidence of Coverage**.

## Additional resources

- This document is available for free in Spanish.
- You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call Toll-free **1-800-514-4911**, TTY **711**, 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- Our members can request their preferred language other than English and/or alternate format by calling the Customer Service number at the bottom of this page. Members' information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, members can contact Customer Service to have their preference updated for future communications.

OMB Approval 0938-1444 (Expires: June 30, 2026)



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

## Nondiscrimination notice

**Discrimination is against the law.** The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW, HHH Building, Room 509F  
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Chinese Cantonese:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

---

## Table of Contents

<b>A. Disclaimers</b> .....	<b>9</b>
<b>B. Reviewing your Medicare and NJ FamilyCare coverage for next year</b> .....	<b>10</b>
B1. Information about UHC Dual Complete NJ-Y001 (HMO D-SNP) .....	10
B2. Important things to do .....	11
<b>C. Changes to our network providers and pharmacies</b> .....	<b>11</b>
<b>D. Changes to benefits for next year</b> .....	<b>12</b>
D1. Changes to benefits for medical services.....	12
D2. Changes to prescription drug coverage.....	15
<b>E. Choosing a plan</b> .....	<b>16</b>
E1. Staying in our plan.....	16
E2. Changing plans.....	16
<b>F. Getting help</b> .....	<b>20</b>
F1. Our plan.....	20
F2. State Health Insurance Assistance Program (SHIP).....	21
F3. Office of the Insurance Ombudsperson.....	21
F4. Medicare.....	21
F5. NJ FamilyCare.....	22

---

**?** **If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.



---

## A. Disclaimers

---

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the NJ FamilyCare program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full NJ FamilyCare benefits.
- UHC Dual Complete NJ-Y001 (HMO D-SNP) es un Plan Altamente Integrado para Personas con Necesidades Especiales que Tienen Elegibilidad Doble (Highly Integrated Dual Eligible Special Needs Plan, HIDE SNP). El plan tiene un contrato con Medicare y un contrato con el programa NJ FamilyCare. La inscripción en UHC Dual Complete NJ-Y001 (HMO D-SNP) depende de la renovación del contrato. Este plan está disponible para cualquier persona que tenga Medicare y beneficios completos de NJ FamilyCare.
- When joining this plan you must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into NJ FamilyCare coverage under our plan, and disenrolled from any NJ FamilyCare plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- Cuando se una a este plan, debe usar proveedores, proveedores de Equipos Médicos Duraderos (Durable Medical Equipment, DME) y farmacias de la red. Se le inscribirá automáticamente en la cobertura de NJ FamilyCare en virtud de nuestro plan y se cancelará su inscripción en cualquier plan de NJ FamilyCare en el que esté inscrito actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid estarán cubiertos por nuestro plan, y debe obtenerlos de proveedores dentro de la red. Se le inscribirá automáticamente en la cobertura de la Parte D en virtud de nuestro plan y se cancelará automáticamente su inscripción en cualquier otro plan de cobertura acreditable o de la Parte D de Medicare en el que esté inscrito actualmente. Debe comprender y seguir las reglas de nuestro plan sobre referidos.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)**.

- We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan UnitedHealthcare UCard®, TTY 711, 24 hours a day, 7 days a week.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-514-4911**, TTY **711**.
- 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **1-800-514-4911**, TTY **711**.

## B. Reviewing your Medicare and NJ FamilyCare coverage for next year

---

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and NJ FamilyCare programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2**.
- NJ FamilyCare services in **Section E2**.

### B1. Information about UHC Dual Complete NJ-Y001 (HMO D-SNP)

---

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- Coverage under UHC Dual Complete NJ-Y001 (HMO D-SNP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Whenthis **Annual Notice of Changes** says “we,” “us,” “our,” or “our plan,” it means UHC Dual Complete NJ-Y001 (HMO D-SNP).



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).

---

## B2. Important things to do

---

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they will work for you next year.
  - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

### If you decide to stay with UHC Dual Complete NJ-Y001 (HMO D-SNP):

If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you automatically stay enrolled in UHC Dual Complete NJ-Y001 (HMO D-SNP).

### If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

---

## C. Changes to our network providers and pharmacies

---

Our provider and pharmacy networks have changed for 2025. **Please review the 2025 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located at our website at [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan). You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It is important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Evidence of Coverage**.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

**D. Changes to benefits for next year**

**D1. Changes to benefits for medical services**

We’re changing our coverage for certain medical services next year. The table below describes these changes. For details about the coverage for these services, see **Chapter 4, Medical Benefits Chart** (what is covered), in your **2025 Evidence of Coverage**. A copy of the Evidence of Coverage is located at our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

	2024 (this year)	2025 (next year)
<b>Diabetic supplies</b>	<p>You pay a \$0 copayment.</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. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment.</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, 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. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drug.</p>

This section is continued on the next page.

**?** **If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2024 (this year)	2025 (next year)
<b>Fitness program</b>	<p>You have access to a fitness program.</p> <p>With this benefit, you can also get 1 Fitbit® device every 2 years at no cost.</p> <p>You must use network providers to access this benefit.</p>	<p>You have access to a fitness program.</p> <p>Fitbit® device is not covered. Fitness trackers will be available through a member discount. See your member site for details.</p> <p>You must use network providers to access this benefit.</p>
<b>NurseLine</b>	Covered	<p>NurseLine is not covered.</p> <p>Your plan offers virtual care at no cost.</p> <p>You can talk to a network telehealth provider online through live audio and video.</p> <ul style="list-style-type: none"> <li>• \$0 virtual visits from any network provider that offers virtual care</li> <li>• \$0 virtual visits with Amwell, including 24/7 urgent care</li> </ul> <p>Access virtual care through the UnitedHealthcare app or <b>MyUHC.com/CommunityPlan</b>.</p>
<b>Personal Emergency Response System</b>	Covered	Not covered
<b>Home support services</b>	Covered	Not covered



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2024 (this year)	2025 (next year)
<p><b>Food, utility bills, over-the-counter (OTC) and home and bath safety devices credit – Value-Based Insurance Design (VBID) Model</b></p>	<p>\$290 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills.</p> <p>The healthy food and utility bills options are only available to qualifying members.</p> <p>Your credit amount expires at the end of each month.</p>	<p>\$303 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills.</p> <p>The healthy food and utility bills options are only available to qualifying members.</p> <p>Your credit amount expires at the end of each month.</p> <p>Use your UCard online or in-store to access your benefits.</p> <p>See your <b>Evidence of Coverage</b> for more information.</p>

**?** If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

---

## D2. Changes to prescription drug coverage

---

### Changes to our List of Covered Drugs

An updated **List of Covered Drugs** is located at our website at [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan). You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

We made changes to our **List of Covered Drugs**, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the “Drug List” to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the **List of Covered Drugs** are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online **List of Covered Drugs** at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Service at the numbers at the bottom of the page to ask for a **List of Covered Drugs** that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we’ll give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
  - To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Evidence of Coverage** or call Customer Service at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Customer Service. Refer to **Chapters 2 and 3** of your **Evidence of Coverage** to learn more about how to contact your Care Manager.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product with the same or fewer rules. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately add new rules.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month’s supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).

change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your **Evidence of Coverage**. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

---

## E. Choosing a plan

---

### E1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

---

### E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- You moved out of our service area,
- Your eligibility for NJ FamilyCare or Extra Help changed, **or**
- You recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.MyUHC.com/CommunityPlan).



## Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

### 1. You can change to:

**Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP)**

### Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call **1-855-921-PACE (7223)**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**. For more information or to find a local SHIP office in your area, please visit **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**.

### OR

Enroll in a new integrated D-SNP plan directly, or through a broker or agent contracted with the new D-SNP plan.

You will automatically be disenrolled from our plan when your coverage with the new D-SNP plan begins.

Your NJ FamilyCare coverage will also be shifted to the new D-SNP, and will be covered through that new plan.

This section is continued on the next page.



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan)**.

**2. You can change to:**

**Original Medicare with a separate Medicare prescription drug plan**

**Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**. For more information or to find a local SHIP office in your area, please visit **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**.

**OR**

Enroll in a different Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

This section is continued on the next page.



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan)**.

**3. You can change to:****Original Medicare without a separate Medicare prescription drug plan**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**.

**Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **[nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/)**.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan)**.

**4. You can change to:**

**Any Medicare health plan** during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in Section A.

**Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at [nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/).

**OR**

Enroll in a new Medicare health plan.

You will automatically be disenrolled from our plan when your coverage with the new plan begins.

Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

**Your NJ FamilyCare services**

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at **1-800-701-0710** (TTY: **711**). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

**F. Getting help****F1. Our plan**

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

**Read your Evidence of Coverage**

Your **Evidence of Coverage** is a legal, detailed description of our plan's benefits. It has details about benefits for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan).

---

An up-to-date copy of the **Evidence of Coverage** is available on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you an **Evidence of Coverage** for 2025.

### **Our website**

You can visit our website at **MyUHC.com/CommunityPlan**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **List of Covered Drugs (Formulary)**.

---

### **F2. State Health Insurance Assistance Program (SHIP)**

You can also call the SHIP. In New Jersey the SHIP is called the State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP is not connected with us or with any insurance company or health plan. SHIP has trained counselors in every county and services are free. The SHIP phone number is **1-800-792-8820** (TTY: **711**). For more information or to find a local SHIP office in your area, please visit [nj.gov/humanservices/doas/services/q-z/ship/](http://nj.gov/humanservices/doas/services/q-z/ship/).

---

### **F3. Office of the Insurance Ombudsperson**

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is **1-800-446-7467** (TTY: **711**).

---

### **F4. Medicare**

To get information directly from Medicare, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

#### **Medicare's Website**

You can visit the Medicare website (**medicare.gov**). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to **medicare.gov** and click on "Find plans.")



**If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

**Medicare & You 2025**

You can read the **Medicare & You 2025** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (**[medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)**) or 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**.

**F5. NJ FamilyCare**

---

You are enrolled in both Medicare and in Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare coverage, call the NJ Department of Human Services, Division of Medical Assistance and Health Services at **1-800-701-0710** (TTY: **711**).

---

**?** **If you have questions**, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](https://www.MyUHC.com/CommunityPlan)**.

# **UHC Dual Complete NJ-Y001 (HMO D-SNP) Customer Service**

 **MyUHC.com/CommunityPlan**



**Call 1-800-514-4911**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. Customer Services also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free.

8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept



**Write P.O. Box 30769**

**Salt Lake City, UT 84130-0769**