

Annual Notice of Changes 2025

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)





Toll-free **1-877-542-9236**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week)

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.

United Healthcare **Community Plan**

#MyCareOhio
Connecting Medicare + Medicaid



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.

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:

- 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



Visit 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



Expert guidance to support you

Questions? Contact your local licensed sales agent or call Customer Service at **1-800-256-6533**, **TTY 711**, 8 a.m.–8 p.m. local time, M–F

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 Community Plan

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 **UHCCommunityPlan.com** to review the details online. All of these 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.

Drug List (Formulary)

Review the 2025 **Drug List** for new restrictions and to make sure the drugs you take will be covered next year. The **Drug List** is a full list of drugs covered by your plan.

Member Handbook

Review your 2025 Member Handbook for details about plan costs and benefits. The Member Handbook 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 any of the documents listed above, please contact our Member Engagement Center at **1-877-542-9236** (TTY users should call **711**). Hours are 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) offered by UnitedHealthcare

Annual Notice of Changes for 2025

Introduction



You are currently enrolled as a member of UnitedHealthcare Connected® for MyCare Ohio.

Next year, there will be changes to the plan's benefits, coverage, rules, and costs. 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 Member Handbook, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

Table of contents

A.	Disclaimers	5
В.	Reviewing your Medicare and Medicaid coverage for next year	5
	B1. Additional resources	5
	B2. About UnitedHealthcare Connected® for MyCare Ohio	6
	B3. Important things to do:	6
C.	Changes to the network providers and pharmacies	7
D.	Changes to benefits and costs for next year	8
	D1. Changes to benefits and costs for medical services	8
	D2. Changes to prescription drug coverage	8
	D3. Stage 1: "Initial Coverage Stage"	10
	D4. Stage 2: "Catastrophic Coverage Stage"	11
E.	Administrative changes	11
F.	How to choose a plan	11
	F1. How to stay in UnitedHealthcare Connected® for MyCare Ohio	11
	F2. How to change to a different MyCare Ohio plan	12
	F3. If you want to change your membership in UnitedHealthcare Connected® for MyCare Ohio	12
G.	How to get help	14
	G1. Getting help from UnitedHealthcare Connected® for MyCare Ohio	14
	G2. Getting help from the Ohio Medicaid Consumer Hotline	14
	G3. Getting help from the MyCare Ohio Ombudsman	15
	G4. Getting help from Medicare	15
	G5. The Medicare Prescription Payment Plan	16

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.-8 p.m. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week). For more information, visit UHCCommunityPlan.com.

A. Disclaimers

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

B. Reviewing your Medicare and Medicaid 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 does not meet your needs, you may be able to leave the plan. Refer to **Section F2** for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to Section F3).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to Section F2 for additional information).

B1. Additional resources

- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday. (Voicemail available 24 hours a day, 7 days a week). The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-877-542-9236 (TTY 711), de lunes a viernes, de 8 a.m. a 8 p.m., hora local (correo de voz disponible las 24 horas del día, los 7 días de la semana). La llamada es gratuita.
- If you speak Somali, language assistance services, free of charge, are available to you. Call **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday. (voicemail available 24 hours a day, 7 days a week). The call is free.
- Haddii aad ku hadasho Soomaali, adeegyada taageerada luqadda, oo bilaasha ah, ayaad heli kartaa. Wac 1-877-542-9236 (TTY 711), 8 subaxnimo-8 habeenimo waqtiga deegaanka, Isniin-Jimce (fariin cod ah ayaa la heli karaa 24 saac maalintii, 7 maalmood toddobaadkii). Wicitaanku waa bilaash.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday. The call is free.
- If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.-8 p.m. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week). For more information, visit UHCCommunityPlan.com.

• You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.

B2. About UnitedHealthcare Connected® for MyCare Ohio

- UnitedHealthcare Community Plan of Ohio, Inc. is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under UnitedHealthcare Connected® for MyCare Ohio 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 for more information on the
 individual shared responsibility requirement.
- This UnitedHealthcare Connected® for MyCare Ohio plan is offered by UnitedHealthcare Community Plan of Ohio, Inc. When this **Annual Notice of Changes** says "we," "us," or "our," it means UnitedHealthcare Community Plan of Ohio, Inc. When it says "the plan" or "our plan," it means UnitedHealthcare Connected® for MyCare Ohio.

B3. Important things to do:

\square Check if there are an	y changes to our benefits	that may affect y	ou.
---------------------------------	---------------------------	-------------------	-----

- •Are there any changes that affect the services you use?
- It is important to review benefit changes to make sure they will work for you next year.
- •Lookin **Sections D** and **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? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Lookin **Section D2** for information about changes to our drug coverage.
- Your drug costs may have risen since last year.
 - -Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - -To get additional information on drug prices, visit **medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage.** (Click the "dashboards" link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
- If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.-8 p.m. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week). For more information, visit UHCCommunityPlan.com.

- Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- ☐ 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?
 - Look in Section C for information about our Provider and Pharmacy Directory.
- ☐ Think about your overall costs in the plan.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - 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 UnitedHealthcare Connected® for MyCare Ohio:	If you decide to change plans:
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 will automatically stay enrolled in our plan.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in Section F to learn more about your choices.

C. Changes to the 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 on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-877-542-9236** (TTY **711**) 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week), 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 does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your **Member Handbook**.

D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2024 (this year)	2025 (next year)
Diabetic Services and Supplies	We only cover Accu- Chek® and OneTouch® brands.	We only cover Accu- Chek® and OneTouch® brands.
	Covered glucose monitors include:	Covered glucose monitors include:
	OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-	OneTouch Verio Flex®, OneTouch®Ultra 2, Accu- Chek® Guide Me, and Accu-Chek® Guide.Test
	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.	strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
Supplies to monitor your blood glucose	Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose- control solutions are covered by our plan.	Continuous glucose monitor, blood glucose monitors, blood glucose test strips, lancet devices and lancets, and glucose- control solutions are covered by our plan.

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.-8 p.m. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week). For more information, visit UHCCommunityPlan.com.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week), for updated drug information or to ask us to mail you a **List of Covered Drugs**.

The List of Covered Drugs is also called the "Drug List."

We made changes to our **Drug List**, including changes to the 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 know if there will be any restrictions.

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes as allowed by Medicare and/or the state that will affect you during the plan year. We update our online **Drug List** 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 Member Services at **1-877-542-9236** (TTY **711**) 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week), 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.
- Ask the plan to cover a temporary supply of the drug.
 - -In some situations, we will cover a **one-time**, **temporary** supply of the drug during the first 90 days of the calendar year.
 - -This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the **Member Handbook**.)
 - -When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
 - A new formulary exception needs to be submitted every year. If you or your prescriber believes your health may be harmed by waiting 72 hours, you can ask for an expedited exception and we will give you an answer within 24 hours after we get your prescriber's supporting statement.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under UnitedHealthcare Connected® for MyCare Ohio. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2025. You begin this stage when you have paid a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$2,000. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your **Member Handbook** for more information on how much you will pay for prescription drugs.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full costs for covered Part D brand name drugs and biologics during the Initial Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

For information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing look in **Chapter 6**, **Section C** of your **Member Handbook**.

Most adult Part D vaccines are covered at no cost to you.

The following table shows your costs for drugs in each of our 3 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2024 (This year)	2025 (Next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0-\$4.50 per prescription (depending on income level)	Your copay for a one month (30-day) supply is \$0-\$4.90 per prescription (depending on income level)
Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0-\$11.20 per prescription (depending on income level)	Your copay for a one month (30-day) supply is \$0-\$12.15 per prescription (depending on income level)
Drugs in Tier 3 (OTC/Non-Part-D Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0 per prescription.	Your copay for a one month (30-day) supply is \$0 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$2,000. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your **Member Handbook** for more information about how much you will pay for prescription drugs.

D4. Stage 2: "Catastrophic Coverage Stage"

Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

When you reach the out-of-pocket limit, \$2,000, for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

E. Administrative changes

	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit medicare.gov.

F. How to choose a plan

F1. How to stay in UnitedHealthcare Connected® for MyCare Ohio

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in UnitedHealthcare Connected® for MyCare Ohio will automatically stay the same for 2025.

F2. How to change to a different MyCare Ohio plan

You can end your membership at any time during the year by enrolling in another MyCare Ohio Plan, changing to a Medicare Advantage Plan, or moving to Original Medicare.

To enroll in a different MyCare Ohio plan, call the Ohio Consumer Medicaid Hotline at **1-800-324-8680**, Monday through Friday from 7 a.m.–8 p.m. and Saturday from 8 a.m.–5 p.m. TTY users should call the Ohio Relay Service at **711**. The Hotline will let you know what other plans are available to you.

F3. If you want to change your membership in UnitedHealthcare Connected® for MyCare Ohio

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

1. You can change to:

A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage

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 Ohio Consumer Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7 a.m.-8 p.m. and Saturday from 8 a.m.-5 p.m. TTY users should call the Ohio Relay Service at 711.

You will automatically stop getting Medicare services through UnitedHealthcare Connected® for MyCare Ohio when your new plan's coverage begins.

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. You can select a Part D plan at this time.

If you need help or more information:

 Call the Ohio Consumer Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7 a.m.-8 p.m. and Saturday from 8 a.m.-5 p.m. TTY users should call the Ohio Relay Service at 711.

You will automatically stop getting Medicare Services through UnitedHealthcare Connected® for MyCare Ohio when your Original Medicare and prescription drug plan coverage begins.

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 your Ohio Consumer Medicaid Hotline at 1-800-324-8680 (TTY 711).

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 Ohio Consumer Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7 a.m.-8 p.m. and Saturday from 8 a.m.-5 p.m. TTY users should call the Ohio Relay Service at 711.

You will automatically stop getting Medicare services through UnitedHealthcare Connected® for MyCare Ohio when your Original Medicare coverage begins.

How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from UnitedHealthcare Connected® for MyCare Ohio or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care. Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new Member Handbook for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Consumer Medicaid Hotline at **1-800-324-8680**, Monday through Friday from 7 a.m.–8 p.m. and Saturday from 8 a.m.–5 p.m. TTY users should call the Ohio Relay Service at **711**.

G. How to get help

G1. Getting help from UnitedHealthcare Connected® for MyCare Ohio

Questions? We're here to help. Please call Member Services at **1-877-542-9236** (TTY only, call **711**). We are available for phone calls 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Your 2025 Member Handbook

The **2025 Member Handbook** is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The **2025 Member Handbook** will be available by October 15. An up-to-date copy of the **2025 Member Handbook** is available on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-877-542-9236** (TTY **711**) 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week), to ask us to mail you a **2025 Member Handbook**.

Our website

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

G2. Getting help from the Ohio Medicaid Consumer Hotline

The Ohio Department of Medicaid can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Consumer Hotline at **1-800-324-8680**, Monday through Friday from 7 a.m.-8 p.m. and Saturday from 8 a.m.-5 p.m. TTY users should call the Ohio Relay Service at **711**.

G3. Getting help from MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with UnitedHealthcare Connected® for MyCare Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that 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.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is **1-800-282-1206**. TTY users should call **1-800-750-0750**. The MyCare Ohio Ombudsman is available Monday through Friday from 8 a.m.-5 p.m.

G4. Getting help from Medicare

To get information directly from Medicare, you can 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 your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **medicare.gov** and click on "Find plans.")

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.

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) 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.

G5. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. Extra Help from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit **medicare.gov**.

Civil Rights Notice

Discrimination is against the law. UnitedHealthcare Community Plan of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of any of the following:

Race

Age

Medical condition

• Color

 Disability (including physical or mental impairment) Sex (including sex stereotypes and gender identity)

National originMilitary Status

Ancestry

Sexual orientation

Religion

Political beliefs

 Health status (including the need for health services)

• Genetic information

• Public assistance status

UnitedHealthcare Community Plan of Ohio provides 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)

UnitedHealthcare Community Plan of Ohio provides 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 Member Services using the toll-free number on your member identification card.

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by **UnitedHealthcare Community Plan of Ohio**. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance

P.O. Box 30608

Salt Lake City, UT 84130

Email: UHC_Civil_Rights@uhc.com

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

By mail: U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building

Washington, D.C. 20201

By phone: 1-800-368-1019 (TDD: 1-800-537-7697)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. If you need help, please call the toll-free number on your member identification card.

Spanish: ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles para usted sin cargo. Si necesita ayuda, llame al número de teléfono gratuito que aparece en su tarjeta de identificación de miembro.

Ukrainian: УВАГА! Якщо ви говорите українською мовою, ви можете скористатися безкоштовними послугами перекладача. Якщо вам потрібна допомога, зателефонуйте за безкоштовним номером, вказаним у вашій ідентифікаційній картці учасника.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou bezwen èd, tanpri rele nimewo gratis lan ki sou kat idantifikasyon ou kòm manm lan.

Nepali: ध्यान दिनुहोस: तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंका लाग भाषा सहायता सेवाहरू नि : शुल्क रूपमा उपलब्ध छन्। कृपया तपाईंलाई मद्दत चाहिएमा तपाईंको सदस्यता परिचय कार्डमा भएको टोल-फ्रि नम्बरमा फोन गर्नुहोस्।

Russian: Внимание! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика. Если Вам нужна помощь, позвоните по номеру телефона для бесплатных звонков, указанному на Вашей идентификационной карточке участника.

Somali: OGSOONOW: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luuqadda, oo bilaash ah, ayaad heli kartaa. Haddii aad u baahan tahay caawimaad, fadlan wac lambarka sida bilaashka loo waco ee ku yaala kaarkaaga aqoonsiga xubinnimo.

French: ATTENTION : si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Si vous avez besoin d'aide, veuillez composer le numéro gratuit figurant sur votre carte de membre.

Kinyarwanda (Burundi): ICYITONDERWA: Niba uvuga Ikinyarwanda, serivisi z'ubufasha mu by'indimi zirahari ku buntu. Niba ukeneye ubufasha, hamagara nimero itishyurwa iri ku karita yawe iranga umunyamuryango.

Swahili: TAZAMA: : Ikiwa unasungumza Kiswahili, huduma za usaidizi kuhusu lugha, bila malipo, zinapatikana kwa ajili yako. Ikiwa unahitaji msada, tafadhali piga simu bila malipo kwa nambari iliyo kwenye kitambulisho chako cha mshiriki.

Uzbek: DIQQAT: Agar ingliz tilida soʻzlasangiz, til masalasida yordam beradigan bepul xizmatlar mavjud. Agar yordam zarur boʻlsa, a'zo identifikatsiya kartasidagi bepul raqamga telefon qiling.

Pashto: پاملرنه: که تاسو په پښتو ژبه خبرې کوئ، د ژبې د مرستې خدمتونه، په وړیا توګه، تاسو لپاره شتون لري. که تاسو مرستې ته اړتیا لرئ، مهرباني وکړئ خپل د غړی پیژندنې کارت کې ورکړل شوې وړیا شمیرې ته زنګ ووهئ.

Turkish: DİKKAT: İngilizce konuşuyorsanız, size ücretsiz dil yardımı hizmetleri sunulabilir. Yardıma ihtiyaç duyarsanız, lütfen üye kimlik kartınızdaki ücret telefon numarasını arayın.

Dari: توجه: اگر شما به لسان دری صحبت میکنید، خدمات اسیستانت لسان به قسم رایگان در دسترس تان قرار میگیرد. اگر به کمک ضرورت پیدا کردید، لطفاً به نمبر رایگان مندرج در کارت هویت اعضا به تماس شوید.

Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số miễn cước trên thẻ nhận dạng hội viên của quý vị.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member Services:



Website **UHCCommunityPlan.com** myuhc.com/CommunityPlan



Call 1-877-542-9236

Calls to this number are free. 8 a.m.-8 p.m. local time, Monday-Friday. Member Service 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. local time, Monday-Friday (voicemail available 24 hours a day, 7 days a week).

Write UnitedHealthcare Community Plan of Ohio, Inc. 5900 Parkwood Place **Dublin, OH 43016**