



2025 Enrollment Guide

UHC Dual Complete NM-Y1 (PPO D-SNP)

H0294-049-000

Service area: New Mexico - Bernalillo, Catron, Chaves, Cibola, Colfax, DeBaca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, Mora, Otero, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Valencia counties
Such services are funded in part with the State of New Mexico

United
Healthcare®
Dual Complete

UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



Simplify your day with benefits built to be used

Your UCard®, only from UnitedHealthcare, is more than just your member ID card. It gives you access to a large network of Medicare Advantage providers, including doctors and specialists. Plus, use it to help pay for OTC and healthy food, and shop for approved products from brands you know like Walmart, Walgreens and more with your earned rewards. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



Get more for your Medicare dollar

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with UnitedHealthcare Dual Complete coverage.



Expert guidance for today and as your needs change

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

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

UCard opens doors where it matters

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



Visiting a provider or filling a prescription

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



Buying healthy food, OTC products or paying utility bills

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



Spending your earned rewards

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



Checking in at the gym

Show your UCard to access your free membership the first time you visit a network gym or fitness location.



Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage through UHC Turquoise Care and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.



Here's how this PPO D-SNP plan works



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



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



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



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



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

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

Scan this code to view the drug list



Benefit Highlights

UHC Dual Complete NM-Y1 (PPO D-SNP)

This is a short description of your 2025 plan benefits. This information is not a complete description of benefits. Please refer to your **Summary of Benefits** or **Member Handbook**.

Limitations, exclusions, and restrictions may apply. Please call Member Services:

1-866-393-0208, TTY **711** for additional assistance.

If you have full Medicaid benefits through UHC Turquoise Care, you will pay \$0 for your Medicare and Medicaid covered services. If your eligibility for Medicaid or Extra Help changes, your cost sharing and premium may change.

Plan costs		
Monthly plan premium	\$0	
Medical benefits		
	In-network	Out-of-network
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0 In-network	\$0 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay	\$0 copay
Outpatient mental health		
Group therapy	\$0 copay	\$0 copay
Individual therapy	\$0 copay	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits		
	In-network	Out-of-network
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	

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

Benefits and services beyond Original Medicare		
	In-network	Out-of-network
Dental – benefit limit	\$4,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	
Dental – comprehensive	\$0 copay for comprehensive dental services*	
Dental – preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
Rewards	Earn up to \$165 in rewards when you get started in January* \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot	
Routine eye exams	\$0 copay, 1 per year*	30% coinsurance, 1 per year*

Benefits and services beyond Original Medicare

	In-network	Out-of-network
Routine eyewear	<p>\$0 copay</p> <p>Plan pays up to \$400 every toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.*</p> <p>Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.</p>	
Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
Routine transportation	\$0 copay, 60 one-way trips per year to or from approved locations.*	75% coinsurance
Hearing – routine exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
Fitness benefit	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.	
Foot care – routine	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Food, over-the-counter (OTC) and utility bill credit	\$200 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.	
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	

Benefits and services covered by Medicaid

Adult Wellness Services	\$0 copay
Women’s Wellness Services	\$0 copay
Screenings	\$0 copay
Tobacco cessation counseling	\$0 copay
Immunizations	\$0 copay

Benefits and services covered by Medicaid	
Federally Qualified Health Center (FQHC) services	\$0 copay
Mental health and inpatient substance use disorder treatment	\$0 copay
Dental services	\$0 copay
Substance use disorder screening and behavioral counseling	\$0 copay
Family planning services and supplies	\$0 copay
Pregnancy-related services	\$0 copay
Nurse midwife service	\$0 copay
Nurse practitioner services	\$0 copay
Routine screening for sexually transmitted diseases	\$0 copay
HIV/AIDS screening, testing and counseling	\$0 copay
Podiatrist services	\$0 copay
Medicaid health home services	\$0 copay
Physical therapy services	\$0 copay
Occupational therapy services	\$0 copay
Speech therapy	\$0 copay
Durable medical equipment	\$0 copay
Diet and behavioral counseling	\$0 copay
Prosthetic devices	\$0 copay
Routine vision	\$0 copay
Tuberculosis-related services	\$0 copay
Home health services	\$0 copay

Benefits and services covered by Medicaid

Private duty nursing services \$0 copay

Personal care services \$0 copay

Nursing facility services \$0 copay

Hospice care \$0 copay

Transportation services \$0 copay

Gender reassignment surgery/services \$0 copay

*Benefits combined in and out-of-network

Prescription drugs

Annual prescription (Part D) deductible \$0

30-day or 100-day supply from retail network pharmacy

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



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.

Premiums, copays, coinsurance, and deductibles may vary based on the Extra Help you receive. It is important to know which providers are part of our network because, with limited exceptions, while you are an enrollee of our plan you must use network providers as shown above to get your medical care and other services. Exceptions apply. Please contact Member Services at **1-866-393-0208**, TTY **711** for more information.



Summary of Benefits 2025

UHC Dual Complete NM-Y1 (PPO D-SNP)
H0294-049-000

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Go online or contact us for more information about the plan.



MyUHC.com/CommunityPlan



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

**United
Healthcare®
Dual Complete**

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NM-Y1. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete NM-Y1. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NM-Y1 for January 1, 2025 to December 31, 2025. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you would like a print copy, call UHC Dual Complete NM-Y1 (PPO D-SNP) Member Services at the number of the bottom of this page.

- UHC Dual Complete NM-Y1 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- For more information about Medicare, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (**medicare.gov**) 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**.
- Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete NM-Y1 (PPO D-SNP) Member Services at the number at the bottom of this page.

Hearing aids

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

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market.

Routine eyewear

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

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit **myuhc.com/communityplan**.

Fitness program

The fitness program varies by plan/area and may not be available on all plans. Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

Food, over-the-counter (OTC) and utility bill credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Member Handbook for more information. Please call our customer service number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services. 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.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

Rewards Program

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

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, 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
- **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 serbisyonang 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。

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p>What is a UHC Dual Complete D-SNP?</p>	<p>A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Turquoise Care. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and prescription drugs under the Turquoise Care program.</p>
<p>Will I get the same Medicare and Turquoise Care benefits in UHC Dual Complete NM-Y1 that I get now?</p>	<p>You will get most of your covered Medicare and Turquoise Care benefits directly from UHC Dual Complete NM-Y1. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your provider and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Complete NM-Y1, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete NM-Y1 does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Complete NM-Y1 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Frequently asked questions	Answers
<p>Can I go to the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NM-Y1 and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UHC Dual Complete NM-Y1’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NM-Y1’s plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete NM-Y1’s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Complete NM-Y1’s provider network, through a transitional period until the course of treatment is concluded or for 30 days, whichever is longer. Call Member Services for more information about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete NM-Y1’s Provider and Pharmacy Directory on the plan’s website at myuhc.com/communityplan.</p> <p>If UHC Dual Complete NM-Y1 is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p>What is a UHC Dual Complete NM-Y1 care coordinator?</p>	<p>A UHC Dual Complete NM-Y1 care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Frequently asked questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete NM-Y1's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete NM-Y1 will cover services provided by an out-of-network provider. If you have questions about whether prior authorization is required for specific services call the Member Services at the numbers listed at the bottom of this page.
Where is UHC Dual Complete NM-Y1 available?	The service area for this plan includes: Bernalillo, Catron, Chaves, Cibola, Colfax, DeBaca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, Mora, Otero, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, and Valencia counties. You must live in these counties to join the plan. *Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Frequently asked questions	Answers
What is prior authorization?	<p>Prior authorization means an approval from UHC Dual Complete NM-Y1 to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete NM-Y1 may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC Dual Complete NM-Y1 can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NM-Y1 before the service is provided.</p> <p>Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NM-Y1?	No. Because you have Turquoise Care you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a Member of UHC Dual Complete NM-Y1?	No. You do not pay deductibles in UHC Dual Complete NM-Y1.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete NM-Y1?	There is no cost sharing for medical services in UHC Dual Complete NM-Y1, so your annual out-of-pocket costs will be \$0.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits. Such services are funded in part with the State of New Mexico.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers 90 days for an inpatient hospital stay.
	Outpatient hospital services including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	\$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
	Urgent care	\$0	\$0 copay (worldwide) per visit
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	1 per year
	Hearing aids		\$3,200 allowance for hearing aids every year
You need dental care	Dental check-ups and preventive care	\$0	\$0 Preventive & Diagnostic Comprehensive, for up to \$4,000 per year for covered preventive and comprehensive dental services.
	Restorative and emergency dental care	\$0	

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	1 per year
	Glasses or contact lenses	\$0	Plan pays up to \$400 every year for 1 pair of lenses/frames or contacts <ul style="list-style-type: none"> • Access to one of Medicare Advantage’s largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating • Discounts when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more
	Other vision care	\$0	
You need behavioral health services	Behavioral health services	\$0	
You need a substance use disorder services	Substance use disorder services	\$0	
You need a place to live with people available to help you	Skilled nursing care	\$0	
	Nursing home care	\$0	\$0 copay per day: days 1–100
	Adult Foster Care and Group Adult Foster Care	\$0	

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0 copay for ground \$0 copay for air	
	Routine Transportation	\$0	60 one-way trips per year to or from approved locations, such as medically related appointments, gyms and pharmacies. Routine transportation not for use in emergencies.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, chemotherapy drugs, Part B covered insulin, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
	Medicare Part D prescription drugs	Copays for prescription drugs may vary based on the Extra Help you may receive. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s List of Covered Drugs (Drug List) for more information. Once you or others on your behalf pay \$2,000 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Member Handbook for more information on this stage.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s List of Covered Drugs (Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Routine foot care — 4 visits per year
	Orthotic services	\$0	

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.</p>	Wheelchairs, crutches, and walkers	\$0	
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	
<p>You need help living at home (continued on next page)</p>	Day habilitation services	\$0	
	Adult Day Health Program (ADHP)	\$0	<p>To be eligible to use ADHP services, you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s 1951(i) ADHP program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Have chronic conditions as certified by a licensed physician or APRN and meet the “level of care” established for ADHP services <p>Contact your care team to learn about how you can connect to ADHP services.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care aide services (PCA))	\$0	<p>To be eligible to use PCA services you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s stat plan PCA program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Be eligible to receive Turquoise Care with an income of less than 100% FPL – Require assistance with activities of daily living AND meet the “level of care” established for PCA services <p>Contact your care team to learn about how you can connect to PCA services.</p>
Additional services (continued on next page)	Chiropractic services	\$0	<p>Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetes supplies and services	\$0	<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.</p>
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	Meal Benefit	\$0	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
	Hospice	\$0	<p>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.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness program	\$0 copay for fitness program	Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no cost and includes: <ul style="list-style-type: none"> • Free gym membership • Access to a large national network of gyms and fitness locations • Free classes, social activities and events • On-demand workout videos and live streaming fitness classes • Online memory fitness activities
Food, over-the-counter (OTC) and utility bill credit			\$200 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy foods or pay certain utility bills. <ul style="list-style-type: none"> • 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

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete NM-Y1 **Member Handbook**. If you don’t have an **Member Handbook**, call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit myuhc.com/communityplan.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

D. Benefits covered outside of UHC Dual Complete NM-Y1 (HMO D-SNP)

There are some services that you can get that are not covered by UHC Dual Complete NM-Y1 but are covered by Medicare, Turquoise Care, or a state agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Turquoise Care, or a State Agency	Your costs
Certain hospice care services covered outside of NM-Y1	\$0
Psychosocial rehabilitation	
Targeted case management	
Rest home room and board	

E. Services that UHC Dual Complete NM-Y1, Medicare, and Turquoise Care do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Complete NM-Y1, Medicare, and Turquoise Care do not cover
Services that are not medically necessary.
Services that are experimental or investigative.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

F. Your rights as a member of the plan

As a member of UHC Dual Complete NM-Y1, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Member Handbook**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. UHC Dual Complete NM-Y1 will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with the NM Health Care Authority at www.yes.state.nm.us or call **1-800-283-4465**, TTY **711**
 - Appeal certain decisions made by NM Health Care Authority or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page.

You can also call the contact the New Mexico Ombudsman Program at **1-800-432-2080**, TTY **711**, Monday–Friday 8 a.m.–5 p.m. MT.

G. How to file a complaint or appeal a denied service

If you have a complaint or think UHC Dual Complete NM-Y1 should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Member Handbook**. You can also call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
P.O. Box 6106
MS CA120-0360
Cypress, CA 90630-0016

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
P.O. Box 6106
MS CA120-0368
Cypress, CA 90630-0016

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UHC Dual Complete NM-Y1 Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call New Mexico Health Care Authority at www.yes.state.nm.us or call **1-800-283-4465**, TTY users may call **711**.
- Or, call New Mexico's Medicaid's Fraud Hotline at **1-800-228-4802**. TTY users may call **711**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UHC Dual Complete NM-Y1 Member Services:



Call 1-866-393-0208

Calls to this number are free. 8 a.m.–8 p.m., local time, 7 days a week, Oct–Mar; M–F Apr–Sept. Member 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 a week, Oct–Mar; M–F Apr–Sept.

Helpful resources

You may qualify for Extra Help from Medicare

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

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

Resources for Caregivers

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

We're here to help

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



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



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

Medicare Made Clear®

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



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find plan documents at UHC.com/CommunityPlan.



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

Drugs not covered by the plan may have alternative drugs that can be used instead.



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

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



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

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



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

You can find a complete list of coverage, benefits and plan rules in the Evidence of Coverage online.



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



Are enrolled in Original Medicare Parts A and B



Receive state Medicaid benefits through UHC Turquoise Care



Live in the plan's service area

How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



Online

Visit **UHC.com/CommunityPlan** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Look for the **UHC Dual Complete NM-Y1 (PPO D-SNP)** plan and select the Enroll button
- 3 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



By phone

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

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to
complete your
enrollment online



What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare Advantage plan.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at MyUHC.com/CommunityPlan. Online you can:

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

Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com to learn more
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- Review UnitedHealthcare UCard credit balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to
download the
UnitedHealthcare app



Scope of Appointment Confirmation Form

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

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

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

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

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

Beneficiary or authorized representative signature and signature date:

Signature of beneficiary/authorized representative	Today's date
	MM - DD - YYYY

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

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

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

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

Beneficiary address

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

Medicare Advantage plans (Part C) and cost plans

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

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

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

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

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

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

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

Stand-alone Medicare prescription drug (Part D) plan

Medicare prescription drug plan (PDP) — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

Other related products

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

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

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



2025 Enrollment Request Form

UHC Dual Complete NM-Y1 (PPO D-SNP) H0294-049-000

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

Last name	First name	Middle initial
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Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------	---

Home phone number () -	Mobile phone number () -
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I give consent for UnitedHealthcare and its affiliates to call the phone number(s) I have provided using an autodialer and/or prerecorded voice technology.

Social Security number

(Required for people who are enrolling in D-SNP plans): _ _ _ - _ _ - _ _ _ _ _

Medicare number

Permanent residence street address (**Don't enter a P.O. box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address**)

City	County	State	Zip code
------	--------	-------	----------

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

City	State	Zip code
------	-------	----------

Email address (optional)

Enrollee name _____

Agent name/ID number _____

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

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

If **yes**, what is it?

Name of other insurance _____

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

How do you want to pay?

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

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

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

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

Account type Checking Savings

Account holder name: _____

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

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

A few questions to help us manage your plan

1. Would you prefer plan information in another language or an accessible format?

If you would prefer plan information in another language or accessible format, please check what you'd like: Spanish Braille Large print Audio CD Data CD

Other _____

Enrollee name _____

Agent name/ID number _____

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

2. Are you enrolled in your state Medicaid program?

Yes No

If yes, please give us your Medicaid number: _____

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

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

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

- American Indian or Alaska Native
- Black or African American

Asian:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Native Hawaiian or Pacific Islander:

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander
- White
- I choose not to answer**

Member/Citizen of a federal or state recognized Tribe (name of Tribe) _____

5. What is your gender? Select one.

- Woman
- Man
- Non-binary
- I use a different term: _____
- I choose not to answer**

6. Which of the following best represents how you think of yourself? Select one.

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- I use a different term: _____
- I don't know
- I choose not to answer**

7. Do you or your spouse work?

Yes No

Enrollee name _____

Agent name/ID number _____

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

Yes No

If yes, please complete the following:

 Name of health insurance company

 Member number

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

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

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

 Provider or PCP full name

 Provider/PCP number

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

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

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

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

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

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

Please read and sign

By completing this form, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by

Enrollee name _____

Agent name/ID number _____

UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.

- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

Signature of applicant/member/authorized representative Today’s date

If you are the authorized representative, please sign above and complete the information below (*Not a Sales Agent)

Last name	First name	
Address		
City	State	Zip code
Phone number () –	Relationship to applicant	

Enrollee name _____

Agent name/ID number _____

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

For Licensed Sales Representative/agency use only

Licensed Sales representative/Writing ID	Initial receipt date
Licensed Sales representative/agent name	Proposed effective date
Employer group name	
Employer group ID	Branch ID

Agent must complete

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

Enrollee name _____

Agent name/ID number _____

Licensed Sales representative signature (optional)

Date

Please mail or fax this completed form to:

UnitedHealthcare

P.O. Box 30769

Salt Lake City , UT 84130-0769

Fax: 1-888-950-1169

Fax the front and back of each page

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

UHC Dual Complete NM-Y1 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

OMB No. 0938-1378

Expires: 6/30/2026

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Enrollment checklist

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

Understanding the benefits

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

Understanding important rules

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

2025 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

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

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

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

Call your Licensed Sales Representative if you have any questions:

Representative name and ID number

Representative phone number

RxBIN: 610097

Rx PCN: 9999

RxGRP: MPDCSP

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

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



Important information: 2025 Medicare star ratings



UnitedHealthcare - H0294

For 2025, UnitedHealthcare - H0294 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★	3 stars
Health Services Rating:	★ ★ ★ ½	3.5 stars
Drug Services Rating:	★ ★ ★	3 stars

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

Why Star Ratings are Important

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

Star Ratings are based on factors that include:

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

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

The number of stars shows how well a plan performs.

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

Get More Information on Star Ratings Online

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

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-393-0208** (toll-free) or **711** (TTY).

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
- **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。

Notes and doodles

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