



# Summary of Benefits 2025

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

Look inside to learn more about the plan and the health and drug services it covers.  
Contact us for more information about the plan.



**UHCCommunityPlan.com**



Toll-free **1-800-514-4944**, TTY **711**  
8 a.m.–8 p.m. local time, 7 days a week

**United  
Healthcare®**


# Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Choice DC-Q001 (PPO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as an enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Enrollee Handbook**.

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 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

## A. Disclaimers



This is a summary of health services covered by UHC Dual Choice DC-Q001 (PPO D-SNP) for January 1, 2025 to December 31, 2025. This is only a summary. Please read the Enrollee Handbook for the full list of benefits.

- ❖ UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.
- ❖ 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 ([www.medicare.gov](http://www.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**.
- ❖ For more information about UHC Dual Choice DC-Q001 (PPO D-SNP), you can check the DC Department of Health Care Finance website at [dhcf.dc.gov/page/district-dual-choice-d-snps](http://dhcf.dc.gov/page/district-dual-choice-d-snps), contact the DC Office of Health Care Ombudsman and Bill of Rights at **202-724-7491**, TTY **711**, Monday-Friday 9 a.m.-4:45 p.m., or contact the DC State Health Insurance Assistance Program (SHIP) at **202-727-8370**, TTY **711**, Monday-Friday, 9:30 a.m.-4:30 p.m.
- ❖ UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- ❖ UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at **1-866-547-0772** for additional information (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.
- ❖ UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al **1-866-547-0772**, para obtener información adicional (los usuarios de TTY deben comunicarse al **711**). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- ❖ Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

- This document is available for free in Spanish and Amharic.
- 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 Choice DC-Q001 (PPO D-SNP) Enrollee 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. Dental network size based on Zelis Network360, May 2023.

### **Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

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

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

Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to enrollees with Extra Help from Medicare, and will be verified after enrollment.

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

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

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.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.

**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## 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 Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.

**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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

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

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

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

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

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

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

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

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

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

**Mail:**

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

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

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

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

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

## English

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

## Spanish

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

## Amharic

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

## Vietnamese

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

## Korean

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

## French

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

## Arabic

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

## Mandarin

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

## Russian

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

## Burmese

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

## Cantonese

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

## Farsi

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

## Polish

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

## Portuguese

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

## Punjabi

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

## Haitian Creole

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



**Hindi**

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

**Somali**

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

**Hmong**

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

**Italian**

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

**Tagalog**

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


**Japanese**

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


## B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions	Answers
<p><b>What is a UHC Dual Choice D-SNP?</b></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 DC Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the DC Medicaid program.</p>
<p><b>Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-Q001 (PPO D-SNP) that I get now?</b></p>	<p>You will get most of your covered Medicare and DC Medicaid benefits directly from UHC Dual Choice DC-Q001 (PPO D-SNP). 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 doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a District agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Choice DC-Q001 (PPO D-SNP), 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 Choice DC-Q001 (PPO D-SNP) 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 Choice DC-Q001 (PPO D-SNP) to cover your drug if medically necessary. For more information, call Enrollee Services at the numbers listed at the bottom of this page.</p>


 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. **For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<p><b>Can I go to the same doctors I use now?</b></p>	<p>Yes, you can continue to go to the doctor you use now. If you are currently under treatment with a provider that is out of UHC Dual Choice DC-Q001 (PPO D-SNP)'s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Choice DC-Q001 (PPO D-SNP)'s provider network.</p> <p>Medicaid services may require prior authorization for out-of-network providers.</p> <p>To find out if your providers are in the plan's network, call Enrollee Services at the numbers listed at the bottom of this page or read UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>Provider and Pharmacy Directory</b> on the plan's website at <a href="http://myuhc.com/communityplan">myuhc.com/communityplan</a>.</p> <p>If UHC Dual Choice DC-Q001 (PPO D-SNP) is new for you, we will work with you to develop: an Individualized Plan of Care to address your needs.</p>
<p><b>What is a UHC Dual Choice DC-Q001 (PPO D-SNP) care navigator?</b></p>	<p>A UHC Dual Choice DC-Q001 (PPO D-SNP) care navigator 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>
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>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 navigator or care team will work with that agency.</p>
<p><b>What happens if I need a service but no one in UHC Dual Choice DC-Q001 (PPO D-SNP)'s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Choice DC-Q001 (PPO D-SNP) will pay for the cost of an out-of-network provider.</p>
<p><b>Where is UHC Dual Choice DC-Q001 (PPO D-SNP) available?</b></p>	<p>The service area for this plan includes: Washington, DC. You must live in this area to join the plan.</p> <p>*Call Enrollee Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>

 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.

**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).


Frequently asked questions	Answers
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval from UHC Dual Choice DC-Q001 (PPO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UHC Dual Choice DC-Q001 (PPO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC Dual Choice DC-Q001 (PPO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Choice DC-Q001 (PPO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <b>Enrollee Handbook</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Enrollee Handbook</b> 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 Enrollee Services at the numbers listed at the bottom of this page for help.</p>
<p><b>Do I pay a monthly amount (also called a premium) under UHC Dual Choice DC-Q001 (PPO D-SNP)?</b></p>	<p>No. Because you have DC Medicaid you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p><b>Do I pay a deductible as a enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP)?</b></p>	<p>No. You do not pay deductibles in UHC Dual Choice DC-Q001 (PPO D-SNP).</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP)?</b></p>	<p>There is no cost sharing for medical services in UHC Dual Choice DC-Q001 (PPO D-SNP), so your annual out-of-pocket costs will be \$0.</p>

 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](http://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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
<b>You want a doctor</b>	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	
<b>You need emergency care</b>	Emergency room services	\$0	\$0 copay (worldwide) per visit. For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	Urgent care	\$0	\$0 copay (worldwide) per visit.

 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://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 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	\$0	\$1,500 allowance every year for 2 hearing aids* <ul style="list-style-type: none"> <li>• A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>

**?** If you have questions, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	\$1,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Access to one of the largest national dental networks</li> <li>• Freedom to see any dentist</li> </ul>
	Restorative and emergency dental care	\$0	
<b>You need eye care</b>	Eye exams	\$0	1 per year
	Glasses or contact lenses	\$0	Plan pays up to \$250 every year for lenses/frames and contacts* Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.
	Other vision care	\$0	
<b>You need behavioral health services</b>	Behavioral health services	\$0	
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	


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**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	
<b>You need help getting to health services</b>	Ambulance services	\$0	Your provider must obtain prior authorization for non-emergency transportation
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	36 one-way trips to or from approved medically related appointments and pharmacies*

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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, and some drugs used with certain medical equipment. Read the <b>Enrollee Handbook</b> for more information on these drugs.
	Medicare Part D prescription drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information. <sup>1</sup>  An extended day supply is only available at a subset of the retail or mail order network pharmacy.  Contact the plan for details.
	Over-the-counter (OTC) drugs		There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> 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	4 visits per year
	Orthotic services	\$0	


 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://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><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Enrollee Services or refer to <b>Chapter 4</b> of the <b>Enrollee Handbook</b>.</p>	Wheelchairs, crutches, and walkers	\$0	
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	
<p><b>Additional services (continued on next page)</b></p>	Chiropractic services	\$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)
	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	

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**For more information**, visit [myuhc.com/communityplan](http://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)	Services to help manage your disease	\$0	
	Over-the-counter (OTC) and utility bill credit		<p>\$88 credit every month to pay for OTC products, healthy food and utility bills for qualifying enrollees</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li>• Pay home utility bills like electricity, heat, water and internet</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>
	Meal benefit		<p>Up to 28 meals over 14 days; unlimited times per year. Enrollees can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge. Please check the <b>Enrollee Handbook</b> for additional details.</p>

 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. **For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

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 Choice DC-Q001 (PPO D-SNP) **Enrollee Handbook**. If you don't have an **Enrollee Handbook**, call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Enrollee Services or visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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

<sup>1</sup>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.




**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## D. Benefits covered outside of UHC Dual Choice DC-Q001 (PPO D-SNP)

There are some services that you can get that are not covered by UHC Dual Choice DC-Q001 (PPO D-SNP) but are covered by Medicare, DC Medicaid, or a District agency. This is not a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Certain hospice care services covered outside of UHC Dual Choice DC-Q001 (PPO D-SNP)	\$0 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.

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 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## E. Services that UHC Dual Choice DC-Q001 (PPO D-SNP), Medicare, and DC Medicaid do not cover

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

Services UHC Dual Choice DC-Q001 (PPO D-SNP), Medicare, and DC Medicaid do not cover	
Services considered not “reasonable and medically necessary”, according to Medicare and DC Medicaid standards, unless we list these as covered services	Elective or voluntary enhancement procedures
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study	Cosmetic surgery or other cosmetic work unless required criteria are met
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery

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 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## F. Your rights as an enrollee of the plan

As an enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP), 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 **Enrollee 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 navigator
- **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 Choice DC-Q001 (PPO D-SNP) 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



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- 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
- 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 DC Department of Health Care Finance (DHCF) at **202-442-9533, TTY 711**
  - Ask for an IMR of DC Medicaid services or items that are medical in nature
  - Appeal certain decisions made by DHCF or our providers
  - Ask for a District Fair Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Enrollee Handbook**. If you have questions, you can call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

You can also call the contact the DC Office of Health Care Ombudsman and Bill of Rights at **202-724-7491, TTY 711, Monday–Friday 9 a.m.–4:45 p.m.**

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

If you have a complaint or think UHC Dual Choice DC-Q001 (PPO D-SNP) should cover something we denied, call Enrollee 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 **Enrollee Handbook**. You can also call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.  
**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).



### **For complaints/grievances or medical appeals:**

UnitedHealthcare Appeals and Grievance Department  
P.O. Box 6103, MS CA120-0360  
Cypress, CA 90630-0023

### **For Part D or Medicaid drug appeals only:**

UnitedHealthcare Part D Appeal and Grievance Department  
P.O. Box 6103, MS CA120-0368  
Cypress, CA 90630-0023

## **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 Choice DC-Q001 (PPO D-SNP) Enrollee Services. Phone numbers are listed at the bottom of this page.
- Or, call DC Medicaid Customer Service Center at **202-442-9533**. TTY users may call **711**.
- Or, call DC Medicaid's Fraud Hotline at **1-877-632-2873**. 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 Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.

**For more information**, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

**If you have general questions or questions about our plan, services, service area, billing, or Enrollee ID Cards,**

**please call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services:**

**1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September.

Enrollee Services also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September.

**If you need immediate behavioral health care, please call the Optum Mental Health:**

**1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. UHC Dual Choice DC-Q001 (PPO D-SNP) also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week