



Summary of Benefits 2025

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

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Contact us for more information about the plan.



MyUHC.com/CommunityPlan



Toll-free 1-800-514-4911, TTY 711
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®
Dual Complete**

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NJ-Y001 (HMO 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 a member of UHC Dual Complete® NJ-Y001. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 NJ-Y001 (HMO D-SNP) for January 1, 2025–December 31, 2025. This is only a summary. Read the **Evidence of Coverage** online at MyUHC.com/CommunityPlan for the full list of benefits.

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the NJ FamilyCare program. Enrollment in UHC Dual Complete® NJ-Y001 depends on contract renewal. This plan is available to anyone who has both Medicare and full NJ FamilyCare benefits.
- UHC Dual Complete NJ-Y001 (HMO D-SNP) es un Plan Altamente Integrado para Personas con Necesidades Especiales que Tienen Elegibilidad Doble (Highly Integrated Dual Eligible Special Needs Plan, HIDE SNP). El plan tiene un contrato con Medicare y un contrato con el programa NJ FamilyCare. La inscripción en UHC Dual Complete NJ-Y001 (HMO D-SNP) depende de la renovación del contrato. Este plan está disponible para cualquier persona que tenga Medicare y beneficios completos de NJ FamilyCare.
- Home support benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

When joining this plan:

1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
2. You will be enrolled automatically into NJ FamilyCare coverage under our plan, and disenrolled from any NJ FamilyCare plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
4. You must understand and follow our plan's rules on referrals.

Cuando se una a este plan:

1. Debe usar proveedores, proveedores de Equipos Médicos Duraderos (Durable Medical Equipment, DME) y farmacias de la red.
2. Se le inscribirá automáticamente en la cobertura de NJ FamilyCare en virtud de nuestro plan y se cancelará su inscripción en cualquier plan de NJ FamilyCare en el que esté inscrito actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid estarán cubiertos por nuestro plan, y debe obtenerlos de proveedores dentro de la red.
3. Se le inscribirá automáticamente en la cobertura de la Parte D en virtud de nuestro plan y se cancelará automáticamente su inscripción en cualquier otro plan de cobertura acreditable o de la Parte D de Medicare en el que esté inscrito actualmente.
4. Debe comprender y seguir las reglas de nuestro plan sobre referidos.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit MyUHC.com/CommunityPlan.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan at **1-800-514-4911** (TTY **711**) or read the **Evidence of Coverage**. You can read and download it online at **MyUHC.com/CommunityPlan**, or you can call Customer Service toll-free at **1-800-514-4911** (TTY **711**) to request a copy.

- Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan UnitedHealthcare UCard®, TTY **711**, 24 hours a day, 7 days a week.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future. This is called a “standing order”. You can also make changes to your standing order at any time by calling Customer Service.
- This information is available for free in other languages. Please call our customer service number located on the first page of this book.
- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- Benefits may change on January 1 of each year.
- Part B premiums are covered by Medicaid for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5 Star rating system.
- 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 Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- 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. Gym network may vary in local market and plan.
- 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.

You can read the **Medicare & You** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (**medicare.gov**) or request a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Nondiscrimination notice

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

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

- **Email:** UHC_Civil_Rights@uhc.com
- **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 chart lists frequently asked questions.

Frequently asked questions	Answers
<p>What is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)?</p>	<p>A NJ Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ HIDE SNP covers all of your Medicare, NJ FamilyCare and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one UnitedHealthcare UCard®, and no copays for medical services or prescription drugs. A HIDE SNP coordinates all of your care.</p> <p>If you join a HIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a HIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up the UHC Dual Complete® NJ-Y001 service area are listed on page 7 of this document.</p>
<p>Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete® NJ-Y001 that I get now?</p>	<p>If you are coming to UHC Dual Complete® NJ-Y001 from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from UHC Dual Complete® NJ-Y001.</p> <p>When you enroll in UHC Dual Complete® NJ-Y001, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that UHC Dual Complete® NJ-Y001 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® NJ-Y001 to cover your drug if medically necessary.</p>

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently asked questions	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete® NJ-Y001 and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in UHC Dual Complete® NJ-Y001’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete® NJ-Y001’s network. <p>To find out if your providers are in the plan’s network, call Customer Service at the number listed at the bottom of this page or read UHC Dual Complete® NJ-Y001’s Provider and Pharmacy Directory. You can also visit our website at MyUHC.com/CommunityPlan for the most current listing.</p> <p>If UHC Dual Complete® NJ-Y001 is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
What is a Care Manager?	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
What are Managed Long Term Services and Supports (MLTSS)?	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
What happens if I need a service but no one in UHC Dual Complete® NJ-Y001’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete® NJ-Y001 will cover services provided by an out-of-network provider.</p>

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Frequently asked questions	Answers
Where is UHC Dual Complete® NJ-Y001 available?	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, NJ. You must live in one of these areas to join the plan.
What is prior authorization?	<p>Prior authorization means that you must get approval from UHC Dual Complete® NJ-Y001 before UHC Dual Complete® NJ-Y001 will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete® NJ-Y001 may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete® NJ-Y001 can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete® NJ-Y001 before the service is provided.</p> <p>Refer to Chapter 3, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete® NJ-Y001?	<p>No. You will not pay any monthly premiums to UHC Dual Complete® NJ-Y001 for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
Do I pay a deductible as a member of UHC Dual Complete® NJ-Y001?	No. You do not pay deductibles in UHC Dual Complete® NJ-Y001.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete® NJ-Y001?	There is no cost sharing for medical services in UHC Dual Complete® NJ-Y001, so your annual out-of-pocket costs will be \$0.

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C. Overview of services

The following chart is a quick overview of what services you may need 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)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.
You want to use a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Your provider may need to obtain prior authorization for Specialist services.
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

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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 emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Your provider may need to obtain prior authorization for services.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Your provider may need to obtain prior authorization for services.
You need eye care	Vision services (including annual eye exams)	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	
You have a mental health condition (continued on next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 have a mental health condition (continued)	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	\$0	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Your provider may need to obtain prior authorization for services.</p>

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This is not a complete list of the plan’s expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Your provider may need to obtain prior authorization for services.
You need a place to live with people available to help you	Skilled nursing care	\$0	Your provider will need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider will need to obtain prior authorization for services.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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	Your provider may need to obtain prior authorization for services.
You need help getting to health services	Ambulance services	\$0	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No prior authorization is needed.
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the Evidence of Coverage for more information on these drugs. Your provider may need to obtain prior authorization for certain drugs.
	Medicare Part D prescription drugs Tier 1 Generic and brand name drugs (all covered drugs are in this tier)	\$0	<p>There may be limitations on the types of drugs covered. Refer to UHC Dual Complete® NJ-Y001's List of Covered Drugs (Formulary) at MyUHC.com/CommunityPlan for more information.</p> <p>UHC Dual Complete® NJ-Y001 may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 drugs to treat your illness or condition (continued)</p>			<p>Your provider must get prior authorization from UHC Dual Complete® NJ-Y001 for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, List of Covered Drugs (Formulary), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov/plan-compare.</p> <p>An extended day supply is only available at a subset of the retail pharmacy network. For more information please call Customer Service at 1-800-514-4911, TTY 711, or visit MyUHC.com/CommunityPlan, and/or reading the List of Covered Drugs (Formulary).</p> <p>Contact the Plan for details.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered.</p>
	<p>Diabetes medications</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.</p>

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://www.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 foot care	Podiatry services (including routine exams)	\$0	Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Your provider may need to obtain prior authorization for services/certain equipment.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (continued on next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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)
Other covered services (continued)	Diabetic supplies	\$0	<p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by the plan.</p> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drug.</p> <p>Your provider may need to obtain prior authorization for some services.</p>
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	
	Mammograms	\$0	Your provider may need to obtain prior authorization for some services.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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)	
Other covered services (continued)	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.	
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)		\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member’s home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member’s written plan of care)		\$0	Your provider may need to obtain prior authorization for some services.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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)
Other covered services (continued)	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services. Read the Evidence of Coverage for more information.
	Virtual medical visits	\$0	Talk with a network telehealth provider online through live audio and video. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.
	Virtual mental health visits	\$0	Talk with a network telehealth provider online through live audio and video. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete® NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

D. Additional services UHC Dual Complete® NJ-Y001 covers

This is not a complete list. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** to find out about other covered services.

Additional services UHC Dual Complete® NJ-Y001 covers	Your costs
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 • On-demand workout videos and live streaming fitness classes • Online memory fitness activities 	\$0
Over-the-counter (OTC), food and utility bill credit — \$303 credit every month to pay for OTC products, healthy food, and utility bills. Choose from thousands of OTC products, like first aid, pain relievers and more. Buy healthy foods like fruits and vegetables, meat, seafood, dairy products, and water. Pay home utility bills like electricity, heat, water, and internet. Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.	\$0
Meal Benefit — 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	\$0

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

E. Benefits covered outside of UHC Dual Complete® NJ-Y001

This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other services not covered by UHC Dual Complete® NJ-Y001 but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

F. Services not covered by UHC Dual Complete® NJ-Y001 (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by UHC Dual Complete® NJ-Y001 (exclusions)
Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

G. Your rights and responsibilities as a member of the plan

As a member of UHC Dual Complete® NJ-Y001, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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, read the **Evidence of Coverage**.

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 race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UHC Dual Complete® NJ-Y001 or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - UHC Dual Complete® NJ-Y001
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities
- **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. You can call **1-800-514-4911** if you want to change your PCP.
 - Use a women’s health care provider without a referral

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete® NJ-Y001 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
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-800-514-4911** if you need help with this service
 - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete® NJ-Y001 translated into your primary language, to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - 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. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by UHC Dual Complete® NJ-Y001
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- Ask for a State Fair Hearing
- Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a UHC Dual Complete® NJ-Y001 member
 - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify UHC Dual Complete® NJ-Y001 Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from UHC Dual Complete® NJ-Y001.** You should:
 - Get all your health care from UHC Dual Complete® NJ-Y001, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete® NJ-Y001 provides a prior authorization for out-of-network care
 - Not allow anyone else to use your UHC Dual Complete® NJ-Y001 UnitedHealthcare UCard® to obtain healthcare services
 - Notify UHC Dual Complete® NJ-Y001 when you believe that someone has purposely misused UHC Dual Complete® NJ-Y001 benefits or services

(continued on next page)

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

For more information about your rights, you can read UHC Dual Complete® NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

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

If you have a complaint or think UHC Dual Complete® NJ-Y001 should cover something we denied, call UHC Dual Complete® NJ-Y001 at **1-800-514-4911**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of UHC Dual Complete® NJ-Y001's **Evidence of Coverage**. You can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

You can also write us a letter about your grievance (complaint) or appeal.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
PO Box 6103
MS CA120-0360
Cypress, CA 90630-0023

For Part D or Medicaid drug appeals only:

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

I. 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, contact us.

- Call us at UHC Dual Complete® NJ-Y001 Customer Service. Phone numbers are in the footer of this document
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-888-937-2835**. Calls to this number are free.

If you have questions, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 UnitedHealthcare UCard®, call UHC Dual Complete® NJ-Y001 Customer Service:



Call 1-800-514-4911

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m. 7 days a week from October through March, Monday–Friday from April through September.

If you need immediate behavioral health care, call the Behavioral Health Crisis Line:



Call 1-800-514-4911

Calls to this number are free. 24 hours a day, 7 days a week. UHC Dual Complete NJ-Y001 also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.