



# Summary of Benefits 2025

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

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Call Customer Service or go online for more information about the plan.



**[UHCCommunityPlan.com](https://UHCCommunityPlan.com)**



Toll-free **1-844-560-4944**, 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 NY-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® NY-Y001 (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

## Table of Contents

A.	Disclaimers.....	3
B.	Frequently asked questions .....	9
C.	Overview of services .....	14
D.	Additional services UHC Dual Complete NY-Y001 (HMO D-SNP) covers .....	28
E.	Benefits covered outside of UHC Dual Complete NY-Y001 (HMO D-SNP) .....	28
F.	Services that UHC Dual Complete NY-Y001(HMO D-SNP), Medicare, and Medicaid do not cover .....	29
G.	Your rights and responsibilities as a member of the plan .....	29
H.	How to file a complaint or appeal a denied service.....	32
I.	What to do if you suspect fraud .....	33

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

## A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NY-Y001 (HMO D-SNP) for January 1, 2025 to December 31, 2025. This is only a summary. Read the **Evidence of Coverage** for the full list of benefits. You can view the **Evidence of Coverage** on our website at [myuhc.com/communityplan](http://myuhc.com/communityplan). If you would like a print copy, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at the number on the bottom of this page.

- UHC Dual Complete NY-Y001 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- For more information about **Medicare**, 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 ([www.medicare.gov](http://www.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**.
- Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- 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.
- 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.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at the number at the bottom of this page.

## NOTICE OF NON-DISCRIMINATION

UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) complies with Federal civil rights laws. UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) provides the following:

- Free aids and services to people with disabilities 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 first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) at **1-866-547-0772**. For TTY/TDD services, call **711**.

If you believe that UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with UnitedHealthcare Dual Complete NY-Y001 (HMO D-SNP) by:

Mail: UnitedHealthcare Civil Rights Grievance  
Attn: Civil Rights Coordinator  
P.O. Box 30608, Salt Lake City, UT, 84130

Email: **[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)**

Phone: **1-866-547-0772** (TTY/TDD Services, call **711**)

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

Web: Office for Civil Rights Complaint Portal at  
**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

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

Complaint forms are available at  
**[hhs.gov/civil-rights/filing-a-complaint/index.html](https://hhs.gov/civil-rights/filing-a-complaint/index.html)**

Phone: 1-800-368-1019 (TTY/TDD 1-800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-547-0772, TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-547-0772, TTY/TDD 711.	Spanish
注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-547-0772, TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-866-547-0772، TTY/TDD 711.	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-547-0772, TTY/TDD 711.번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-547-0772 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-547-0772, TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-547-0772, TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-547-0772, TTY/TDD 711.	French Creole
אויפמערקזאם: אויב אי ר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-547-0772, TTY/TDD 711.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-547-0772, TTY/TDD 711.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-547-0772, TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-866-547-0772, TTY/TDD 711.	Bengali
VINI RE: Shërbime të ndihmës gjuhësore, falas, janë në dispozicion për ju. Telefononi në 1-866-547-0772, TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-547-0772, TTY/TDD 711.	Greek
توجه فرمائیں: اگر آپ اردو بولتے ہیں تو آپ کو زبان میں مدد کی خدمات مفت دستیاب ہیں۔ 1-866-547-0772, TTY/TDD 711 پر کال کریں۔	Urdu

## Civil Rights Notice

**The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.**

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

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **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 services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

## 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. 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. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**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上的免付費電話號碼聯絡我們。會說您的語言的人可以協助您。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 sa iyong kard ng pagkakakilanlan ng kasapi. 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. 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 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 thành viên của bạn. 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 auf Ihrem Mitgliedsausweis an. 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 카드에 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. 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. 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 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. 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. 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 kòm manm ou an. 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 karcie identyfikacyjnej członka planu. 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

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p><b>What is a Medical Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?</b></p>	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called UHC Dual Complete NY-Y001 (HMO D-SNP).</p>
<p><b>Will I get the same Medicare and Medicaid benefits in UHC Dual Complete NY-Y001? (HMO D-SNP) that I get now?</b> (continued on the next page)</p>	<p>If you are coming to UHC Dual Complete NY-Y001 (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from UHC Dual Complete NY-Y001 (HMO D-SNP).</p> <p>When you enroll in UHC Dual Complete NY-Y001 (HMO D-SNP), 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 NY-Y001 (HMO 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 Complete NY-Y001 (HMO D-SNP) to cover your drug if medically necessary.</p>

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Frequently asked questions	Answers
<b>Will I get the same Medicare and Medicaid benefits in UHC Dual Complete NY-Y001? (HMO D-SNP) that I get now?</b> (continued from the previous page)	If you are taking any Medicare Part D prescription drugs that UHC Dual Complete NY-Y001 (HMO 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 Complete NY-Y001 (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

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**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Frequently asked questions	Answers
<p><b>Can I use the same health care providers I use now?</b></p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NY-Y001 (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” You must use the providers in UHC Dual Complete NY-Y001 (HMO D-SNP)’s network.</li> <li>• If you need urgent or emergency care or behavioral health crisis.</li> <li>• Services or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NY-Y001 (HMO D-SNP)’s network.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete NY-Y001 (HMO D-SNP)’s <b>Provider and Pharmacy Directory</b>. You can also visit our website at <a href="https://myuhc.com/CommunityPlan">myuhc.com/CommunityPlan</a> for the most current listing.</p> <p>If UHC Dual Complete NY-Y001 (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2025, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2025 by the same provider for the treatment of the same or related behavioral health condition.</p>

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Frequently asked questions	Answers
<b>What is a Care Manager?</b>	<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> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of UHC Dual Complete NY-Y001 (HMO D-SNP)).</p>
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	<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>
<b>What happens if I need a service but no one in UHC Dual Complete NY-Y001 (HMO D-SNP)'s network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, UHC Dual Complete NY-Y001 (HMO D-SNP) will cover services provided by an out-of-network provider.</p>
<b>Where is UHC Dual Complete NY-Y001 (HMO D-SNP) available?</b>	<p>The service area for this plan includes: Erie, Genesee, Monroe, Niagara, Orleans, and Wyoming, New York. You must live in one of these areas to join the plan.</p>

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Frequently asked questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from UHC Dual Complete NY-Y001 (HMO D-SNP) before UHC Dual Complete NY-Y001 (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete NY-Y001 (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete NY-Y001 (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NY-Y001 (HMO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <b>Evidence of Coverage</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Evidence of Coverage</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 Member Services at the numbers listed at the bottom of this page for help.</p>
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete NY-Y001 (HMO D-SNP)?</b>	<p>No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.</p>
<b>Do I pay a deductible as a member of UHC Dual Complete NY-Y001 (HMO D-SNP)?</b>	<p>No. You do not pay deductibles in UHC Dual Complete NY-Y001 (HMO D-SNP).</p>
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member UHC Dual Complete NY-Y001 (HMO D-SNP)?</b>	<p>There is no cost sharing (copays or deductibles) for medical services in UHC Dual Complete NY-Y001 (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>

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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 problem	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 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	
	Ambulatory surgical center (ASC) services	\$0	
<b>You want to use an outpatient health care provider</b>	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots 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 problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	You may use any emergency room or CPEP 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 NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgent care	\$0	Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	
	Screenings, such as tests to check for cancer	\$0	
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0	
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0	
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)	
<p><b>You have a mental health condition (This service is continued on the next page)</b></p>	<p>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), State Operated Addiction Treatment Center’s (ATC), Inpatient addition rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)</p>	<p>\$0</p>		
	<p>Adult outpatient mental health care</p> <p>Continuing Day Treatment (CDT)</p> <p>Partial hospitalization</p>		<p>\$0</p>	
	<p>Adult outpatient rehabilitative mental health care</p> <p>Assertive Community Treatment (ACT)</p> <p>Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)</p> <p>Personalized Recovery Oriented Services (PROS)</p>			<p>\$0</p>

**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued)</b>	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services: Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services – peer supports Family Support and Training (FST)	\$0	
	Adult mental health crisis services Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services Crisis Residential Programs	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued)</b>	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)  <b>(Note:</b> This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)	\$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or 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.
<b>You are having a mental health or substance use crisis</b>	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	\$0	Any approved mobile crisis or licensed crisis residence provider in New York State.

**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition or a substance use disorder</b>	<p>CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p><b>(Note:</b> For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <b>Evidence of Coverage.</b>)</p>	\$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.

**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance use disorder</b></p>	<p>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)</p> <p><b>(Note:</b> This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)</p>		
<p><b>You need a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>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.</p>
	<p>Nursing home</p>	<p>\$0</p>	
	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0</p>	
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy (outpatient or in-home)</p>	<p>\$0</p>	
<p><b>You need help getting to health services</b></p>	<p>Emergency transportation</p>	<p>\$0</p>	

**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>	<p>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)</p>	<p>\$0</p>	<p>Read the <b>Evidence of Coverage</b> for more information on these drugs.</p>
	<p>Medicare Part D prescription drugs</p>	<p>\$0 for a 30-day supply</p>	<p>There may be limitations on the types of drugs covered. Refer to UHC Dual Complete NY-Y001 (HMO D-SNP)'s <b>List of Covered Drugs</b> at <a href="http://myuhc.com/CommunityPlan">myuhc.com/CommunityPlan</a> for more information.</p> <p>UHC Dual Complete NY-Y001 (HMO D-SNP) 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> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.</p> <p>Your provider must get prior authorization from UHC Dual Complete NY-Y001 (HMO D-SNP) for certain drugs.</p>

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></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, <b>List of Covered Drugs</b>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p> <p>Our plan’s mail-order service allows you to order <b>up to a 100-day supply</b>.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NY-Y001 (HMO D-SNP)’s <b>List of Covered Drugs (Drug List)</b> for more information.</p>
<p><b>You need foot care</b></p>	<p>Podiatry services (including routine exams)</p>	<p>\$0</p>	
	<p>Orthotic services</p>	<p>\$0</p>	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME) or supplies</b>	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example  <b>(Note:</b> This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)	\$0	
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
<b>Other covered services (This service is continued on the next page)</b>	Acupuncture	\$0	
	Plan Care coordination	\$0	
	Chiropractic services	\$0	
	Food, over-the-counter (OTC) and utility bill credit	\$170 credit every month to pay for OTC products, healthy food and utility bills <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>	

**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Diabetic supplies	\$0	<p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</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.

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Fitness program	\$0	<p>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:</p> <ul style="list-style-type: none"> <li>• Free gym membership</li> <li>• Access to a large national network of gyms and fitness locations</li> <li>• On-demand workout videos and live streaming fitness classes</li> <li>• Online memory fitness activities</li> </ul>
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$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.
	Mammograms	\$0	

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	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); and social adult day care)	\$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 all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.
	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) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, 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	

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Prosthetic services	\$0	
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete NY-Y001 (HMO D-SNP)'s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at the number listed at the bottom of this page.

## D. Additional services UHC Dual Complete NY-Y001 (HMO D-SNP) covers

This is not a complete list. Call Member Services at the numbers 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® NY-Y001 (HMO D-SNP) covers	Your costs
<b>Chiropractic Care</b>	\$0
<b>Home Health Care</b>	\$0
<b>Renal Dialysis</b>	\$0

## E. Benefits covered outside of UHC Dual Complete NY-Y001 (HMO D-SNP)

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by UHC Dual Complete NY-Y001 (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service (This service is continued on next page)	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management services	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0

(continued on next page)

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

Other services covered directly by Medicaid fee-for-service (Continued)	Your costs
Crisis Intervention Services for Youth ages 18–20	\$0
Non-emergency Medical Transportation	\$0

## F. Services that UHC Dual Complete NY-Y001 (HMO D-SNP), Medicare and Medicaid do not cover

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

### Services UHC Dual Complete NY-Y001 (HMO D-SNP), Medicare and Medicaid do not cover

Personal and Comfort items

Cosmetic surgery if not medically necessary

Services of a provider that is not part of the plan, unless the plan sends you to that provider

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

As a member of UHC Dual Complete NY-Y001 (HMO D-SNP), 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

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**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).



- 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 NY-Y001 (HMO D-SNP) 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 NY-Y001 (HMO D-SNP)
  - Description of 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 **1-866-547-0772** if you want to change your PCP.
  - 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 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 NY-Y001 (HMO 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
  - 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 **1-866-547-0772** if you need help with this service

(continued on next page)

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

- Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete NY-Y001 (HMO D-SNP) translated into your primary language, and/or 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 NY-Y001 (HMO D-SNP)
  - 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.
  - Ask for a State Appeal (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 NY-Y001 (HMO D-SNP) member

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**If you have questions,** call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**.

- 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 NY-Y001 (HMO D-SNP) Member Services 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 NY-Y001 (HMO D-SNP).** You should:
  - Get all your health care from UHC Dual Complete NY-Y001 (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete NY-Y001 (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your UHC Dual Complete NY-Y001 (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify UHC Dual Complete NY-Y001 (HMO D-SNP) when you believe that someone has purposely misused UHC Dual Complete NY-Y001 (HMO D-SNP) benefits or services

For more information about your rights, you can read UHC Dual Complete NY-Y001 (HMO D-SNP)'s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at the numbers 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 NY-Y001 (HMO D-SNP) should cover something we denied, call UHC Dual Complete NY-Y001 (HMO D-SNP) at **1-866-547-0772**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of UHC Dual Complete NY-Y001 (HMO D-SNP)'s **Evidence of Coverage**. You can also call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

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

UnitedHealthcare Appeals and Grievances 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

## **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 NY-Y001 (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- 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.
- Or, call the New York State Medicaid Fraud hotline **1-877-87 FRAUD**.

**If you have questions**, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. 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 Member ID Cards, call UHC Dual Complete NY-Y001 (HMO D-SNP) Member Services:**



**1-866-547-0772**

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

**TTY 711**

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

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



**1-866-547-0772**

Calls to this number are free. 24 hours a day, 7 days a week. UHC Dual Complete NY-Y001 (HMO D-SNP) 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.