



# Summary of Benefits 2025

**UHC Dual Complete TN-Y001 (HMO-POS D-SNP)**  
H0251-004-000

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.



**[UHC.com/CommunityPlan](https://UHC.com/CommunityPlan)**



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

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Healthcare®  
Dual Complete**

## Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete TN-Y001 (HMO-POS 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 TN-Y001 (HMO-POS D-SNP). 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 TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days 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 TN-Y001 (HMO-POS D-SNP) for January 1, 2025 to December 31, 2025. This is only a summary. Please 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**. If you would like a print copy, call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Enrollee Services at the number of the bottom of this page.

- UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or get 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**.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at **1-844-560-4944** for additional information (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al **1-844-560-4944**, para obtener información adicional (los usuarios de TTY deben comunicarse al **711**). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.
- The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

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- The additional transportation benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.
- Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- For more information about Medicare, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (**medicare.gov**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- For more information about TennCare you can check the Members/Applicant section of the TennCare website at **tn.gov/TennCare** or call **1-800-342-3145**. For people who have both Medicare and TennCare you can contact TennCare Connect at **1-855-259-0701** or **1-800-848-0298** TTY, Monday–Friday 7 a.m. to 6 p.m. CST. Or use the free TennCare Connect member portal at: **tenncareconnect.tn.gov**
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish and Arabic.
- If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- 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 TN -Y001 (HMO-POS D-SNP) Customer Service at the number at the bottom of this page.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**Hearing aids**

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

**Routine dental benefits**

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

**Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

**Fitness program**

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, 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 are 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.

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

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

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

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. Contact Optum Home Delivery Pharmacy anytime at **1-877-266-4832**, TTY **711**.

### **Rewards Program**

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

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions  | Answers   |
|---|---|
| <p><b>What is a UHC Dual Complete D-SNP?</b></p>  | <p>A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and TennCare. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs under the TennCare program.</p>   |
| <p><b>Will I get the same Medicare and TennCare benefits in UHC Dual Complete TN-Y001 (HMO-POS D-SNP) that I get now?</b></p> | <p>You will get most of your covered Medicare and TennCare benefits directly from UHC Dual Complete TN-Y001 (HMO-POS D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in UHC Dual Complete TN-Y001 (HMO-POS D-SNP), you and your care coordinator will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete TN-Y001 (HMO-POS 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 TN-Y001 (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of the page.</p> |

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| Frequently Asked Questions  | Answers   |
|---|---|
| <p><b>Can I go to the same doctors I use now?</b></p>                               | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete TN-Y001 (HMO-POS 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.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s plan.</li> <li>• If you are currently under treatment with a provider that is out of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network, or have an established relationship with a provider that is out of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network, call Customer Service to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Service at the numbers listed at the bottom of the page or read UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b>MyUHC.com/CommunityPlan</b>.</p> <p>If UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p> |
| <p><b>What is a UHC Dual Complete TN-Y001 (HMO-POS D-SNP) care coordinator?</b></p> | <p>A UHC Dual Complete TN-Y001 (HMO-POS D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>   |

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| Frequently Asked Questions   | Answers   |
|--|---|
| <p><b>What are Long-term Services and Supports (LTSS)?</b></p>   | <p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>  |
| <p><b>What happens if I need a service but no one in UHC Dual Complete TN-Y001 (HMO-POS D-SNP)'s network can provide it?</b></p> | <p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete TN-Y001 (HMO-POS D-SNP) will pay for the cost of an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your <b>Evidence of Coverage</b> for more information.</p>   |
| <p><b>Where is UHC Dual Complete TN-Y001 (HMO-POS D-SNP) available?</b></p>  | <p>The service area for this plan includes: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson counties, Tennessee. You must live in one of these areas to join the plan.</p> <p>Call Customer Service at the numbers listed at the bottom of the page for more information about whether the plan is available where you live.</p> |

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| Frequently Asked Questions   | Answers  |
|--|--|
| <b>What is prior authorization?</b>  | <p>Prior authorization means an approval from UHC Dual Complete TN-Y001 (HMO-POS D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UHC Dual Complete TN-Y001 (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC Dual Complete TN-Y001 (HMO-POS D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete TN-Y001 (HMO-POS 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 Customer Service at the numbers listed at the bottom of the page for help.</p> |
| <b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete TN-Y001 (HMO-POS 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 TN-Y001 (HMO-POS D-SNP)?</b>   | <p>No. You do not pay deductibles in UHC Dual Complete TN-Y001 (HMO-POS D-SNP).</p>  |
| <b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)?</b> | <p>There is no cost sharing for medical services in UHC Dual Complete TN-Y001 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.</p>   |

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern        | Services you may need                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|-------------------------------|---|-------------------------------------|--|
| <b>You need hospital care</b> | Inpatient hospital care                             | \$0                                 | Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers an unlimited number of days for an inpatient hospital stay.<br><br>Your provider may need to obtain prior authorization for services. |
|                               | Outpatient hospital services, including observation | \$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.   |
|                               | Doctor or surgeon care                              | \$0                                 | Your provider may need to obtain prior authorization for services.   |

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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)   |
|--------------------------------|--|-------------------------------------|---|
| <b>You want a doctor</b>       | Visits to treat an injury or illness   | \$0                                 |   |
|                                | Care to keep you from getting sick, such as flu shots and screenings to check for cancer                 | \$0                                 |   |
|                                | Wellness visits, such as a physical  | \$0                                 | 1 per year  |
|                                | “Welcome to Medicare” (preventive visit one time only)   | \$0                                 |   |
|                                | Specialist care  | \$0                                 | Your provider may need to obtain prior authorization for services.  |
| <b>You need emergency care</b> | Emergency room services  | \$0                                 | \$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. |
|                                | Urgent care  | \$0                                 | \$0 copay (worldwide) per visit   |
| <b>You need medical tests</b>  | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0                                 | Your provider may need to obtain prior authorization for services.  |
|                                | Lab tests and diagnostic procedures, such as blood work  | \$0                                 | Your provider may need to obtain prior authorization for services.  |

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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)   |
|---|---------------------------------------|---|---|
| <b>You need hearing/auditory services</b> | Hearing screenings                    | \$0   | Coverage for members under the age of 21.<br>1 per year   |
|   | Hearing aids                          | \$0   | \$3,200 allowance for a broad selection of OTC and brand-name prescription hearing aids <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period brand-name prescription hearing aids.</li> </ul> Your provider may need to obtain prior authorization for services. |
| <b>You need dental care</b>               | Comprehensive dental services         | \$0 copay for comprehensive dental services | \$5,000 combined limit on all covered dental services. See EOC for details.   |
|   | Dental check-ups and preventive care  | \$0   |   |
|   | Restorative and emergency dental care | \$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)   |
|---|---|-------------------------------------|---|
| <b>You need eye care</b>                          | Eye exams   | \$0                                 | 1 per year  |
|   | Glasses or contact lenses   | \$0                                 | <p>Plan pays up to \$600 every year for lenses/frames</p> <p>Home delivered eyewear available through select network providers (select products only).</p> <p>You are responsible for all eyewear costs from providers outside of the network.</p> <p>Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit</p> |
|   | Other vision care   | \$0                                 | Your provider may need to obtain prior authorization for services.  |
| <b>You need behavioral health services</b>        | Behavioral Health Care (Mental health services)   | \$0                                 |   |
|   | Inpatient and outpatient care and community-based services for people who need mental health services | \$0                                 | <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Your provider may need to obtain prior authorization for services.</p>  |
|   | Outpatient group therapy visit  | \$0                                 | Your provider may need to obtain prior authorization.   |
|   | Outpatient individual therapy visit   | \$0                                 | Your provider may need to obtain prior authorization.   |
|   | Virtual mental health visits  | \$0                                 | \$0 copay to talk with a network telehealth provider online through live audio and video  |
| <b>You need a substance use disorder services</b> | Substance use disorder services   | \$0                                 | Your provider may need to obtain prior authorization for services.  |

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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)  |
|---|---|-------------------------------------|--|
| <b>You need a place to live with people available to help you</b> | Skilled nursing care  | \$0                                 | \$0 copay per day: days 1–100<br>Our plan covers up to 100 days in a SNF. Your provider may need to obtain prior authorization for services.   |
|   | Nursing home care   | \$0                                 | Your provider may need to obtain prior authorization.  |
|   | Adult Foster Care and Group Adult Foster Care   | \$0                                 | Your provider may need to obtain prior authorization.  |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy   | \$0                                 | Your provider may need to obtain prior authorization.  |
| <b>You need help getting to health services</b>                   | Emergency transportation  | \$0                                 | \$0 copay for ground<br>\$0 copay for air<br>No prior authorization is needed.   |
|   | Transportation to medical appointments and services (Non-Emergency transportation services or NEMT) | \$0                                 | 120 one-way trips per year to or from.<br>Routine transportation not for use in emergencies.<br>Your provider may need to obtain prior authorization for non-emergency transportation. |

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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)   |
|---|---|-------------------------------------|---|
| <p><b>You need drugs to treat your illness or condition</b></p> | <p>Medicare Part B prescription drugs</p> | <p>\$0</p>                          | <p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Evidence of Coverage</b> for more information on these drugs. Your provider may need to obtain prior authorization for services.</p>  |
|   | <p>Medicare Part D prescription drugs</p> | <p>\$0 for a 30-day supply.</p>     | <p>Copays or coinsurance for prescription drugs may vary based on if you receive Extra Help. Please contact the plan for more details. There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete TN-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information. If you have Medicare and Division of TennCare (Medicaid) you automatically qualify for Extra Help.</p> <p>An extended day supply is only available at a subset of the retail or mail order network pharmacy. Your provider must get prior authorization from UHC Dual Complete TN-Y001 for certain drugs.</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. Please refer to UHC Dual Complete TN-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.</p>   |

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).



| Health need or concern   | Services you may need              | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                 |
|--|------------------------------------|-------------------------------------|---|
| <b>You need help getting better or have special health needs</b>   | Rehabilitation services            | \$0                                 | Your provider may need to obtain prior authorization for services.                    |
|  | Medical equipment for home care    | \$0                                 | Your provider may need to obtain prior authorization for services.                    |
|  | Dialysis services                  | \$0                                 | Your provider may need to obtain prior authorization for services.                    |
| <b>You need foot care</b>  | Podiatry services                  | \$0                                 | 4 visits per year. Your provider may need to obtain prior authorization for services. |
|  | Orthotic services                  | \$0                                 | Your provider may need to obtain prior authorization for services.                    |
| <b>You need Durable medical equipment (DME) and related supplies</b>   | Wheelchairs, crutches, and walkers | \$0                                 | Your provider may need to obtain prior authorization.                                 |
|  | Nebulizers                         | \$0                                 | Your provider may need to obtain prior authorization for services.                    |
| <b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to <b>Chapter 4</b> of the <b>Evidence of Coverage</b> . | Oxygen equipment and supplies      | \$0                                 | Your provider may need to obtain prior authorization for services.                    |

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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)  |
|---|---|-------------------------------------|--|
| <b>You need help living at home</b>                 | Home health services  | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|   | Home services, such as cleaning or housekeeping, or home modifications such as grab bars              | \$0                                 | Members with disabilities and/or other qualifying medical conditions may receive up to 45 hours per month of in-home support services. Your provider may need to obtain prior authorization for services.  |
|   | Adult day health, Community Based Adult Services (CBAS), or other support services                    | \$0                                 | Member receives up to 24 hours per week of Adult Day Care through a network of contracted providers within the service area. Plan benefit coverage does not carry over from week to week. Your provider may need to obtain prior authorization for services. |
|   | Day habilitation services   | \$0                                 |  |
|   | Services to help you live on your own (home health care services or personal care attendant services) | \$0                                 |  |
| <b>Additional services (continued on next page)</b> | Chiropractic services   | \$0                                 | 20 visits per year. Your provider may need to obtain prior authorization for services.   |

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days 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)   |
|--|---|-------------------------------------|---|
| <b>Additional services (continued)</b> | Diabetes supplies and services          | \$0                                 | <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. Your provider may need to obtain prior authorization for services.</p>  |
|  | Donor organ/tissue procurement services | \$0                                 |   |
|  | Fitness Program                         | \$0 copay for fitness program.      | <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> |

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).

| Health need or concern                 | Services you may need   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)   |
|--|---|-------------------------------------|---|
| <b>Additional services (continued)</b> | Food, over-the-counter (OTC) and home and bath safety devices credit- Special supplemental benefits for the chronically ill |                                     | <p>\$336 credit every month to pay for OTC products and healthy food for members who qualify</p> <ul style="list-style-type: none"> <li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you. Call your plan or review your <b>Evidence of Coverage</b> (EOC) for more information.</li> </ul> |
|  | Meal Benefit  | \$0                                 | <p>Up to 28 meals over 14 days; unlimited times per year. Members can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge. Please check the <b>Evidence of Coverage</b> for additional details.</p>   |
|  | Organ and tissue transplant services  | \$0                                 |   |
|  | Private duty nursing services   | \$0                                 |   |

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).

| Health need or concern                 | Services you may need                | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--------------------------------------|-------------------------------------|---|
| <b>Additional services (continued)</b> | Prosthetic services                  | \$0                                 | Your provider may need to obtain prior authorization for services.    |
|  | Radiation therapy                    | \$0                                 |   |
|  | Reconstructive breast surgery        | \$0                                 |   |
|  | Services to help manage your disease | \$0                                 |   |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete TN-Y001 (HMO-POS D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service at the numbers listed at the bottom of the page to get one. If you have questions, you can also call Customer Service or visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

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

There are some services that you can get that are not covered by UHC Dual Complete TN-Y001 (HMO-POS D-SNP) but are covered by Medicare, TennCare, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of the page to find out about these services.

| Other services covered by Medicare, TennCare, or a State Agency                            | Your costs   |
|--|--|
| Certain hospice care services covered outside of UHC Dual Complete TN-Y001 (HMO-POS D-SNP) | 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. |
| Psychosocial rehabilitation  | \$0  |
| Targeted case management   | \$0  |
| Rest home room and board   | \$0  |

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

## **E. Services that UHC Dual Complete TN-Y001 (HMO-POS D-SNP), Medicare, and TennCare do not cover**

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

### **Services UHC Dual Complete TN-Y001 (HMO-POS D-SNP), Medicare, and TennCare do not cover**

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Services that are not medically necessary.

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Services that are experimental or investigative.

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Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.

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## **F. Your rights as a member of the plan**

As a member of UHC Dual Complete TN-Y001 (HMO-POS D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**.

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, public assistance, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from UHC Dual Complete TN-Y001 (HMO-POS D-SNP), providers, or TennCare. To file a complaint or learn more about your rights visit: [tn.gov/tenncare/members-applicants/civil-rights-compliance](https://tn.gov/tenncare/members-applicants/civil-rights-compliance)
  - Get information in other languages and formats (for example, large print, accessible electronic documents, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan).

- How much services will cost you
- Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women’s health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UHC Dual Complete TN-Y001 (HMO-POS 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 health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with TennCare at **1-800-878-3192** or **1-866-771-7043** TTY. The UHC Dual Complete TN-Y001 (HMO-POS D-SNP) website **MyUHC.com/CommunityPlan** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

**If you have questions,** please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan**.

- Ask for an IMR of TennCare services or items that are medical in nature
- Appeal certain decisions made by State Department of Managed Health Care or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service at the numbers listed at the bottom of the page.

You can also call TennCare Connect for people who have Medicare and TennCare at **1-800-259-0701**.

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

If you have a complaint or think UHC Dual Complete TN-Y001 (HMO-POS D-SNP) should cover something we denied, call Customer Service at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage**. You can also call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service at the numbers listed at the bottom of the page.

### **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

## **H. What to do if you suspect fraud**

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

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

- Call us at UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service. Phone numbers are on the cover of this summary or the numbers listed at the bottom of this page.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



- 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.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline **1-800-433-3982** or TTY users may call **1-877-779-3103**.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **[MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan)**.

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service:**



**1-844-560-4944**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. Customer Service also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

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



**1-844-560-4944**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. UHC Dual Complete TN-Y001 (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

## Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

### Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-690-1606 (TTY:711).

### Kurdish: کوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخوڕایی، بۆ تو بهردهسته. پهپوهندی به 1-800-690-1606 (TTY:711)..بکه

### Arabic: ربيّةعلا

وظةحلم: اذا ملكتتةغللا ربيّةعلا اتمدخدةعاسملا وبيّةغللا رةفوتمةكلا انجام. اتصل مقبر: 1-800-690-1606 (TTY: 711) مقرر فتاه صملا و مكبلا

### Chinese: 繁體中文

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 1-800-690-1606 (TTY:711)。

### Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-690-1606 (TTY:711).

### Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-690-1606 (TTY:711) 번으로 전화해 주십시오.

### French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-690-1606 (TTY:711).

### Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-690-1606 (መስማት ለተሳናቸው: TTY:711)።

### Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-690-1606 (TTY:711).

**Laotian: ພາສາລາວ**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY:711).

**German: Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY:711).

**Tagalog: Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY:711).

**Hindi: हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY:711). पर कॉल करें।

**Serbo-Croatian: Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Russian: Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-690-1606 (телетайп: TTY:711).

**Nepali: नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-690-1606 (टि टि वाइ: TTY:711).

**Persian: فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 تماس بگیرید. (TTY:711)

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

**Call us for free at 1-800-690-1606. We can connect you with the free help or service you need. (For TTY call 711)**

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:

**<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>**

**Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance**

P.O. Box 30608  
Salt Lake City, UT 84130

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

Phone: 1-800-690-1606

**U.S. Department of Health & Human Services, Office for Civil Rights**

200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201

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

Online: **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**