



# Summary of Benefits 2025

**UHC Dual Complete VA-Y001 (HMO-POS D-SNP)**  
H2445-001-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call Member Services or go online for more information about the plan.



**MyUHC.com/CommunityPlan**



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

**United  
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Dual Complete

## Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete VA-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 VA-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**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

## A. Disclaimers



This is a summary of health services covered by UHC Dual Complete VA-Y001 (HMO-POS D-SNP) for January 1, 2025–December 31, 2025. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits.

- UHC Dual Complete VA-Y001 (HMO-POS D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Virginia’s Cardinal Care Medicaid program. Enrollment in UHC Dual Complete VA-Y001 (HMO-POS D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full Virginia Cardinal Care Medicaid benefits.
- This information is not a complete description of benefits. Contact the plan for more information.
- Benefits, features and/or devices vary by plan/area. Limitations and/or exclusions may apply.
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- For more information about Medicare, you can read the Medicare & You handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UHC Dual Complete VA-Y001 (HMO-POS D-SNP).
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** to get information on all of your options.
- 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, contact Member Services.

### 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 up to \$400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

**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, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only.

Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

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

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

**Rewards Program**

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

## Nondiscrimination notice

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

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

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

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW, HHH Building, Room 509F  
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我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或手册封面列出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或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bì của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。



**Urdu:** ہماری صحت یا ٹرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ مترجم حاصل کرنے کے لیے، براہ کرم ہمیں اپنے رکن کے شناختی کارڈ پر یا کتابچے کے سرورق پر درج ٹول فری نمبر کا استعمال کرتے ہوئے کال کریں۔ آپ کی زبان بولنے والا آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

**Farsi:** ما خدمات ترجمہ شفاهی رایگان ارائه می‌دهیم تا به تمامی پرسش‌های احتمالی شما درباره طرح بیمه درمانی یا دارویی‌مان پاسخ دهیم۔ برای بهره‌مندی از خدمات مترجم شفاهی، لطفاً با شماره تلفن رایگانی که روی کارت شناسایی عضویت شما یا روی جلد دفترچه‌ی راهنما درج شده است، با ما تماس بگیرید۔ فردی که به زبان مادری‌تان صحبت می‌کند، آماده کمک‌رسانی به شماست۔ این خدمات کاملاً رایگان ارائه می‌شود۔

**Bengali:** আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, অনুগ্রহ করে আপনার সদস্য শনাক্তকরণ কার্ডে বা বুকলেটের কভারে তালিকাভুক্ত টোল-ফ্রি নম্বর ব্যবহার করে আমাদের কল করুন। আপনার ভাষায় কথা বলেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এটি একটি বিনামূল্যের পরিষেবা।

**Telugu:** మా ఆరోగ్యం లేదా డ్రగ్స్ ప్లాన్ గురించి మీకు ఏమైనా సందేహాలు ఉంటే వాటికి సమాధానం ఇవ్వడానికి మా వద్ద ఉచిత వ్యాఖ్యాత సేవలు ఉన్నాయి. వ్యాఖ్యాతను పొందడానికి, దయచేసి మీ సభ్యుని గుర్తింపు కార్డుపై లేదా బుక్‌లెట్ కవర్‌పై జాబితా చేయబడిన టోల్-ఫ్రీ నంబర్‌ను ఉపయోగించి మాకు కాల్ చేయండి. మీ భాష మాట్లాడే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సేవ.

**Nepali:** तपाईंको स्वास्थ्य वा औषधि योजना बारे तपाईं सँग हुनसक्ने कुनै पनि प्रश्नको जवाफ प्रदान गर्न हामी सँग निःशुल्क अनुवादक सेवाहरू उपलब्ध छन्। एक अनुवादक प्राप्त गर्न कृपया तपाईंको सदस्य पहिचान पत्र वा पुस्तिकाको कभरमा सूचीबद्ध टोल-फ्री नम्बरमा फोन गर्नुहोस्। तपाईंको भाषामा कुरा गर्ने कुनै व्यक्तिले तपाईंलाई सहयोग गर्नेछ। यो एउटा निःशुल्क सेवा हो।

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<b>What is a UHC Dual Complete D-SNP</b>	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 Cardinal Care. 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 Cardinal Care Managed Care program.
<b>Will I get the same Medicare and Cardinal Care Medicaid benefits in UHC Dual Complete VA-Y001 (HMO-POS D-SNP) that I get now?</b>	<p>You will get most of your covered Medicare and Cardinal Care benefits direction from UHC Dual Complete VA-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, care manager's or care coordinator's 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 VA-Y001 (HMO-POS D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs, and reflects your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete VA-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 VA-Y001 (HMO-POS D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the number listed at the bottom of this page.</p>

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently asked questions	Answers
<b>Can I use the same health care providers I use now?</b>	<p>That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete VA-Y001 (HMO-POS D-SNP) and have a contract with us, you can keep using 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 VA-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 VA-Y001 (HMO-POS D-SNP)’s plan network.</li> </ul> <p>Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations.</p> <p>To find out if your providers are in the plan’s network, call Member Services or read UHC Dual Complete VA-Y001 (HMO-POS D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b>MyUHC.com/CommunityPlan</b> for the most current listing.</p> <ul style="list-style-type: none"> <li>• If UHC Dual Complete VA-Y001 (HMO-POS D-SNP) is new for you, we will work with you to develop Individualized Care Plan to address your needs.</li> </ul>
<b>What is a UHC Dual Complete VA-Y001 (HMO-POS D-SNP) care coordinator or care manager?</b>	<p>A UHC Dual Complete VA-Y001 (HMO-POS D-SNP) care coordinator or care manager is one main person for you to contact at UHC Dual Complete VA-Y001 (HMO-POS D-SNP). 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
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides LTSS if you are found to be eligible through the LTSS screening process. 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. In some cases, a county or other agency may provide these services, and your care team will work with that agency.
<b>What happens if I need a service but no one in UHC Dual Complete VA-Y001 (HMO-POS D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete VA-Y001 (HMO-POS D-SNP) will cover services provided by an out-of-network provider.

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Frequently asked questions	Answers
<b>Where is UHC Dual Complete VA-Y001 (HMO-POS D-SNP) available?</b>	<p>The service area for this plan includes: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax City, Fairfax, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin City, Franklin, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City, Manassas City, Manassas Park City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Portsmouth City, Poquoson City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York Counties, VA. You must live in one of these areas to join the plan.</p>

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Frequently asked questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get an approval from UHC Dual Complete VA-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 VA-Y001 (HMO-POS D-SNP) may not cover the service, 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 VA-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 VA-Y001 (HMO-POS D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <b>Evidence of Coverage</b> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 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>What is a referral?</b>	<p>A referral means that your care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, UHC Dual Complete VA-Y001 (HMO-POS D-SNP) may not cover the services. UHC Dual Complete VA-Y001 (HMO-POS D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p> <p>Refer to the <b>Evidence of Coverage</b> to learn more about when you will need to get a referral from your care team.</p>
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete VA-Y001 (HMO-POS D-SNP)?</b>	<p>No. Because you have Cardinal Care, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>

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Frequently asked questions	Answers
<b>Do I pay a deductible as a member of UHC Dual Complete VA-Y001 (HMO-POS D-SNP)?</b>	No. You do not pay deductibles in UHC Dual Complete VA-Y001 (HMO-POS D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete VA-Y001 (HMO-POS D-SNP)?</b>	There is no cost sharing for medical services in UHC Dual Complete VA-Y001 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

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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, and 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.  Your provider may need to obtain prior authorization for services.
	Outpatient hospital services, including observation	\$0	
	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.
<b>You want to use a health care provider (continued on next page)</b>	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	
	Wellness visits, such as a physical	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You want to use a health care provider (continued)	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Your provider may need to obtain prior authorization for services.
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Worldwide coverage is available for the same copay.  Contact the plan for details.
	Urgent care	\$0	Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.  Worldwide coverage is available for the same copay.  Contact the plan for details.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRI’s)	\$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, and benefit information (rules about benefits)
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0	Covered for members under age 21. 1 routine hearing exam per year.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	\$3,200 allowance every year for 2 hearing aids <ul style="list-style-type: none"> <li>• A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul> 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, and benefit information (rules about benefits)
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	<p>Exams, cleanings, X-rays, fluoride, and comprehensive dental services are covered.</p> <p>\$3,000 limit on all covered dental services.</p> <p>Additionally Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact <b>888-912-3456</b> for information or visit <a href="http://www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad">www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad</a>.</p>
	Restorative and emergency dental care	\$0	<p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information.</p> <p>Your provider may need to obtain prior authorization for services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need eye care</b>	Chiropractic service	\$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)  May require your provider to get prior authorization from the plan for in-network benefits.
	Eye exam	\$0	1 every year. UHC Dual Complete VA-Y001 (HMO-POS D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	\$0	\$400 credit every year for 1 pair of lenses/frames and contacts.  Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$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, and benefit information (rules about benefits)
<p><b>You have a mental health condition</b></p>	<p>Mental Health Services</p>	<p>\$0</p>	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	<p>Inpatient and outpatient care and community-based services for people who need Mental Health Services</p>	<p>\$0</p>	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.</p> <p>Your provider may need to obtain prior authorization for services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need a substance use disorder service</b>	Substance use disorder services	\$0	<p>Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services.</p> <p>Your provider may need to obtain prior authorization for services.</p>
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides coverage for skilled and intermediate nursing facility care.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult foster care and group adult foster care	\$0	
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	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, and benefit information (rules about benefits)
<p><b>You need help getting to health services</b></p>	<p>Ambulance services</p>	<p>\$0</p>	<p>Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p>
	<p>Emergency transportation</p>	<p>\$0</p>	<p>In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.</p>
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>Unlimited one-way trips to or from approved locations, such as medically related appointments, gyms, adult day cares and pharmacies. Includes transportation services covered by Medicare. Routine transportation not for use in emergencies. Your provider may need to obtain prior authorization for services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and 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.</p> <p>Read the <b>Evidence of Coverage</b> for more information on these drugs.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	<p>Medicare Part D prescription drugs</p>	<p>\$0</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete VA-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.</p> <p>An extended day supply is only available at a subset of the retail or mail order network pharmacy.</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 VA-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.</p>
<p><b>You need help getting better or have special health needs</b></p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	
	<p>Dialysis services</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p><b>You need foot care</b></p>	<p>Podiatry services</p>	<p>\$0</p>	<p>4 routine foot care visits every year.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	<p>Orthotic services</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services or refer the <b>Chapter 4</b> of the <b>Evidence of Coverage</b>.</p>	<p>Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies</p>	<p>\$0</p>	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits.</p> <p>Your provider may need to obtain prior authorization for services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need help living at home (continued on next page)</b>	Home health services	\$0	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your UHC Dual Complete VA-Y001 (HMO-POS D-SNP) care team to request a LTSS screening for the CCC Plus Waiver.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p><b>You need help living at home (continued)</b></p>	<p>Adult day health services</p>	<p>\$0 You may have a monthly patient pay amount as determined by the Virginia Department of Social Services.</p>	<p>UHC Dual Complete VA-Y001 (HMO-POS D-SNP) provides these services if you are found to be eligible through the LTSS screening process.  If you do not have UnitedHealthcare for your Medicaid services, please call your Medicaid insurance company for more information.  Your provider may need to obtain prior authorization for services.</p>
	<p>Day habilitation services</p>	<p>\$0</p>	
	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p>\$0</p>	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>Additional covered services (continued on next page)</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.</p>
	Prosthetic services	\$0	<p><b>UHC Dual Complete VA-Y001 (HMO-POS D-SNP)</b> provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.</p>
	Radiation therapy	\$0	
	Services to help you manage your disease	\$0	<p>Care management or care coordination services are provided to all <b>UHC Dual Complete VA-Y001 (HMO-POS D-SNP)</b> enrollees. Care management provides a more intensive level of service if your health requires it.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>Additional covered services (continued)</b>	Fitness program	\$0	<p>The fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you and includes:</p> <ul style="list-style-type: none"> <li>• A free gym membership at a gym near you</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>• On-demand workout videos and live streaming fitness classes</li> </ul>
	Meal benefit	\$0	<p>28 home-delivered meals for 14 days, unlimited times per year after an inpatient hospitalization or skilled nursing facility (SNF) stay.</p> <p>Your provider may need to obtain prior authorization for services.</p>
	Food, over-the-counter (OTC) and utility bill credit	\$0	<p>\$382 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills.</p> <p>The healthy food and utility bills options are only available to qualifying members. Your credit amount expires at the end of each month.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>Additional covered services (continued)</b>	Respite care	\$0	Members with disabilities or other qualified medical conditions may be eligible for up to 40 hours per month of respite care.  You must obtain prior authorization from your health plan.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.  Virtual visits may require a video-enabled smartphone or other device. Not for use in emergencies.
	Virtual mental health visits	\$0	Speak to network telehealth providers using your computer or mobile device.  Virtual visits may require a video-enabled smartphone or other device. Not for use in emergencies.

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 VA-Y001 (HMO-POS D-SNP) Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call **UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services** to get one. If you have questions, you can also call Member Services or visit **MyUHC.com/CommunityPlan**.

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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

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

Other services covered directly by Medicaid fee-for-service	Your costs
Developmental disability support coordination	\$0
Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) waiver services	\$0

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

This is not a complete list. Call Member Services to find out about other excluded services.

Services UHC Dual Complete VA-Y001 (HMO-POS D-SNP), Medicare, and Medicaid do not cover	
Services not considered “reasonable and necessary” according to standards of Medicare and Medicaid	Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study.
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery.
Nursing services provided in a Christian Science Sanatorium	

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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

As a member of UHC Dual Complete VA-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**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance.
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinators
- **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 VA-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

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
  - 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:
  - 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.
  - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at 711). The UHC Dual Complete VA-Y001 (HMO-POS D-SNP) website **MyUHC.com/CommunityPlan** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask for an IMR of Cardinal Care Medicaid services or items that are medical in nature
  - Ask for a State Fair Hearing from the Virginia Department of Medical Assistance Services.
  - Get a detailed reason why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at the number listed at the bottom of this page.

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at **1-800-552-5019** (TTY users call Virginia Relay at **711**).

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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

If you have a complaint or think UHC Dual Complete VA-Y001 (HMO-POS D-SNP) should cover something we denied, call Member Services at **1-844-368-7151**. You can file a complaint or 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 VA-Y001 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

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

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

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

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

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

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

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

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

- Or, call Virginia Cardinal Care Medicaid Helpline at **1-800-643-2273**. TTY users may call **1-800-817-6608**.
- Call Virginia's Cardinal Care Medicaid Fraud Control Unit at **1-800-371-0824** or **1-804-371-0779** (TTY users dial **711** for Virginia Relay) or by email at **MFCU\_mail@oag.state.va.us**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week

**If you have questions**, call UHC Dual Complete VA-Y001 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

## **If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call UHC Dual Complete Member Services:**



**1-844-368-7151**

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**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 a.m.–8 p.m. 7 days a week from October through March; Monday–Friday.

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



**1-844-368-7151**

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