



# Summary of Benefits 2024

**UHC Senior Care Options MA-Y001 (HMO D-SNP)**

**UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)**

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



**Toll-free 1-888-867-5511, TTY 711**

8 a.m.–8 p.m. local time, 7 days a week



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## Introduction

This document is a brief summary of the benefits and services covered by UHC Senior Care Options MA-Y001 (HMO D-SNP) and UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) (UHC Senior Care Options). 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 Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

## Table of contents

A.	Disclaimers.....	3
B.	Frequently asked questions (FAQ).....	6
C.	List of covered services .....	10
D.	Benefits covered outside of UHC Senior Care Options .....	19
E.	Services that UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover .....	20
F.	Your rights as a member of the plan.....	22
G.	How to file a complaint or appeal a denied service.....	24
H.	What to do if you suspect fraud .....	24

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## A. Disclaimers



This is a summary of health services covered by UHC Senior Care Options for January 1, 2024 to December 31, 2024. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. If you don't have an **Evidence of Coverage**, call UHC Senior Care Options Customer Service at the number at the bottom of this page to get one or see it online at **UHCCommunityPlan.com**.

- UHC Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people with MassHealth Standard (Medicaid) age 65 and older.
- UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard (Medicaid), but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Standard Senior Care Options plan and receive all of your MassHealth Standard benefits through our SCO program. You must live in our service area to enroll.
- Under UHC Senior Care Options you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A UHC Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- 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**.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.
- You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. OptumRx is an affiliate of UnitedHealthcare Insurance Company. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-877-266-4832**, TTY **711**.

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- This information is available for free in other languages. Please call our customer service number located on the first page of this book.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions 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 (<https://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 **MassHealth (Medicaid)**, call **1-800-841-2900**. TTY users should call **1-800-497-4648**.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call **1-888-867-5511 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 (TTY 711)**, de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Trung, Việt, hoặc Nga, chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi **1-888-867-5511 (TTY 711)**, 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите на испанском, китайском, вьетнамском или русском языке, мы можем предложить вам бесплатные услуги перевода. Звоните по телефону **1-888-867-5511** (линия ТТУ: **711**), ежедневно с 8 часов утра до 8 часов вечера по местному времени. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- 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** or **1-800-MEDICARE** to get information on all of your options.

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- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: **1-855-781-9898** (Toll-free) Videophone (Deaf and Hard of Hearing): **1-339-224-6831** (to call this number and it requires special telephone equipment). You can also write to them using e-mail: **info@myombudsman.org** or to their Office at 25 Kingston St 4th floor, Boston, MA 02111. The office is wheelchair accessible. You can also get information from their website **myombudsman.org**.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.
- Participation in the Renew Active® by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll free member phone number listed on your health plan member ID card, TTY 711, daily, 8:00 a.m. to 8:00 p.m.

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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 Senior Care Options Plan?</b></p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth Standard to provide benefits of both programs to enrollees. It is for people age 65 and older with Medicare and MassHealth Standard coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators/managers to help you manage all your providers and services and supports. They all work together to provide the care you need.</p> <p>Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth Standard coverage, and no other comprehensive health insurance who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.</p>
<p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now?</b></p> <p><b>(continued on the next page)</b></p>	<p>You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in UHC Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p>

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Frequently asked questions	Answers
<p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now?</b></p> <p>(continued from previous page)</p>	<p>If you are taking any Medicare Part D prescription drugs that UHC Senior Care Options 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 Senior Care Options to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>
<p><b>Can I use 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 Senior Care Options 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 Senior Care Options 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 Senior Care Options plan.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Service or read UHC Senior Care Options <b>Provider Directory</b> on the Plan’s website at <b>UHCCommunityPlan.com</b>.</p> <p>If UHC Senior Care Options 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 Senior Care Options care coordinator/manager?</b></p>	<p>A UHC Senior Care Options care coordinator/manager 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
<b>What are Long-term Services and Supports (LTSS)?</b>	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.
<b>What is a Geriatric Services Supports Coordinator (GSSC)?</b>	A UHC Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.
<b>What happens if I need a service but no one in UHC Senior Care Options 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 Senior Care Options will pay for the cost of an out-of-network provider.
<b>Where is UHC Senior Care Options available?</b>	The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from UHC Senior Care Options 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 Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn'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 Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Senior Care Options before the service is provided. 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 this page for help.</p>

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Frequently asked questions	Answers
<b>Do I pay a monthly amount (also called a premium) under UHC Senior Care Options?</b>	No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of UHC Senior Care Options?</b>	No. You do not pay deductibles in UHC Senior Care Options.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Senior Care Options?</b>	There is no cost sharing for medical services in UHC Senior Care Options, so your annual out-of-pocket costs will be \$0.

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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) – services must be medically necessary
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider will need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	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.
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services.
	Wellness visits, such as a physical	\$0	Annual routine physicals are limited to one per calendar year.
	Care to keep you from getting sick, such as flu and COVID-19 shots and screenings to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Only covered within the first 12 months you have Medicare Part B.

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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) – services must be medically necessary
<b>You need emergency care</b>	Emergency room services	\$0	<b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	<b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any urgent care center, even if out-of-network and no authorization is needed.
<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.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.
	Hearing aids	\$0	Your provider may need to obtain prior authorization for services.
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	Limited to one visit every six months.
	Restorative and emergency dental 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) – services must be medically necessary
<b>You need eye care</b>	Eye exams	\$0	Your provider may need to obtain prior authorization for services. Routine eye exams do not require authorization.
	Glasses or contact lenses	\$0	Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available through UnitedHealthcare Vision (select products only).
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.
<b>You have a behavioral health condition</b>	Behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	Your provider may need to obtain prior authorization for services.
<b>You have a substance use disorder</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) – services must be medically necessary
<p><b>You need a place to live with people available to help you</b></p>	Skilled nursing care	\$0	Up to 100 days per calendar year. Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.
<p><b>You need therapy after a stroke or accident</b></p>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.
<p><b>You need help getting to health services</b></p>	Ambulance services	\$0	Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation.
	Emergency transportation	\$0	Available worldwide and within the U.S and its territories without authorization.
	Transportation to medical appointments and services	\$0	Unlimited one-way trips to or from approved medically related appointments and the pharmacy within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required. Provided by ModivCare®.

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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) – services must be medically necessary
<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.</p>
	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</p>
	<p>Brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</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 Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.</p>

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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) – services must be medically necessary
<p><b>You need help getting better or have special health needs</b></p>	Rehabilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Medical equipment for home care	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Dialysis services	\$0	Your provider may need to obtain prior authorization for services.
<p><b>You need foot care</b></p>	Podiatry services	\$0	Six routine foot care visits and all medically necessary visits. Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
<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 Customer Service or refer to Chapter 4 of the <b>Evidence of Coverage</b>.</p>	Wheelchairs, crutches, and walkers	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	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) – services must be medically necessary
<p><b>You need help living at home</b></p>	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required.
	Adult day health or other support services	\$0	You must obtain prior authorization from your Health Plan.
	Day habilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (home health care services or personal care attendant 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) – services must be medically necessary
<b>Additional services</b>  (continued on the next page)	Chiropractic services	\$0	Up to 20 visits without authorization
	Diabetes supplies and services	\$0	We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.  Your provider may need to obtain prior authorization for some services.
	Fitness program	\$0	Renew Active® includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges.

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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) – services must be medically necessary
<b>Additional services</b>  (continued from the previous page)	Over-the-Counter (OTC) Products Card	\$0	\$125 credit every month to pay for covered groceries, OTC products and certain utility bills
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.
	Virtual behavioral health visits	\$0	Speak to network telehealth providers using your computer or mobile device.

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 Senior Care Options **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Senior Care Options Customer Service at the number at the bottom of this page to get one. If you have questions, you can also call UHC Senior Care Options Customer Service or visit **UHCCommunityPlan.com**.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## D. Benefits covered outside of UHC Senior Care Options

There are some services that you can get that are not covered by UHC Senior Care Options but are covered by Medicare or MassHealth (Medicaid). This is not a complete list. Call Customer Service at the number at the bottom of this page to find out about these services.

Other services covered by Medicare or MassHealth (Medicaid)	Your costs
Certain hospice care services covered outside of UHC Senior Care Options (If you only have MassHealth Standard, you will be responsible for costs unless the hospice is contracted with UnitedHealthcare.)	\$0
Psychosocial rehabilitation	Please call MassHealth (Medicaid) for more information.
Targeted case management	Please call MassHealth (Medicaid) for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## E. Services that UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

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

### Services UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

<p>Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories</p>	<p>Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.</p>
<p>Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.</p>	<p>Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it is medically necessary</p>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Services UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover	
Equipment or supplies that condition the air and other primarily non-medical equipment	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Immunizations for foreign travel purposes	Naturopath services (uses natural or alternative treatments)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Private room in a hospital, except when it is medically needed
Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth (Medicaid)	Surgical treatment for morbid obesity, except when it is medically needed

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

As a member of UHC Senior Care Options, 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 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 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 (SCO members have no out-of-pocket costs)
  - Names of health care providers
- **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 Senior Care Options will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- **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
- **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
  - Ask for a state fair 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 Senior Care Options Customer Service at the number at the bottom of this page.

You can also call My Ombudsman at **1-855-781-9898** (or use MassRelay at **711** to call **1-800-872-0166** or Videophone (VP) **339-224-6831**).

**Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [mass.gov/estatercovery](https://mass.gov/estatercovery).**

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

If you have a complaint or think UHC Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the **Evidence of Coverage**. You can also call UHC Senior Care Options Customer Service.

### For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Department  
P.O. Box 6103  
MS CA124-0187  
Cypress, CA 90630-0023

### For complaints/grievance or drug appeals for Part D or MassHealth (Medicaid) drugs:

UnitedHealthcare Community Plan  
Attn: Part D/MassHealth Appeals  
P.O. Box 6103  
MS CA124-0197  
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 Senior Care Options Customer Service. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Customer Service Center at **1-800-841-2900**. TTY users may call **1-800-497-4648**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



## **If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare member ID cards, please call UHC Senior Care Options Customer Service:**



Call **1-888-867-5511**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available.

**TTY 711**

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

## **If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Health Services Access Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Health Services Access Line are:



Call **1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

**TTY 711**

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

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



Call **1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

**TTY 711**

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