

**Questions?
We're here to help.**

Toll-free **1-800-349-1855**, TTY **711**,
7 a.m.–6 p.m. ET, Monday–Friday

Important information about the Healthy Opportunities Pilot program

Dear Member,

Welcome to the Healthy Opportunities Pilot (HOP) program. HOP works to improve people's health by connecting Medicaid members to non-medical services that are not generally covered by Medicaid. This program is offered by NC Medicaid to health plan members who have certain health conditions and social needs. UnitedHealthcare® Community Plan of North Carolina will connect you to resources in your community to help you manage issues beyond your medical care.

Together with your care manager, we will help you get the services you need. HOP services will be provided to you at no added cost. Getting HOP services will not change your Medicaid eligibility or coverage. You may qualify for food and nutrition services, housing services, transportation supports and interpersonal safety and toxic stress services. (These are services that address violence within the home or community, and services that address long-term stress, including stress related to abuse or trauma.)

The following is important information about your coverage of HOP services. Please keep this document in a safe place for your reference and records.

Member rights and responsibilities

1. We have determined that you qualify for the Healthy Opportunities Pilot program. This means that HOP services will be available at no cost to you.
2. You can choose not to take part in the HOP program at any time. To revoke your consent to participate or to share your personal health information, contact us or your care manager.
3. If you revoke consent, you can always change your mind. Contact us or your care manager to be reevaluated for the program.

Continued →

4. You will become ineligible for HOP if you no longer have a qualifying health condition and social need, if you move outside of the HOP region, or if you are no longer enrolled in Medicaid. If you no longer qualify for HOP services, or if funding for HOP services runs out, NC Medicaid will no longer pay for HOP services. If that happens, your care manager will work with you to try to find other community services that may help meet your needs, but services offered outside the HOP program are subject to availability. Some non-HOP services may not be covered by NC Medicaid, and you may need to pay for those services. Your care manager will work with you to try to find services you can afford.
5. At least once every 3 months, your care manager will contact you and assess whether the HOP services you get still meet your needs. At least once every 6 months, your care manager will also check that you still qualify for services. If you do not take part in a service or eligibility reassessment every 6 months, you will no longer be eligible for NC Medicaid-funded HOP services.
6. If you complete the needed reassessments, NC Medicaid will continue to pay for your HOP services until you no longer qualify for HOP services, do not need HOP services, or HOP funding is no longer available.
7. If we determine you no longer qualify for HOP services, you can ask for a reassessment if your health status or life circumstances change. Call us or contact your care manager to ask for a reassessment.

How to file a grievance

Here are 2 ways to file a grievance with us:

- Call Member Services at **1-800-349-1855**, TTY **711**, 7 a.m.-6 p.m. ET, Monday-Friday
- By mail:
UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

Get more information

If you have questions about Healthy Opportunities Pilot program benefits, services or resources, call Member Services at **1-800-349-1855**, TTY **711**, 7 a.m.-6 p.m. ET, Monday-Friday. You can also visit our website to learn more, at **uhccp.com/NC.HOP**.

Thank you for being a member of our health plan.

Sincerely,

UnitedHealthcare Community Plan of North Carolina

Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other plan information in large print. Call **1-800-349-1855 (TTY/TDD 711)**.

If English is not your first language, we can help. Call **1-800-349-1855 (TTY/TDD 711)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Spanish

Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información del plan en letra grande. Llame al **1-800-349-1855 (TTY/TDD 711)**.

Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-800-349-1855 (TTY/TDD 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

Chinese – simplified

您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 **1-800-349-1855 (TTY/TDD 711)**。

如果英语不是您的首选语言，我们能提供帮助。请致电 **1-800-349-1855 (TTY/TDD 711)**。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Vietnamese

Quý vị có thể yêu cầu các dịch vụ và hỗ trợ bổ sung miễn phí, bao gồm tài liệu này và thông tin kế hoạch khác dưới dạng bản in chữ lớn. Gọi đến **1-800-349-1855 (TTY/TDD 711)**.

Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-800-349-1855 (TTY/TDD 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

Korean

귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타 플랜 정보가 포함되어 있습니다. **1-800-349-1855 (TTY/TDD 711)**번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **1-800-349-1855 (TTY/TDD 711)**번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

French

Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations sur le plan en gros caractères. Composez le **1-800-349-1855 (TTY/TDD 711)**.

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-800-349-1855 (TTY/TDD 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmong

Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **1-800-349-1855 (TTY/TDD 711)**.

Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-800-349-1855 (TTY/TDD 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

Arabic - UAE

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم **1-800-349-1855 (TTY/TDD 711)**

إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم **1-800-349-1855 (TTY/TDD 711)**. يمكننا أن نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا والوصول إلى خدمات الترجمة مجانًا ويمكننا مساعدتك في الحصول على إجابات لأسئلتك بلغتك.

Russian

Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию о плане, напечатанную крупным шрифтом. Позвоните по номеру **1-800-349-1855 (TTY/TDD 711)**.

Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-800-349-1855 (TTY/TDD 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog

Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon ng plan sa malaking print. Tumawag sa **1-800-349-1855 (TTY/TDD 711)**.

Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-800-349-1855 (TTY/TDD 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

Gujarati

તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય પ્લાનની માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો. **1-800-349-1855 (TTY/TDD 711)**. પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-800-349-1855 (TTY/TDD 711)**. પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

Khmer - Cambodian

អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពីផែនការ ផ្សេងទៀតនៅជាអក្សរពុម្ពផង។ ហៅទូរសព្ទទៅលេខ **1-800-349-1855 (TTY/TDD 711)** ។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-800-349-1855 (TTY/TDD 711)** ។

យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

German

Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Versicherungsinformationen in Großdruck. Rufen Sie uns an unter **1-800-349-1855 (TTY/TDD 711)**.

Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-800-349-1855 (TTY/TDD 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

Hindi

आप इस सामग्री और अन्य योजना की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **1-800-349-1855 (TTY/TDD 711)** पर कॉल करें।

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **1-800-349-1855 (TTY/TDD 711)** पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं।

Lao (Laotian)

ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆຂອງແຜນ ເປັນຕົວເລີ່ມໃຫຍ່. ໂທຫາເບີ
1-800-349-1855 (TTY/TDD 711).

ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-800-349-1855 (TTY/TDD 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງບາກເປົາ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

Japanese

この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。 **1-800-349-1855 (TTY/TDD 711)**に電話してください。

英語が母国語でない方はご相談ください。 **1-800-349-1855 (TTY/TDD 711)**に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。

Notice of Nondiscrimination

UnitedHealthcare Community Plan of North Carolina 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, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

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)

UnitedHealthcare Community Plan of North Carolina provides 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, call **1-800-349-1855** (TTY/TDD **711**).

If you believe that UnitedHealthcare Community Plan of North Carolina has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

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: hhs.gov/civil-rights/filing-a-complaint/index.html

By mail:

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

By phone: **1-800-368-1019** (TDD **1-800-537-7697**)