



2017 Summary of BENEFITS

UnitedHealthcare® Dual Complete (HMO SNP)

H5253-041

Our service area includes the following counties in:

North Carolina: Alamance, Buncombe, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Henderson, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stokes, Wake, Wilkes, Yadkin.

This is a summary of drug coverages and health services provided by UnitedHealthcare® Dual Complete (HMO SNP) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:



Toll-Free **1-888-834-3721**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



Summary of Benefits

January 1st, 2017 - December 31st, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at www.UHCCommunityPlan.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

UnitedHealthcare® Dual Complete (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join UnitedHealthcare® Dual Complete (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare® Dual Complete (HMO SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.) For an explanation of the categories of people who can enroll please see the Medicaid section after the benefits chart.

What's inside?

Plan Premiums, Annual Deductibles, and Benefits

See plan costs including the monthly plan premium, deductible and maximum out-of-pocket limit.

UnitedHealthcare® Dual Complete (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at www.UHCCommunityPlan.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.UHCCommunityPlan.com.

Medicaid Benefits

If you qualify for Medicaid and Medicare there are programs that can help pay premiums, deductibles, co-pays and co-insurance.

UnitedHealthcare® Dual Complete (HMO SNP)

Premiums and Benefits	In-Network
Monthly Plan Premium	\$23.50
Annual Medical Deductible	\$166 for outpatient services from in-network providers. These amounts may change for 2017.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$6,700 annually for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

UnitedHealthcare® Dual Complete (HMO SNP)

Benefits		In-Network
Inpatient Hospital Coverage		\$1,288 upon admission: for days 1-60 \$322 co-pay per day: for days 61-90 \$644 co-pay per day: for days 91-150 (lifetime reserve days)
		Our plan covers 90 days for an inpatient hospital stay. These are the 2016 amounts and may change for 2017.
Doctor Visits	Primary	\$0 co-pay
	Specialists	\$0 co-pay
Preventive Care	Medicare-covered	\$0 co-pay
Emergency Care		\$75 co-pay (\$0 co-pay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.
Urgently Needed Services		\$65 co-pay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	20% of the cost
	Lab services	\$0 co-pay
	Diagnostic tests and procedures	20% of the cost
	Therapeutic Radiology	20% of the cost
	Outpatient X-rays	20% of the cost

Benefits		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 co-pay
	Routine hearing exam	\$0 co-pay; 1 per year
	Hearing aid	\$0 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
Dental Services	Preventive	\$0 co-pay for covered services (exam, cleaning, x-rays)
	Comprehensive	\$0 co-pay for covered services
	Benefit limit	\$2,500 limit on all covered dental services
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 co-pay
	Eyewear after cataract surgery	\$0 co-pay
	Routine eye exam	\$0 co-pay Up to 1 every 2 years
	Eyewear	\$0 co-pay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)

Benefits		In-Network
Mental Health Care	Inpatient visit	\$1,288 upon admission; \$322 co-pay per day: for days 61-90; \$644 co-pay per day: for days 91-150 (lifetime reserve days). Our plan covers 90 days for an inpatient hospital stay. These are the 2016 amounts and may change for 2017.
	Outpatient group therapy visit	20% of the cost
	Outpatient individual therapy visit	20% of the cost
Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)		\$0 co-pay per day: for days 1-20 \$161 co-pay per day: for days 21-100 Our plan covers up to 100 days in a SNF. These are the 2016 amounts and may change for 2017.
Rehabilitation Services	Occupational therapy visit	\$0 co-pay
	Physical therapy and speech and language therapy visit	\$0 co-pay
Ambulance		20% of the cost
Routine Transportation		\$0 co-pay; 24 one-way trips per year to or from approved locations
Foot Care (podiatry services)	Foot exams and treatment	\$0 co-pay
	Routine foot care	\$0 co-pay; for each visit up to 4 visits every year

Benefits		In-Network
Medical Equipment / Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost
	Prosthetics (e.g., braces, artificial limbs)	20% of the cost
Wellness Programs	Fitness program through SilverSneakers® Fitness program	Basic membership in a fitness program at a network location.
Medicare Part B Drugs	Chemotherapy drugs	20% of the cost
	Other Part B drugs	20% of the cost

Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual Prescription Deductible	Your deductible amount is either \$0 or \$82, depending on the level of "Extra Help" you receive.
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.20, \$3.30 co-pay, or 15% of the total cost
All Other Drugs	\$0, \$3.70, \$8.25 co-pay, or 15% of the total cost

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 co-pay
Diabetes Management	Diabetes monitoring supplies	\$0 co-pay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2 System, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.
	Diabetes Self-management training	\$0 co-pay
	Therapeutic shoes or inserts	20% of the cost
Home Health Care		\$0 co-pay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLineSM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Outpatient Surgery		20% of the cost
Outpatient Substance Abuse	Outpatient group therapy visit	20% of the cost
	Outpatient individual therapy visit	20% of the cost
Health Products Benefit		\$175 credit per quarter to use on approved health products
Renal Dialysis		20% of the cost

Medicaid Benefits

Information for People with Medicare and Medicaid

UnitedHealthcare® Dual Complete (HMO SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some persons get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.)

Below are the categories of people who can enroll in UnitedHealthcare® Dual Complete (HMO SNP).

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payments amounts only.
- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payment amounts.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only
- **Qualifying Individual (QI):** Medicaid pays your part B premium only.

If you are a QMB or QMB+ Beneficiary:

You have 0% cost-share, except for Part D prescription drug co-pays.

If you are a SLMB+ or FBDE:

You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the Division of Medical Assistance in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If you are a SLMB, QI or QDWI:

Division of Medical Assistance does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart above. There may be some services that do not have a member cost share amount.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

How to Read the Medicaid Benefit Chart:

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For

each benefit listed below, you can see what Division of Medical Assistance covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Medicaid only services - The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.		
Personal Care Services	\$0 co-pay	Not Covered
Targeted Case Management	\$0 co-pay	Not Covered
Private Nursing Duty	\$0 co-pay	Not Covered
Inpatient/SNF/ICF for Mental Diseases	\$0 co-pay	Not covered beyond Original Medicare
Inpatient Psychiatric Services (under 21)	\$0 co-pay	Not covered beyond Original Medicare
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)	\$0 co-pay	Not covered beyond Original Medicare
Medicare-covered Services		
Ambulance	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Chiropractic Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$2 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Dental Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
<p>Diabetes Supplies and Services</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	<p>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	<p>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Doctor Office Visits	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 co-pay for medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Emergency Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Foot Care (podiatry services)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Hearing Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Home Health Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Mental Health Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Outpatient Rehabilitation	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Outpatient Substance Abuse	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 copay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Outpatient Surgery	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
<p>Prosthetic Devices (braces, artificial limbs, etc.)</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	<p>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>
<p>Renal Dialysis</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	<p>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</p>

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Urgently Needed Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Vision Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Preventive Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$3 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Hospice	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Inpatient Hospital Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Inpatient Mental Health Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Skilled Nursing Facility (SNF)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p> <p>Medicaid covers additional days beyond Medicare 100 day limit</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Prescription Drug Benefits	<p>Medicaid does not cover Part D covered drugs</p> <p>\$3 copay for Medicaid prescription drug</p>	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Additional Services available through UnitedHealthcare® Dual Complete (HMO SNP)		
Additional Dental Services	\$3 co-pay for Medicaid dental services	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Additional Foot Care	\$3 co-pay for Medicaid podiatry services	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.

Benefit	Medicaid	UnitedHealthcare® Dual Complete (HMO SNP)
Additional Hearing Services	Not Covered	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Over-the-Counter Items	Not Covered	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Transportation (routine)	\$0 co-pay for Medicaid transportation services	Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.
Additional Vision Services	\$3 co-pay for Medicaid vision services \$2 co-pay for optical repair over \$5 \$2 co-pay for optical supplies	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. 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 ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-889-6358, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Enrollment in the plan depends on contract renewal with Medicare.

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 <http://www.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.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-834-3721.

This information is available for free in other languages. Please call our customer service number at 1-888-834-3721, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-888-834-3721, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

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, just call us at 1-888-834-3721. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-834-3721. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-834-3721。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-834-3721。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-834-3721. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-834-3721. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-834-3721 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-834-3721. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-834-3721번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-834-3721. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-834-3721. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-834-3721 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-834-3721. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-834-3721. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-834-3721. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-834-3721. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-834-3721 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare® Dual Complete (HMO SNP).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Hearing Aids	hi HealthInnovations™	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. Central Standard Time, Monday - Friday www.hihealthinnovations.com
Vision Care	UnitedHealthcare Vision®	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCCommunityPlan.com
Dental Services	UnitedHealthcare Dental	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCCommunityPlan.com
NurseLine	NurseLine SM	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	LogistiCare®	1-866-418-9812, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday www.logisticare.com
Health Products Benefit Catalog	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. Central Standard Time, Monday - Friday; 7 a.m. - 4 p.m. Central Standard Time, Saturday www.HealthProductsBenefit.com
Fitness Membership	SilverSneakers® Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. Eastern Standard Time, Monday - Friday silversneakers.com