



Summary of Benefits 2023

UnitedHealthcare® Dual Choice (PPO D-SNP)

H2228-045-000

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 **1-844-560-4944**, TTY **711**

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



UHCCommunityPlan.com

**United
Healthcare**

Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at myuhc.com/CommunityPlan or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® Dual Choice (PPO D-SNP) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- **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, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office 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 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.

Our service area includes the following county in:

District of Columbia: District of Columbia.

Use network providers and pharmacies

UnitedHealthcare® Dual Choice (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHCCommunityPlan.com](https://www.uhccommunityplan.com)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare® Dual Choice (PPO D-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.	\$12,450 annually for Medicare-covered services you receive from any provider.
	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. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

UnitedHealthcare® Dual Choice (PPO D-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care²		\$0 copay per stay	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital	Ambulatory Surgical Center (ASC) ²	\$0 copay	30% coinsurance
	Outpatient Hospital, including surgery ²	\$0 copay	30% coinsurance
	Outpatient Hospital Observation Services ²	\$0 copay	30% coinsurance
Doctor Visits	Primary Care Provider	\$0 copay	30% coinsurance
	Specialists ²	\$0 copay	30% coinsurance
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive Services	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring	

Benefits

		In-Network	Out-of-Network
		<p>Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	
	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
Emergency Care		\$0 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$0 copay (worldwide) per visit	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay	30% coinsurance
	Therapeutic radiology ²	\$0 copay per service	30% coinsurance
	Outpatient X-rays ²	\$0 copay per service	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	30% coinsurance
	Routine hearing exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
Routine Dental Benefits		Not covered	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	30% coinsurance
	Eyewear after cataract surgery	\$0 copay	30% coinsurance
Mental Health	Inpatient visit ²	\$0 copay per stay	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% coinsurance
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Benefits

		In-Network	Out-of-Network
Skilled Nursing Facility (SNF)²		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ²	\$0 copay	30% coinsurance
	Occupational Therapy Visit ²	\$0 copay	30% coinsurance
	Virtual Visit	\$0 copay	30% coinsurance
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		Not covered	
Medicare Part B Prescription Drugs	Chemotherapy drugs ²	\$0 copay	30% coinsurance
	Other Part B drugs ²	\$0 copay	30% coinsurance

Prescription Drugs

Annual Prescription Deductible	\$0
30-day or 100-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay	30% coinsurance
Diabetes Management	Diabetes monitoring supplies ²	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, 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>	30% coinsurance
	Diabetes self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	\$0 copay	30% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay	30% coinsurance
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	30% coinsurance
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Meal Benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Home Health Care²		\$0 copay	30% coinsurance
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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Opioid Treatment Program Services²		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% coinsurance
Food, over-the-counter (OTC) and utility bill credit		\$133 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone.	

Additional Benefits

	In-Network	Out-of-Network
Personal Emergency Response System	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
Renal Dialysis²	\$0 copay	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

* Benefits are combined in and out-of-network

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what DC Department of Human Services covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call DCG - Department of Human Services Economic Security Administration (EVS), 1-202-727-5355.

Benefits

	Medicaid	UnitedHealthcare® Dual Choice (PPO D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services Medicaid Limitations	Covered	Not Covered
Vision Services Medicaid Limitations	Covered	Covered with Limitations
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Not Covered

Benefits

	Medicaid	UnitedHealthcare® Dual Choice (PPO D-SNP)
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Not Covered	Covered with Limitations
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered
Preganancy Related Services	Covered	Covered with Limitations
Family Planning	Covered	Covered with Limitations
Long Term Support and Services	Covered	Not Covered
Post-Stabilization Services	Covered	Covered
Tobacco Cessation Counseling	Covered	Covered
Immunizations	Covered	Covered
HIV/AIDS Screening, Testing and Counseling	Covered	Covered
STD Screenings	Covered	Covered
Physical, Occupational and Speech Therapy	Covered	Covered
Diet and Behavioral Counseling	Covered	Covered
Tuberculosis Related Services	Covered	Covered
Gender Reassignment Services	Covered with Limitations	Covered

Required Information

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.

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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-242-7726 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-242-7726, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 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 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.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.