Summary of Benefits 2023

UnitedHealthcare® Dual Choice Unity (PPO D-SNP)

H2228-128-000

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

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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 Unity (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. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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

- **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, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays.

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 Unity (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** 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 Unity (PPO D-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	$39.20	
Annual Medical Deductible	Your deductible is $233 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$8,300 annually for Medicare-covered services you receive 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.	
Medicare Cost Sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services as noted by the cost sharing in this chart.	

UnitedHealthcare® Dual Choice Unity (PPO D-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care[2]		$0 copay - $1,556 copay per stay	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital Observation Services[2]	$0 copay - 20% coinsurance	30% coinsurance
Doctor Visits	Primary Care Provider	$0 copay - 20% coinsurance	30% coinsurance
	Specialists[2]	$0 copay - 20% coinsurance	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)	

Benefits

		In-Network	Out-of-Network
		Depression screening Diabetes screenings and monitoring 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)	
		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.	
	Routine physical	$0 copay, 1 per year*	30% coinsurance, 1 per year*
Emergency Care		$0 copay - $90 copay ($0 copay for emergency care outside the United States) 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 - $40 copay ($0 copay for urgently needed services outside the United States) 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 for each diagnostic mammogram $0 copay - 20% coinsurance otherwise	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$0 copay - 20% coinsurance	30% coinsurance
	Therapeutic radiology[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient X-rays[2]	$0 copay - 20% coinsurance	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay - 20% coinsurance	30% coinsurance
	Routine hearing exam	$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Hearing aids[2]	Plan pays up to $3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Routine Dental Benefits	Preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive[2]	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
	Benefit limit	$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	

Benefits

		In-Network	Out-of-Network
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
	Routine eye exam	$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Routine eyewear	$0 copay Plan pays up to $250 every year for frames or contact lenses through March Vision. Standard single, bifocal, trifocal or progressive lenses are covered in full.* Home delivered eyewear available through March Vision (select products only).	
Mental Health	Inpatient visit[2]	$0 copay - $1,556 copay per stay	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay - 20% coinsurance	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] (Stay must meet Medicare coverage criteria)		You pay the Original Medicare cost sharing amount for 2023 which will be set by CMS in the fall of 2022. These are 2022 cost sharing amounts and may change for 2023. Our plan will provide updated rates as soon as they are released. $0 copay per day for days 1-100, or; $0 copay per day: days 1-20 and up to $194.50 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 - 20% coinsurance	30% coinsurance
	Occupational Therapy Visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Virtual Visit	$0 copay	30% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay - 20% coinsurance for ground $0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		$0 copay for 48 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*

Benefits

		In-Network	Out-of-Network
Medicare Part B Prescription Drugs	Chemotherapy drugs[2]	$0 copay - 20% coinsurance	30% coinsurance
	Other Part B drugs[2]	$0 copay - 20% coinsurance	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 - 20% coinsurance	30% coinsurance
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay 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.	30% coinsurance
	Diabetes self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts[2]	$0 copay - 20% coinsurance	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 - 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay - 20% coinsurance	30% coinsurance
Foot Care (podiatry services)	Foot exams and treatment[2]	$0 copay - 20% coinsurance	30% coinsurance
	Routine foot care	$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Meal Benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Home Health Care[2]		$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 Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
Food, over-the-counter (OTC) and utility bill credit		$93 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 Dialysis[2]	$0 copay - 20% coinsurance	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

Plan Deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is $233 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of–network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network List of applicable services	Out-of-Network List of applicable services
Outpatient Hospital ☐ Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy ☐ Outpatient Hospital, including surgery, excluding diagnostic colonoscopy ☐ Outpatient Hospital Observation Services	**Outpatient Hospital** ☐ Ambulatory Surgical Center (ASC) ☐ Outpatient Hospital, including surgery ☐ Outpatient Hospital Observation Services
Doctor Visits ☐ Primary ☐ Specialists	**Doctor Visits** ☐ Primary ☐ Specialists
Diagnostic Tests, Lab and Radiology Services, and X-Rays ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram ☐ Lab services ☐ Diagnostic tests and procedures ☐ Therapeutic radiology ☐ Outpatient X-rays	**Diagnostic Tests, Lab and Radiology Services, and X-Rays** ☐ Diagnostic radiology services (e.g. MRI) ☐ Lab services ☐ Diagnostic tests and procedures ☐ Therapeutic radiology ☐ Outpatient X-rays
Hearing Services	**Hearing Services**

☐ Exam to diagnose and treat hearing and balance issues	☐ Exam to diagnose and treat hearing and balance issues
Vision Services ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery	**Vision Services** ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery
Mental Health ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Mental Health** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Physical Therapy and Speech and Language Therapy Visit	**Physical Therapy and Speech and Language Therapy Visit**
Ambulance	**Ambulance**
Medicare Part B Drugs ☐ Chemotherapy drugs ☐ Other Part B drugs	**Medicare Part B Drugs** ☐ Chemotherapy drugs ☐ Other Part B drugs
Chiropractic Care ☐ Manual manipulation of the spine to correct subluxation	**Chiropractic Care** ☐ Manual manipulation of the spine to correct subluxation
Diabetes Management ☐ Diabetes monitoring supplies ☐ Therapeutic shoes or inserts	**Diabetes Management** ☐ Diabetes monitoring supplies ☐ Diabetes self-management training ☐ Therapeutic shoes or inserts
Durable Medical Equipment (DME) and Related Supplies ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen) ☐ Prosthetics (e.g., braces, artificial limbs)	**Durable Medical Equipment (DME) and Related Supplies** ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen) ☐ Prosthetics (e.g., braces, artificial limbs)
Foot Care ☐ Foot exams and treatment	**Foot Care** ☐ Foot exams and treatment
Occupational Therapy Visit	**Occupational Therapy Visit**
Opioid Treatment Program Services	**Opioid Treatment Program Services**
Outpatient Substance Abuse ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Outpatient Substance Abuse** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Renal Dialysis	**Renal Dialysis**
	Inpatient Services ☐ Inpatient hospital ☐ Inpatient mental health
	Skilled Nursing Facility (SNF)
	Home Health Care

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 Unity (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	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Not Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Not Covered	Covered with Limitations

Benefits

	Medicaid	UnitedHealthcare® Dual Choice Unity (PPO D-SNP)
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

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.