



Summary of Benefits 2023

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

H4590-033-000

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
Dual Complete**

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 myuhcadvantage.com 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 Complete® (HMO-POS D-SNP) is a Medicare Advantage HMOPOS 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 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).
- 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 applicable).
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency 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.
- Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

- **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 these counties in:

Texas: Aransas, Bee, Jim Wells, Kleberg, Nueces, San Patricio.

Use network providers and pharmacies

UnitedHealthcare Dual Complete® (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For routine dental services, you can use providers that are not in our network. 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 Complete® (HMO-POS D-SNP)

Premiums and Benefits

| | In-Network |
|---|--|
| Monthly Plan Premium | \$23.10 |
| 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) | <p>\$8,300 annually for Medicare-covered 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 share of the cost for your Part D prescription drugs.</p> |
| 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 Complete® (HMO-POS D-SNP)

Benefits

| | | In-Network |
|---|---|--|
| Inpatient Hospital Care² | | \$0 copay - \$1,556 copay 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 |
| | Outpatient Hospital, including surgery ² | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise |
| | Outpatient Hospital Observation Services ² | \$0 copay - 20% coinsurance |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ² | \$0 copay - 20% 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 |
| | | 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 Hepatitis C screening HIV screening |

Benefits

| | | In-Network |
|---------------------------------|------------------|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <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 |
| Emergency Care | | <p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>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.</p> |
| Urgently Needed Services | | <p>\$0 copay - \$40 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p> |

Benefits

| | | In-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 |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay - 20% coinsurance |
| | Therapeutic Radiology ² | \$0 copay - 20% coinsurance |
| | Outpatient X-rays ² | \$0 copay - 20% coinsurance |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 per year |
| | Hearing aids ² | Plan pays up to \$2,500 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* |
| | Comprehensive ² | \$0 copay for comprehensive dental services* |
| | Benefit limit | \$2,500 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 |
|---|--|--|
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay, 1 per year |
| | Routine eyewear | <p>\$0 copay Plan pays up to \$500 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p> |
| Mental Health | Inpatient visit ² | \$0 copay - \$1,556 copay per stay |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance |
| | Virtual Mental Health Visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria) | | <p>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.</p> <p>\$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</p> <p>Our plan covers up to 100 days in a SNF.</p> |

Benefits

| | | In-Network |
|--|---|---|
| Outpatient Rehabilitation Services | Physical therapy and speech and language therapy visit ² | \$0 copay - 20% coinsurance |
| | Occupational Therapy Visit ² | \$0 copay - 20% coinsurance |
| | Virtual Visit | \$0 copay |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | \$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air |
| Routine Transportation | | \$0 copay; 60 one-way trips per year to or from approved locations. |
| Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ² | \$0 copay - 20% coinsurance |
| | Other Part B drugs ² | \$0 copay for allergy antigens \$0 copay - 20% coinsurance for all others |

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 |
|---|---|--|
| Acupuncture | Routine acupuncture | \$0 copay, 6 visits per year |
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay - 20% coinsurance |
| | Routine chiropractic care | \$0 copay, 6 visits per year |
| Diabetes Management | Diabetes monitoring supplies ² | \$0 copay |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay - 20% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay - 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay - 20% coinsurance |
| Fitness program | | \$0 copay for Renew Active, which 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. |
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay - 20% coinsurance |
| | Routine foot care | \$0 copay, 4 visits per year |
| Meal Benefit² | | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay. |

Additional Benefits

| | | In-Network |
|---|--|--|
| Home Health Care² | | \$0 copay |
| 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 |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance |
| Food, over-the-counter (OTC) and utility bill credit | | \$150 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. |
| 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

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-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-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

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

Hearing Services

- 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

Mental Health

- Outpatient group therapy visit
-

-
- Outpatient individual therapy visit
-

Physical Therapy and Speech and Language Therapy Visit

Ambulance

Medicare Part B Drugs

- Chemotherapy drugs
 - Other Part B drugs
-

Chiropractic Care

- Manual manipulation of the spine to correct subluxation
-

Diabetes Management

- Diabetes monitoring supplies
 - Therapeutic shoes or inserts
-

Durable Medical Equipment (DME) and Related Supplies

- Durable Medical Equipment (e.g. wheelchairs, oxygen)
 - Prosthetics (e.g., braces, artificial limbs)
-

Foot Care (podiatry services)

- Foot exams and treatment
-

Occupational Therapy Visit

Opioid Treatment Program Services

Outpatient Substance Abuse

- Outpatient group therapy visit
 - Outpatient individual therapy visit
-

Renal Dialysis

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 Texas Medicaid Health and Human Services Commission 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 Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® (HMO-POS 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) | Covered | Covered |
| Prescription Drug Benefits | Covered | Covered |
| Chiropractic Care | Covered | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® (HMO-POS D-SNP) |
|---------------------------------------|--------------------------|---|
| Diabetes Supplies and Services | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Foot Care | Covered | Covered |
| Home Health Care | Covered | Covered |
| Hospice | Covered with Limitations | 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 1-866-480-2064 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 1-866-480-2064, 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.

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.

Participation in the Renew Active® 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, caregiver access and events may vary by location. Certain services, 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. AARP® Staying Sharp is the registered trademark of AARP. 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.

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.