



# Summary of Benefits 2024

**UHC Dual Choice DC-Q001 (PPO D-SNP)**  
H2406-099-000

Look inside to learn more about the plan and the health and drug services it covers.  
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 1, 2024 - December 31, 2024**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myuhc.com/communityplan](https://myuhc.com/communityplan) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC Dual Choice DC-Q001 (PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$0	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$0	This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.

## Medical benefits

		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		\$0 copay per stay	\$0 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient hospital observation services <sup>2</sup>	\$0 copay	\$0 copay
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$0 copay
	Specialists <sup>2</sup>	\$0 copay	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> </ul>		<ul style="list-style-type: none"> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> </ul>

## Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <li>□ Medical nutrition therapy services</li> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> </ul>	<ul style="list-style-type: none"> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul>

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.

### 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

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup>

\$0 copay

\$0 copay

Lab services<sup>2</sup>

\$0 copay

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$0 copay

\$0 copay

Therapeutic radiology<sup>2</sup>

\$0 copay



\$0 copay


Outpatient X-rays<sup>2</sup>

\$0 copay

\$0 copay

## Medical benefits

		In-network	Out-of-network
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Hearing aids <sup>2</sup>	\$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids* <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>	
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	\$1,500 allowance for all covered dental services* <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Medicare Advantage's largest national dental network</li> <li><input type="checkbox"/> Freedom to see any dentist</li> <li><input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</li> </ul>	

Medical benefits			
		In-network	Out-of-network
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	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 lenses/frames and contacts*	\$0 copay Plan pays up to \$250 every year for lenses/frames and contacts*
<b>Mental health</b>	Inpatient visit <sup>2</sup>  Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay	\$0 copay per stay
	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b>  Our plan covers up to 100 days in a SNF.	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	

Medical benefits			
		In-network	Out-of-network
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Occupational Therapy Visit <sup>2</sup>	\$0 copay	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 copay for air
Your provider must obtain prior authorization for non-emergency transportation.			
<b>Routine transportation</b>		\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay	\$0 copay
	Part B covered insulin <sup>2</sup>	\$0 copay	\$0 copay
	Other Part B drugs <sup>2</sup>	\$0 copay	\$0 copay

**Prescription drugs**

**Annual  
Prescription  
Deductible**                  \$0

**30-day^ or 100-day supply from a retail or mail order network pharmacy**

All covered drugs    \$0 copay  
                                     (Some covered drugs are limited to a 30-day supply)


^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



Additional benefits			
		In-network	Out-of-network
<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	\$0 copay
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<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>	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay	\$0 copay

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay	\$0 copay
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		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.	
<b>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay

## Additional benefits

	In-network	Out-of-network
 <b>Food, Over-the-Counter (OTC) and Utility Bill Credit</b>	<p>\$84 credit every month to pay for healthy food, OTC products and utility bills</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li><li><input type="checkbox"/> Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more</li><li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li><li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you</li></ul>	
<b>Personal emergency response system</b>	\$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.	
<b>Renal Dialysis<sup>2</sup></b>	\$0 copay	\$0 copay

<sup>2</sup> 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	UHC Dual Choice DC-Q001 (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
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered

<b>Benefits</b>		
	<b>Medicaid</b>	<b>UHC Dual Choice DC-Q001 (PPO D-SNP)</b>
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

## About this plan

UHC Dual Choice DC-Q001 (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 (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

UHC Dual Choice DC-Q001 (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 charts above 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.

## Required Information

UHC Dual Choice DC-Q001 (PPO D-SNP) is 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](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.

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 documents 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.: 7 days a week, October-March.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos 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 .

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

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### Food, Over-the-Counter (OTC) and Utility Bill Credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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 Nurse Hotline 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.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.