



# Summary of Benefits 2024

**UHC Dual Complete MN-Y002 (HMO D-SNP)**  
H0845-001-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call UHC Dual Complete® (HMO D-SNP) Member Services or go online for more information about the plan.



Toll-free **1-844-368-5888**, TTY **711**, or use your preferred relay service.  
8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



**[myuhc.com/communityplan](https://myuhc.com/communityplan)**

**United  
Healthcare®  
Dual Complete**

## Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete® (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete® (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

## Table of Contents

A.	Disclaimers.....	1
B.	Frequently asked questions (FAQ).....	5
C.	List of covered services .....	11
D.	Services covered outside of UHC Dual Complete® (HMO D-SNP).....	31
E.	Services that UHC Dual Complete® (HMO D-SNP), Medicare, or Medical Assistance do not cover .....	31
F.	Your rights as a member of the plan .....	32
G.	How to file a complaint or appeal a denied service.....	34
H.	What to do if you suspect fraud .....	34

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## A. Disclaimers



This is a summary of health services covered by UHC Dual Complete® (HMO D-SNP) for January 1 – December 31, 2024. This is only a summary. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at [myuhc.com/communityplan](https://myuhc.com/communityplan). If you would like a print copy, call UHC Dual Complete® (HMO D-SNP) Member Services at the number of the bottom of this page.

- UHC Dual Complete® (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide benefits of both programs to enrollees. Enrollment in UHC Dual Complete® (HMO D-SNP) depends on contract renewal.
- For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at **1-651-297-3862** or **1-800-657-3672**.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call UHC Dual Complete® (HMO D-SNP) Member Services or read the **Member Handbook**.
- UHC Dual Complete® (HMO D-SNP) is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under UHC Dual Complete® (HMO D-SNP) you can get your Medicare and Medical Assistance services in one health plan. A UHC Dual Complete® (HMO D-SNP) care coordinator will help manage your health care needs.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- For more information about **Medicare**, you can read the **Medicare & You handbook**. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or 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**. For more information about **Medical Assistance**, call the Minnesota Department of Human Services at **1-651-431-2670** or toll-free at **1-800-657-3739**. TTY users should call **1-800-627-3529**.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UHC Dual Complete® (HMO D-SNP) al número que se encuentra al pie de esta página. La llamada es gratuita.
- You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page.
- 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. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, 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. 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. Gym network may vary in local market.
- Benefits may change on January 1 of each year.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected enrollees about changes at least 30 days in advance.
- UHC Dual Complete® (HMO 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.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options.
- Out-of-network/non-contracted providers are under no obligation to treat UHC Dual Complete® (HMO D-SNP) members, except in emergency situations. Please call our Member Services number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. 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 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**.
- Benefits and features vary by plan/area. Limitations and exclusions apply.
- OTC benefits have expiration timeframes. Call your plan or review your **Member Handbook** for more information.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

1-844-368-5888, TTY 711, or use your preferred relay service.

Attention. If you need free help interpreting this document, call Member Services at the number above. The call is free.

ያስተውሉ፡ ካለዎንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။\*

កំណត់សម្គាល់៖ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိနၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒဉ် လံာ်တီလံာ်မိတခါအံၤအဃိ ကိးလိတဲစိနိဉ်ဂံၢ် လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

### **American Indian Health Statement**

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<b>What is a Minnesota Senior Health Options (MSHO) plan?</b>	<p>UHC Dual Complete® (HMO D-SNP) is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. UHC Dual Complete® (HMO D-SNP) combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our MSHO program is called UHC Dual Complete® (HMO D-SNP).</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<b>Will I get the same Medicare and Medical Assistance benefits in UHC Dual Complete® (HMO D-SNP) that I get now?</b>	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from UHC Dual Complete® (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in UHC Dual Complete® (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete® (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Complete® (HMO D-SNP) to cover your drug if medically necessary. For more information, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.</p>

---

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



Frequently asked questions	Answers
<b>Can I go to the same doctors I use now?</b>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete® (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” Network providers participate in UHC Dual Complete® (HMO D-SNP). That means they accept members of UHC Dual Complete® (HMO D-SNP) and provide services UHC Dual Complete® (HMO D-SNP) covers. <b>You must use the providers in UHC Dual Complete® (HMO D-SNP)’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of ours plan.</li><li>• If you are currently under treatment with a provider that is out of UHC Dual Complete® (HMO D-SNP)’s network, or have an established relationship with a provider that is out of UHC Dual Complete® (HMO D-SNP)’s network, call UHC Dual Complete® (HMO D-SNP) Member Services to check about staying connected.</li></ul> <p>To find out if your providers are in the plan’s network, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete® (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at <a href="https://myuhc.com/communityplan">myuhc.com/communityplan</a>. If UHC Dual Complete® (HMO D-SNP) is new for you, we will work with you to develop a care plan to address your needs.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<b>What is a UHC Dual Complete® (HMO D-SNP) care coordinator?</b>	<p>A care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> <li>• Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services</li> <li>• Working with you to develop and update your care plan</li> <li>• Supporting you and communicating with a variety of agencies and persons</li> <li>• Coordinating other services as outlined in your care plan</li> </ul>
<b>What are long-term services and supports (LTSS)?</b>	<p>Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.</p>
<b>What happens if I need a service but no one in this plan's network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete® (HMO D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>
<b>Where is this plan available?</b>	<p>The service area for this plan includes this Minnesota county: St. Louis County. You must live in this county to join the plan. Call UHC Dual Complete® (HMO D-SNP) Member Services for more information about whether the plan is available where you live.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from UHC Dual Complete® (HMO D-SNP) to get services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete® (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC Dual Complete® (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from us before the service is provided.</p> <p>Refer to Chapter 3, of the <b>Member Handbook</b> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <b>Member Handbook</b> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page for help.</p>
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete® (HMO D-SNP)?</b>	No. Because you have Medical Assistance, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of UHC Dual Complete® (HMO D-SNP)?</b>	No. You do not pay deductibles in UHC Dual Complete® (HMO D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete® (HMO D-SNP)?</b>	There is no cost-sharing for medical services in UHC Dual Complete® (HMO D-SNP), so your annual out-of-pocket costs will be \$0.
<b>Do I have a coverage gap for drugs?</b>	No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<p><b>Who should I contact if I have questions or need help?</b></p>	<p><b>If you have general questions or questions about UHC Dual Complete® (HMO D-SNP), services, service area, billing, or member cards, call UHC Dual Complete® (HMO D-SNP)'s Member Services:</b></p> <p><b>Call 1-844-368-5888</b></p> <p>The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY 711</b>, or use your preferred relay service.</p> <p>The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p><b>If you have questions about your health, call the NurseLine:</b></p> <p><b>Call 1-877-440-9407</b></p> <p>The call is free. 24 hours a day, 7 days a week.</p> <p><b>TTY 711</b>, or use your preferred relay service.</p> <p>The call is free. 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health services, call the Behavioral Health Crisis Line:</b></p> <p><b>Call 1-844-368-5888</b></p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p><b>TTY 711</b>, or use your preferred relay service.</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, **TTY 711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	
<b>You want to use a health care provider</b>	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need emergency care</b></p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>You need medical tests</b>	Lab tests and diagnostic procedures, such as blood work	\$0	
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Screening tests, such as tests to check for cancer	\$0	
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	1 per year
	Hearing aids	\$0	Available through your Medical Assistance benefits
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	Preventative coverage for exams, cleanings, X-rays, and fluoride. Root canals, fillings and dentures covered when medically necessary.
	Restorative and emergency dental care	\$0	

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions and benefit information (rules about benefits)</b>
<b>You need eye care</b>	Eye exams	\$0	
	Glasses or contact lenses	\$0	
	Other vision care	\$0	
<b>You need mental health services</b>	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
<b>You need substance use disorder services</b>	Substance use disorder services	\$0	
<b>You need a place to live with people available to help you</b>	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
	Skilled nursing care	\$0	Medically necessary skilled nursing care is covered.
	Nursing home care	\$0	Your provider must obtain prior authorization.
	Adult Foster Care	\$0	State eligibility requirements may apply.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Your provider must obtain prior authorization.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need help getting to health services</b></p>	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	<p>UHC Dual Complete® (HMO D-SNP) is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.</p> <p>UHC Dual Complete® (HMO D-SNP) is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	Transportation to other health services	\$0	

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Member Handbook</b> for more information on these drugs.</p> <p>Your provider may need to obtain prior authorization.</p>
	<p>Tier 1 Generic drugs (no brand name) (continued on the next page)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) at <a href="http://myuhc.com/communityplan">myuhc.com/communityplan</a> for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Tier 1 Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, <b>List of Covered Drugs</b> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <b>medicare.gov</b>.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s <b>List of Covered Drugs</b> (Drug List). UHC Dual Complete®(HMO D-SNP) covers most Part D vaccines at no cost to you.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Tier 1 Brand name drugs (continued on the next page)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> at <a href="https://myuhc.com/communityplan">myuhc.com/communityplan</a> for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

---

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued on the next page)</p>	<p>Tier 1 Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan’s website, <b>List of Covered Drugs</b> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <b>medicare.gov</b>.</p> <p><b>Important Message About What You Pay for Vaccines</b> — Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s <b>List of Covered Drugs</b> (Drug List). Our plan covers most Part D vaccines at no cost to you.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b></p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) for more information.</p> <p>Over-the-counter benefits have expiration timeframes. Call your plan or review your <b>Member Handbook</b> for more information.</p>
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Diabetes medications</p>	<p>\$0 for 30-day-day supply.</p> <p>When you reach the out-of-pocket limit of \$8,000 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete® (HMO D-SNP)'s <b>List of Covered Drugs</b> (Drug List) at <a href="http://myuhc.com/communityplan">myuhc.com/communityplan</a> for more information.</p> <p>UHC Dual Complete® (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UHC Dual Complete® (HMO D-SNP) for certain drugs.</p>

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Medically necessary rehabilitation services are covered.
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
<b>You need foot care</b>	Podiatry services	\$0	Podiatry visits are for medically necessary foot care.
	Orthotic services	\$0	
<b>You need durable medical equipment (DME)</b>  (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <b>Member Handbook</b> for more information.)	Wheelchairs, crutches, and walkers Nebulizers Oxygen equipment and supplies	\$0	Your provider must obtain prior authorization.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>You need help living at home</b>	Personal care assistant	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	Adult day services or other support services	\$0	State eligibility requirements may apply.
	Services to help you live on your own	\$0	State eligibility requirements may apply.
<b>Your caregiver needs some time off</b>	Respite care	\$0	State eligibility requirements may apply.
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	
	Diabetes supplies and services	\$0	
	Family planning	\$0	

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p><b>Additional Services</b> (continued on the next page)</p>	<p>Fitness benefit</p>	<p>\$0</p>	<p>Renew Active® benefit includes a free gym membership at a gym near you, access to the largest national network of gyms and fitness locations, access to many premium gyms and fitness locations, as well as an annual personalized fitness plan.</p> <p>Members who need help can bring a workout assistant to the gym.</p> <p>Access is available to thousands of on-demand workout videos and live streaming fitness classes, as well as social activities at local health and wellness classes, clubs and events.</p> <p>Online Fitbit® Community is included for Renew Active — no Fitbit device needed.</p> <p>Members have access to the AARP® Staying Sharp® App.</p> <p>A free Fitbit® is available to help you reach your health and fitness goals.</p>

---

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Home support services	\$0	\$150 a quarter for home support services including pest control and more.  See your <b>Member Handbook</b> for more details.
	Housing stabilization services	\$0	
	Meal benefit	\$0	28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay  Your provider must obtain prior authorization.
	NurseLine	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Food, over-the-counter (OTC) and utility bill credit	\$0	\$225 credit every month to pay for healthy food, OTC products and utility bills, to buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water.  Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more.  You can pay home utility bills like electricity, heat, water and internet.  Thousands of participating stores are available to you, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you.
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Routine Foot Care	\$0	6 visits per year

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Routine Transportation	\$0	The plan covers unlimited trips for <b>medically necessary</b> appointments and to pharmacies. In addition the plan covers 48 one-way trips to or from approved locations, such as gyms, community centers and places of worship.
	Sanvello	\$0	Self-help mobile digital application that focuses on empowering individuals in improving their mental health, through interaction with their smart phone application tools and activities.
	Second Harvest Heartland FoodRx program	\$0	Provides a food prescription program for subset of members with chronic conditions and/or those who recently experienced an inpatient stay.  Eligibility requirements may apply.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Seeking Safety	\$0	Seeking Safety is a manual based model that helps individuals dealing with trauma/ PTSD and substance abuse establish safety in their lives. Seeking Safety applies 25 coping skills to help attain and maintain safety in relationships, thinking, behaviors and emotions.
	Services to help manage your disease	\$0	
	Virtual Medical Visits	\$0	Talk with a network telehealth provider online through live audio and video.
	Virtual Mental Health Visits	\$0	Talk with a network telehealth provider online through live audio and video.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<b>Additional Services (continued)</b>	White Bison	\$0	White Bison offers sobriety, recovery, addiction prevention, and wellness/Wellbriety learning resources to the Native American/ Alaska Native community nationwide.  Eligibility requirements apply.

---

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call UHC Dual Complete® (HMO D-SNP) Member Services or read the **Member Handbook** to find out about other covered services.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



## D. Services covered outside of UHC Dual Complete® (HMO D-SNP)

There are some services that you can get that are not covered by UHC Dual Complete® (HMO D-SNP) but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare or Medical Assistance	Your costs
Some hospice care services Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers	\$0

## E. Services that UHC Dual Complete® (HMO D-SNP), Medicare, or Medical Assistance do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services that UHC Dual Complete® (HMO D-SNP), Medicare, or Medical Assistance do not cover
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
Lasik surgery

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## F. Your rights as a member of the plan

As a member of UHC Dual Complete® (HMO D-SNP), you have certain rights concerning your health care. You can exercise these rights without being punished. You can also use these rights without losing your health care services. You also have certain responsibilities to the health care providers who are taking care of you. For more information on your rights and responsibilities, please read the **Member Handbook**.

**Your rights include, but are not limited to, the following:**

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity) sexual orientation, or public assistance
  - Get information in other languages and formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way UHC Dual Complete® (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - UHC Dual Complete® (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Coordinators
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call **1-844-368-5888** if you want to change your PCP.
  - See a women’s health care provider without a referral
  - Get your covered services and drugs quickly

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UHC Dual Complete® (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
    - Get timely medical care
    - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
    - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-844-368-5888** if you need help with this service.
    - Have your **Member Handbook** and any printed materials from UHC Dual Complete® (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
    - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
    - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
    - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
    - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
    - Have your personal health information kept private
    - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
    - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
    - Ask for a State Appeal (Medicaid Fair Hearing with the State)
    - Get a detailed reason why services were denied

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

## **G. How to file a complaint or appeal a denied service**

If you have a complaint or think UHC Dual Complete® (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the **Member Handbook**. You can also call UHC Dual Complete® (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

### **For complaints/grievances or medical appeals: For Part D or Medicaid drug appeals only:**

UnitedHealthcare Appeals and Grievance  
Department  
P.O. Box 6106, MS CA124-0187  
Cypress, CA 90630-0016

UnitedHealthcare Part D Appeal and Grievance  
Department  
P.O. Box 6106, MS CA124-0197  
Cypress, CA 90630-0016

## **H. What to do if you suspect fraud**

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UHC Dual Complete® (HMO D-SNP)'s Member Services. Phone numbers are at the bottom of the page.
- Or, call the Minnesota Fraud Hotline at **1-800-627-9977**. The call is free. TTY users may call **711** toll-free number.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or use your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

## **If you have general questions or questions about UHC Dual Complete® (HMO D-SNP), services, service area, billing, or Member ID Cards, please call UHC Dual Complete® (HMO D-SNP) Member Services:**



**Call 1-844-368-5888**

The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

Member Services also has free language interpreter services available for non-English speakers.

**TTY 711**, or use your preferred relay service.

The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

## **If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the NurseLine. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the NurseLine are:



**Call 1-877-440-9407**

Calls to this number are free. 24 hours a day, 7 days a week

UHC Dual Complete® (HMO D-SNP) also has free language interpreter services available for non-English speakers.

**TTY 711**, or use your preferred relay service.

The call is free. 24 hours a day, 7 days a week