



Summary of Benefits 2025

UHC Dual Complete NM-Y1 (PPO D-SNP)
H0294-049-000

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Go online or contact us for more information about the plan.



MyUHC.com/CommunityPlan



Toll-free **1-844-560-4944**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®**
Dual Complete

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NM-Y1. 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 NM-Y1. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NM-Y1 for January 1, 2025 to December 31, 2025. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you would like a print copy, call UHC Dual Complete NM-Y1 (PPO D-SNP) Member Services at the number of the bottom of this page.

- UHC Dual Complete NM-Y1 (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.
- 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**) 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**.
- Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- 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 NM-Y1 (PPO D-SNP) Member Services at the number at the bottom of this page.

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.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Annual routine eye exam and \$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.

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Fitness program

The fitness program varies by plan/area and may not be available on all plans. Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, 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 is 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.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

Food, over-the-counter (OTC) and utility bill credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Member Handbook for more information. Please call our customer service number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services. Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

Rewards Program

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

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Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p>What is a UHC Dual Complete D-SNP?</p>	<p>A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Turquoise Care. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and prescription drugs under the Turquoise Care program.</p>
<p>Will I get the same Medicare and Turquoise Care benefits in UHC Dual Complete NM-Y1 that I get now?</p>	<p>You will get most of your covered Medicare and Turquoise Care benefits directly from UHC Dual Complete NM-Y1. 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 provider and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Complete NM-Y1, 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 NM-Y1 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 NM-Y1 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Frequently asked questions	Answers
Can I go to the same doctors I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NM-Y1 and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UHC Dual Complete NM-Y1’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NM-Y1’s plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete NM-Y1’s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Complete NM-Y1’s provider network, through a transitional period until the course of treatment is concluded or for 30 days, whichever is longer. Call Member Services for more information about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete NM-Y1’s Provider and Pharmacy Directory on the plan’s website at myuhc.com/communityplan.</p> <p>If UHC Dual Complete NM-Y1 is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
What is a UHC Dual Complete NM-Y1 care coordinator?	<p>A UHC Dual Complete NM-Y1 care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

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Frequently asked questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete NM-Y1's network can provide it?	<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 NM-Y1 will cover services provided by an out-of-network provider.</p> <p>If you have questions about whether prior authorization is required for specific services call the Member Services at the numbers listed at the bottom of this page.</p>
Where is UHC Dual Complete NM-Y1 available?	<p>The service area for this plan includes: Bernalillo, Catron, Chaves, Cibola, Colfax, DeBaca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, Mora, Otero, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, and Valencia counties. You must live in these counties to join the plan.</p> <p>*Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

Frequently asked questions	Answers
What is prior authorization?	<p>Prior authorization means an approval from UHC Dual Complete NM-Y1 to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete NM-Y1 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 NM-Y1 can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NM-Y1 before the service is provided.</p> <p>Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook 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 Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NM-Y1?	No. Because you have Turquoise Care you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a Member of UHC Dual Complete NM-Y1?	No. You do not pay deductibles in UHC Dual Complete NM-Y1.
What is the maximum out-of-pocket amount that I will pay for medical services as an member of UHC Dual Complete NM-Y1?	There is no cost sharing for medical services in UHC Dual Complete NM-Y1, so your annual out-of-pocket costs will be \$0.

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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. Such services are funded in part with the State of New Mexico.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers 90 days for an inpatient hospital stay.
	Outpatient hospital services including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	\$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
	Urgent care	\$0	\$0 copay (worldwide) per visit
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	1 per year
	Hearing aids		\$3,200 allowance for hearing aids every year
You need dental care	Dental check-ups and preventive care	\$0	\$0 Preventive & Diagnostic \$0 Comprehensive, for up to \$4,000 per year for covered preventive and comprehensive dental services.
	Restorative and emergency dental care	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	1 per year
	Glasses or contact lenses	\$0	Plan pays up to \$400 every year for 1 pair of lenses/frames or contacts <ul style="list-style-type: none"> • Access to one of Medicare Advantage’s largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives – all with scratch-resistant coating • Discounts when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more
	Other vision care	\$0	
You need behavioral health services	Behavioral health services	\$0	
You need a substance use disorder services	Substance use disorder services	\$0	
You need a place to live with people available to help you	Skilled nursing care	\$0	
	Nursing home care	\$0	\$0 copay per day: days 1–100
	Adult Foster Care and Group Adult Foster Care	\$0	

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. 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, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0 copay for ground \$0 copay for air	
	Routine Transportation	\$0	60 one-way trips per year to or from approved locations, such as medically related appointments, gyms and pharmacies. Routine transportation not for use in emergencies.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, chemotherapy drugs, Part B covered insulin, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
	Medicare Part D prescription drugs	Copays for prescription drugs may vary based on the Extra Help you may receive. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s List of Covered Drugs (Drug List) for more information. Once you or others on your behalf pay \$2,000 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Member Handbook for more information on this stage.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s List of Covered Drugs (Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Routine foot care – 4 visits per year
	Orthotic services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.</p>	Wheelchairs, crutches, and walkers	\$0	
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued on next page)</p>	Day habilitation services	\$0	
	Adult Day Health Program (ADHP)	\$0	<p>To be eligible to use ADHP services, you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s 1951(i) ADHP program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Be eligible to receive Turquoise Care, with an income of less than 150% FPL – Have chronic conditions as certified by a licensed physician or APRN and meet the “level of care” established for ADHP services <p>Contact your care team to learn about how you can connect to ADHP services.</p>

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. 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, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care aide services (PCA))	\$0	<p>To be eligible to use PCA services you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s stat plan PCA program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Be eligible to receive Turquoise Care with an income of less than 100% FPL – Require assistance with activities of daily living AND meet the “level of care” established for PCA services <p>Contact your care team to learn about how you can connect to PCA services.</p>
Additional services (continued on next page)	Chiropractic services	\$0	<p>Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetes supplies and services	\$0	<p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, 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>
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	Meal Benefit	\$0	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
	Hospice	\$0	<p>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.</p> <p>Hospice is covered by Original Medicare, outside of our plan.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness program	\$0 copay for fitness program	Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no cost and includes: <ul style="list-style-type: none"> • Free gym membership • Access to a large national network of gyms and fitness locations • Free classes, social activities and events • On-demand workout videos and live streaming fitness classes • Online memory fitness activities
Food, over-the-counter (OTC) and utility bill credit		\$200 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy foods or pay certain utility bills.	<ul style="list-style-type: none"> • 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 • Pay home utility bills like electricity, heat, water and internet • Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete NM-Y1 **Member Handbook**. If you don’t have an **Member Handbook**, call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this

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page to get one. If you have questions, you can also call Member Services or visit myuhc.com/communityplan.

D. Benefits covered outside of UHC Dual Complete NM-Y1 (HMO D-SNP)

There are some services that you can get that are not covered by UHC Dual Complete NM-Y1 but are covered by Medicare, Turquoise Care, or a state agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Turquoise Care, or a State Agency	Your costs
Certain hospice care services covered outside of NM-Y1	\$0
Psychosocial rehabilitation	
Targeted case management	
Rest home room and board	

E. Services that UHC Dual Complete NM-Y1, Medicare, and Turquoise Care 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 UHC Dual Complete NM-Y1, Medicare, and Turquoise Care do not cover
Services that are not medically necessary.
Services that are experimental or investigative.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

F. Your rights as a member of the plan

As a member of UHC Dual Complete NM-Y1, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, 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 medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, 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 NM-Y1 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

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use 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
 - File a complaint with the NM Health Care Authority at **www.yes.state.nm.us** or call **1-800-283-4465**, TTY **711**
 - Appeal certain decisions made by NM Health Care Authority or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page.

You can also call the contact the New Mexico Ombudsman Program at **1-800-432-2080**, TTY **711**, Monday–Friday 8 a.m.–5 p.m. MT.

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

If you have a complaint or think UHC Dual Complete NM-Y1 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 NM-Y1 Member Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
P.O. Box 6106
MS CA120-0360
Cypress, CA 90630-0016

If you have questions, please call UHC Dual Complete NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit **myuhc.com/communityplan**.

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
P.O. Box 6106
MS CA120-0368
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 NM-Y1 Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call New Mexico Health Care Authority at www.yes.state.nm.us or call **1-800-283-4465**, TTY users may call **711**.
- Or, call New Mexico's Medicaid's Fraud Hotline at **1-800-228-4802**. TTY users may call **711**.
- 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 NM-Y1 at **1-866-393-0208**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, Oct–March, M–F Apr–Sept. The call is free. **For more information**, visit myuhc.com/communityplan.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UHC Dual Complete NM-Y1 Member Services:



Call 1-866-393-0208

Calls to this number are free. 8 a.m.–8 p.m., local time, 7 days a week, Oct–Mar; M–F Apr–Sept. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m. 7 days a week, Oct–Mar; M–F Apr–Sept.