



# Summary of Benefits 2026

**UHC Dual Complete® NJ-Y001 (HMO D-SNP)**

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Contact us for more information about the plan.



**MyUHC.com/CommunityPlan**



**Toll-free 1-800-514-4911, TTY 711**  
8 a.m.–8 p.m. local time, 7 days a week

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## Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NJ-Y001 (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 NJ-Y001. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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 NJ-Y001 (HMO D-SNP) for January 1, 2026–December 31, 2026. This is only a summary. Read the **Evidence of Coverage** online at **MyUHC.com/CommunityPlan** for the full list of benefits.

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the NJ FamilyCare program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full NJ FamilyCare benefits.
- UHC Dual Complete NJ-Y001 (HMO D-SNP) es un Plan Altamente Integrado para Personas con Necesidades Especiales que Tienen Elegibilidad Doble (Highly Integrated Dual Eligible Special Needs Plan, HIDE SNP). El plan tiene un contrato con Medicare y un contrato con el programa NJ FamilyCare. La inscripción en UHC Dual Complete NJ-Y001 (HMO D-SNP) depende de la renovación del contrato. Este plan está disponible para cualquier persona que tenga Medicare y beneficios completos de NJ FamilyCare.
- Home support benefits are covered in-home support services such as respite care, non-skilled in-home care, and weight management services.
- You can use your OTC credits for in-home support services. With this benefit, you'll get a credit loaded to your UCard each month to buy covered OTC items. Unused credit expires at the end of each month.

When joining this plan:

1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
2. You will be enrolled automatically into NJ FamilyCare coverage under our plan, and disenrolled from any NJ FamilyCare plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
4. You must understand and follow our plan's rules on referrals.

Cuando se una a este plan:

1. Debe usar proveedores, proveedores de Equipos Médicos Duraderos (Durable Medical Equipment, DME) y farmacias de la red.
2. Se le inscribirá automáticamente en la cobertura de NJ FamilyCare en virtud de nuestro plan y se cancelará su inscripción en cualquier plan de NJ FamilyCare en el que esté inscrito actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid estarán cubiertos por nuestro plan, y debe obtenerlos de proveedores dentro de la red.

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3. Se le inscribirá automáticamente en la cobertura de la Parte D en virtud de nuestro plan y se cancelará automáticamente su inscripción en cualquier otro plan de cobertura acreditable o de la Parte D de Medicare en el que esté inscrito actualmente.

4. Debe comprender y seguir las reglas de nuestro plan sobre referidos.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan at **1-800-514-4911 (TTY 711)** or read the **Evidence of Coverage**. You can read and download it online at **MyUHC.com/CommunityPlan**, or you can call Customer Service toll-free at **1-800-514-4911 (TTY 711)** to request a copy.

- Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan UnitedHealthcare UCard®, TTY **711**, 24 hours a day, 7 days a week.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future. This is called a “standing order”. You can also make changes to your standing order at any time by calling Customer Service.
- This information is available for free in other languages. Please call our Customer Service at the number located at the bottom of this page.
- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- Benefits may change on January 1 of each year.
- Part B premiums are covered by Medicaid for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5 Star rating system.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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- 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. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in Arkansas, Guam, American Samoa, U.S. Virgin Islands or Northern Mariana Islands.
- 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. Gym network may vary in local market and plan.
- The healthy food and utility benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.

You can read the **Medicare & You** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](https://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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## B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions	Answers
<b>What's a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)?</b>	<p>A NJ Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ HIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one UnitedHealthcare UCard®, and no copays for medical services or drugs. A HIDE SNP coordinates all of your care.</p> <p>If you join a HIDE SNP, you don't lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a HIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up the UHC Dual Complete NJ-Y001 service area are listed in <b>Section B (page 11)</b> of this document.</p>
<b>Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete NJ-Y001 that I get now?</b>	<p>If you're coming to UHC Dual Complete NJ-Y001 from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from UHC Dual Complete NJ-Y001.</p> <p>When you enroll in UHC Dual Complete NJ-Y001, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that UHC Dual Complete NJ-Y001 doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for UHC Dual Complete NJ-Y001 to cover your drug if medically necessary.</p>

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Frequently asked questions	Answers
<b>Can I use the same health care providers I use now?</b>	<p>That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NJ-Y001 and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are "in-network." You must use the providers in UHC Dual Complete NJ-Y001's network.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NJ-Y001's network.</li></ul> <p>To find out if your providers are in the plan's network, call Customer Service at the number listed at the bottom of this page or read UHC Dual Complete NJ-Y001's <b>Provider and Pharmacy Directory</b>. You can also visit our website at <b>MyUHC.com/CommunityPlan</b> for the most current listing.</p> <p>If UHC Dual Complete NJ-Y001 is new for you, we'll work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
<b>What's a Care Manager?</b>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
<b>What happens if I need a service but no one in UHC Dual Complete NJ-Y001's network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Complete NJ-Y001 will cover services provided by an out-of-network provider.</p>

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Frequently asked questions	Answers
<b>Where's UHC Dual Complete NJ-Y001 available?</b>	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, NJ. You must live in one of these areas to join the plan.
<b>What's prior authorization?</b>	<p>Prior authorization means that you must get approval from UHC Dual Complete NJ-Y001 before UHC Dual Complete NJ-Y001 will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete NJ-Y001 may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete NJ-Y001 can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NJ-Y001 before the service is provided.</p> <p>Refer to Chapter 3, of the <b>Evidence of Coverage</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Evidence of Coverage</b> to learn which services require a prior authorization.</p>
<b>What's a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, UHC Dual Complete NJ-Y001 may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>UHC Dual Complete NJ-Y001 can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Customer Service at the number listed at the bottom of this page or refer to <b>Chapter 3</b>, of the <b>Evidence of Coverage</b>.</p>

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Frequently asked questions	Answers
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete NJ-Y001?</b>	No. You won't pay any monthly premiums to UHC Dual Complete NJ-Y001 for your health coverage.  Additionally, Medicaid will pay your Medicare Part B premium for you.
<b>Do I pay a deductible as a member of UHC Dual Complete NJ-Y001?</b>	No. You don't pay deductibles in UHC Dual Complete NJ-Y001.
<b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete NJ-Y001?</b>	There's no cost sharing for medical services in UHC Dual Complete NJ-Y001, so your annual out-of-pocket costs will be \$0.

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## C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.  Your provider may need to obtain prior authorization for services.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.
<b>You want to use a health care provider</b>	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Your provider may need to obtain prior authorization for Specialist services.  Referral may be required.
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$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)
<b>You need emergency care</b>	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services <b>are</b> covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network. Urgently needed care services <b>are</b> covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Your provider may need to obtain prior authorization for services.

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<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Your provider may need to obtain prior authorization for services.
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Your provider may need to obtain prior authorization for services.
<b>You have a mental health condition</b>	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.  Your provider may need to obtain prior authorization for services.

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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)
<b>You need mental health services</b>	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p><b>(Note:</b> This isn't a complete list of the plan's expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)</p>	\$0	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p> <p>Your provider may need to obtain prior authorization for services.</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)
<b>You have a substance use disorder</b>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p><b>(Note:</b> This isn't a complete list of the plan's expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)</p>	\$0	Your provider may need to obtain prior authorization for services.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	<p>Our plan covers up to 100 days in a SNF.</p> <p>Your provider will need to obtain prior authorization for services.</p>
	Nursing home care	\$0	Your provider will need to obtain prior authorization for services.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.

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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)
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.
<b>You need help getting to health services</b>	Ambulance services	\$0	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No prior authorization is needed.
<b>You need drugs to treat your illness or condition (continued on next page)</b>	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <b>Evidence of Coverage</b> for more information on these drugs.  Your provider may need to obtain prior authorization for certain drugs.
	Medicare Part D drugs Tier 1 Generic and brand name drugs (all covered drugs are in this tier)	\$0	There may be limitations on the types of drugs covered. Refer to UHC Dual Complete NJ-Y001's <b>List of Covered Drugs (Drug List)</b> at <b>MyUHC.com/CommunityPlan</b> for more information.  UHC Dual Complete NJ-Y001 may require you to first try one drug to treat your condition before it will cover another drug for that condition.  Some drugs have quantity limits.

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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 (continued)			<p>Your provider must get prior authorization from UHC Dual Complete NJ-Y001 for certain drugs.</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 can't be met by most pharmacies in your network. These drugs are listed on the plan's website, <b>List of Covered Drugs (Drug List)</b>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="https://www.medicare.gov/plan-compare">medicare.gov/plan-compare</a>.</p> <p>An extended day supply is only available at a subset of the retail pharmacy network. For more information please call Customer Service at <b>1-800-514-4911</b>, TTY <b>711</b>, or visit <b>MyUHC.com/CommunityPlan</b>, and/or reading the <b>List of Covered Drugs (Drug List)</b>.</p> <p>Contact the Plan for details.</p>
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NJ-Y001 List of Covered Drugs (Drug List) for more information.</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)
<b>You need drugs to treat your illness or condition (continued)</b>	Diabetes medications	\$0	There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.
	Podiatry services (including routine exams)	\$0	Your provider may need to obtain prior authorization for services.
<b>You need foot care</b>	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example ( <b>Note:</b> This isn't a complete list of covered DME or supplies. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)	\$0	Your provider may need to obtain prior authorization for services/certain equipment.
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
<b>Other covered services (continued on next page)</b>	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Your provider may need to obtain prior authorization for services.

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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)
<b>Other covered services (continued)</b>	Diabetic supplies	\$0	<p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.</p> <p>Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by the plan.</p> <p>Your provider may need to obtain prior authorization for some services.</p>
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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)
<b>Other covered services (continued)</b>	Mammograms	\$0	Your provider may need to obtain prior authorization for some services.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.  MLTSS is available to members who meet certain clinical requirements.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Your provider may need to obtain prior authorization for some services.

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, 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)
<b>Other covered services (continued)</b>	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services. Read the <b>Evidence of Coverage</b> for more information.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

## D. Additional services UHC Dual Complete NJ-Y001 covers

This isn't a complete list. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** to find out about other covered services.

Additional services UHC Dual Complete NJ-Y001 covers	Your costs
<p>Fitness Program</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Free gym membership</li> <li>• Access to a large national network of gyms and fitness locations</li> <li>• On-demand workout videos and live streaming fitness classes</li> <li>• Online memory fitness activities</li> </ul>	\$0
<p>Over-the-counter (OTC) and food credit — \$246 credit every month to pay for OTC products — and healthy food for members who qualify</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, and Dollar General, or at neighborhood stores near you</li> <li>• Your credit amount expires at the end of each month</li> </ul>	\$0
<p>Meal Benefit — 28 home-delivered meals (2 meals per day for 14 days) immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay</p>	\$0

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free.  
**For more information**, visit **MyUHC.com/CommunityPlan**.

## E. Benefits covered outside of UHC Dual Complete NJ-Y001

This isn't a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other services not covered by UHC Dual Complete NJ-Y001 but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

## F. Services not covered by UHC Dual Complete NJ-Y001 (exclusions)

The following services aren't covered by our plan. This isn't a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by UHC Dual Complete NJ-Y001 (exclusions)
Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare
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 required criteria are met
LASIK surgery

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



## **G. Your rights and responsibilities as a member of the plan**

As a member of UHC Dual Complete NJ-Y001, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the **Evidence of Coverage**.

### **Your rights include, but aren't 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), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other 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 NJ-Y001 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 NJ-Y001
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - 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) and change your PCP at any time during the year. You can call **1-800-514-4911** if you want to change your PCP.

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- 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’re 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 about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete NJ-Y001 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 doesn’t 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 **1-800-514-4911** if you need help with this service
  - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete NJ-Y001 translated into your primary language, 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 use 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
  - 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. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by UHC Dual Complete NJ-Y001

**If you have questions,** call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan**.

- 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 Fair Hearing
- Get a detailed reason why services were denied

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

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're a UHC Dual Complete NJ-Y001 member
  - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify UHC Dual Complete NJ-Y001 Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from UHC Dual Complete NJ-Y001.** You should:
  - Get all your health care from UHC Dual Complete NJ-Y001, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete NJ-Y001 provides a prior authorization for out-of-network care
  - Not allow anyone else to use your UHC Dual Complete NJ-Y001 UnitedHealthcare UCard® to obtain healthcare services

**If you have questions,** call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information,** visit **[MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)**.

- Notify UHC Dual Complete NJ-Y001 when you believe that someone has purposely misused UHC Dual Complete NJ-Y001 benefits or services

For more information about your rights, you can read UHC Dual Complete NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

## H. How to file a complaint or appeal a denied service

If you have a complaint or think UHC Dual Complete NJ-Y001 should cover something we denied, call UHC Dual Complete NJ-Y001 at **1-800-514-4911**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of UHC Dual Complete NJ-Y001's **Evidence of Coverage**. You can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

**You can also write us a letter about your grievance (complaint) or appeal.**

### **For complaints/grievances or medical appeals:**

UnitedHealthcare Appeals and Grievances Department  
PO Box 6103  
MS CA120-0360  
Cypress, CA 90630-0023

### **For Part D or Medicaid drug appeals only:**

UnitedHealthcare Part D Appeal and Grievance Department  
PO Box 6103  
MS CA120-0368  
Cypress, CA 90630-0023

## I. 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, contact us.

- Call us at UHC Dual Complete NJ-Y001 Customer Service. Phone numbers are in the footer of this document
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-609-292-1272**. Calls to this number are free.

**If you have questions**, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free.

**For more information**, visit **MyUHC.com/CommunityPlan**.

## Notice of availability of language assistance services and alternate formats

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call us at 1-800-514-4911; TTY: 711.

**ملاحظة:** إذ لنكنيحدث اللغة العربية (Arabic)، سيوفر لك

خدمات المساعدة اللغوية والمراسلات سيوفر آخر، مثل

الطباعة بأحرف كبيرة يصل بالرقم 1-800-514-4911; TTY: 711.

**মনোযোগ দেবেন:** আপনি যদি বাংলায় (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবাগুলি এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটগুলিতে বিনামূল্যে যোগাযোগ, আপনার জন্য উপলব্ধ। আমাদের 1-800-514-4911; TTY: 711 নম্বরে কল করুন।

**請注意：**如果您說中文 (Chinese)，可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電

1-800-514-4911; TTY: 711。

**ધ્યાન આપો:** જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પિન્ટ, તમારા માટે ઉપલબ્ધ છે. અમને 1-800-514-4911 પર કોલ કરો; TTY: 711.

**ATANSYON:** Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak komunikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nou nan 1-800-514-4911; TTY: 711.

**ध्यान दें:** यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। हमें 1-800-514-4911 पर कॉल करें; TTY: 711.

**ATTENZIONE:** Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Ci chiami al numero 1-800-514-4911; TTY: 711.

**알림 사항:** **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 1-800-514-4911; TTY: 711 번으로 전화해 주십시오.

**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i komunikaty w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-800-514-4911; TTY: 711.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o 1-800-514-4911; TTY: 711.

**ВНИМАНИЕ!** Если вы говорите на **русском** языке (**Russian**), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните 1-800-514-4911; TTY: 711.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llámenos al 1-800-514-4911; TTY: 711.

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa 1-800-514-4911; TTY: 711.

**ЗВЕРНІТЬ УВАГУ!** Якщо ви розмовляєте **українською** (**Ukrainian**), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер 1-800-514-4911; лінія TTY: 711.



**LƯU Ý:** Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi số 1-800-514-4911; TTY: 711.

## **If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare UCard®, call UHC Dual Complete NJ-Y001 Customer Service:**



### **Call 1-800-514-4911**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September. Customer Service 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 from October through March, Monday–Friday from April through September.

## **If you need immediate behavioral health care, call the Behavioral Health Crisis Line:**



### **Call 1-800-514-4911**

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

UHC Dual Complete NJ-Y001 also has free language interpreter services available for non-English speakers.

### **TTY 711**

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