



Summary of Benefits 2026

UHC Dual Choice DC-Y2 (PPO D-SNP)

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.



UHC.com/CommunityPlan



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

**United
Healthcare®**

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Choice DC-Y2 (PPO 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 an enrollee of UHC Dual Choice DC-Y2 (PPO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Enrollee Handbook**.

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 **If you have questions**, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Choice DC-Y2 (PPO D-SNP) for January 1, 2026 to December 31, 2026. This is only a summary. Please read the **Enrollee Handbook** for the full list of benefits. If you would like a print copy, call UHC Dual Complete DC-Y2 (PPO D-SNP) Enrollee Services at the number of the bottom of this page.

- ❖ UHC Dual Choice DC-Y2 (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 District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.
- ❖ 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). TTY users should call 1-877-486-2048.
- ❖ For more information about UHC Dual Choice DC-Y2 (PPO D-SNP), you can check the DC Department of Health Care Finance website at dhcf.dc.gov/page/district-dual-choice-d-snps, contact the DC Office of Health Care Ombudsman and Bill of Rights at 202-724-7491, TTY 711, Monday-Friday 9 a.m.-4:45 p.m., or contact the DC State Health Insurance Assistance Program (SHIP) at 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.-4:30 p.m.
- ❖ UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- ❖ UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Enrollee Services number at **1-866-242-7726** for additional information (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; 8 a.m.–5:30 p.m.: M–F Apr–Sept.
- ❖ UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al **1-866-242-7726**, para obtener información adicional (los usuarios de TTY deben comunicarse al **711**). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; 8 a.m.–5:30 p.m. de lunes a viernes, de abril a septiembre.
- ❖ Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.



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- ❖ This document is available for free in Spanish and Amharic.
- ❖ 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 DC-Y2

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration time frames. Review your Enrollee Handbook for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

General Disclaimers

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare enrollees, except in emergency situations. Please call our customer service number or see your Enrollee Handbook for more information, including the cost-sharing that applies to out-of-network services.

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



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a UHC Dual Choice D-SNP?	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 DC Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the DC Medicaid program.
Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-Y2 (PPO D-SNP) that I get now?	<p>You'll get most of your covered Medicare and DC Medicaid benefits directly from UHC Dual Choice DC-Y2 (PPO D-SNP). You'll 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 a District agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Choice DC-Y2 (PPO 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're taking any Medicare Part D drugs that UHC Dual Choice DC-Y2 (PPO D-SNP) 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 Choice DC-Y2 (PPO D-SNP) to cover your drug if medically necessary. For more information, call Enrollee Services at the numbers listed at the bottom of this page.</p>

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Frequently asked questions	Answers
<p>Can I use the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Choice DCY2 (PPO D-SNP) 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 enrollees of our plan and provide services our plan covers. If you use providers or pharmacies that aren’t 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 Choice DC-Y2 (PPO D-SNP)’s plan. • If you are currently under treatment with a provider that is out of UHC Dual Choice DC-Y2 (PPO D-SNP)’s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Choice DC-Y2 (PPO D-SNP)’s provider network, through a transitional period until the course of treatment is concluded or for 30 days, whichever is longer. Call Enrollee Services for more information about staying connected. <p>To find out if your providers are in the plan’s network, call Enrollee Services at the numbers listed at the bottom of this page or read UHC Dual Choice DC-Y2 (PPO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at MyUHC.com/CommunityPlan.</p> <p>If UHC Dual Choice DC-Y2 (PPO D-SNP) is new for you, we’ll work with you to develop an Individualized Plan of Care to address your needs.</p>
<p>What’s a UHC Dual Choice DC-Y2 (PPO D-SNP) care navigator?</p>	<p>A UHC Dual Choice DC-Y2 (PPO D-SNP) care navigator 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
<p>What are Long-term Services and Supports (LTSS)?</p>	<p>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 navigator or care team will work with that agency.</p>
<p>What happens if I need a service but no one in UHC Dual Choice DC-Y2 (PPO D-SNP)'s network can provide it?</p>	<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 Choice DC-Y2 (PPO D-SNP) will pay for the cost of an out-of-network provider.</p>
<p>Where's UHC Dual Choice DC-Y2 (PPO D-SNP) available?</p>	<p>The service area for this plan includes: Washington, DC. You must live in this area to join the plan.</p> <p>Call Enrollee Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>

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Frequently asked questions	Answers
<p>What's prior authorization?</p>	<p>Prior authorization means an approval from UHC Dual Choice DC-Y2 (PPO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Choice DC-Y2 (PPO 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 Choice DC-Y2 (PPO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Choice DC-Y2 (PPO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the Enrollee Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Enrollee 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 Enrollee Services at the numbers listed at the bottom of this page for help.</p>
<p>Do I pay a monthly amount (also called a premium) under UHC Dual Choice DC-Y2 (PPO D-SNP)?</p>	<p>No. Because you have DC Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do I pay a deductible as an enrollee of UHC Dual Choice DC-Y2 (PPO D-SNP)?</p>	<p>Your medical deductible is \$0 or \$283 combined in and out-of-network.</p>
<p>What's the maximum out-of-pocket amount that I'll pay for medical services as an enrollee of UHC Dual Choice DC-Y2 (PPO D-SNP)?</p>	<p>There's no cost sharing for medical services in UHC Dual Choice DC-Y2 (PPO D-SNP), so your annual out-of-pocket costs will be \$0.</p>

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C. List of covered 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)
You need hospital care	Inpatient hospital care*	\$0 per stay	Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers an unlimited number of days for an inpatient hospital stay. Your out-of-network costs are \$0 copay or \$2,230 copay per stay
	Outpatient hospital services including observation*	\$0	Your out-of-network costs are \$0 copay or 40% coinsurance
	Ambulatory surgical center (ASC) services*	\$0	Your out-of-network costs are \$0 copay or 40% coinsurance
	Doctor or surgeon care*	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	Your out-of-network costs are \$0 copay or 30% coinsurance
	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	Your out-of-network costs are 40% coinsurance, 1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care*	\$0	Your out-of-network costs are \$0 copay or 30% coinsurance

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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. For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	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	Your out-of-network costs are \$0 copay or 40% coinsurance
	Lab tests and diagnostic procedures, such as blood work*	\$0	Your out-of-network costs for diagnostic tests and procedures is \$0 copay or 40% coinsurance. Your out-of-network costs for therapeutic radiology are \$0 copay and 20% coinsurance. Your out-of-network costs for outpatient X-rays is \$0 copay or 40% coinsurance.
You need hearing/auditory services	Hearing aids	\$0	
	Hearing screenings*	\$0, 1 per year	Your out-of-network cost for an exam to diagnose and treat hearing and balance issues is a \$0 copay or 30% coinsurance. Your out-of-network cost for a routine hearing exam is 30% coinsurance, 1 per year. Other hearing exam providers are available in the UnitedHealthcare network.

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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 dental care	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care	\$0	
You need eye care	Eye exams*	\$0	Your out-of-network costs are \$0 copay or 30% coinsurance
	Glasses or contact lenses	\$0	
	Other vision care	\$0	Your out-of-network costs for eyewear after cataract surgery are \$0 copay or 40% coinsurance
You need behavioral health services	Behavioral health services* Our plan covers 90 days for an inpatient hospital stay	\$0	Your out-of-network costs for an inpatient visit is \$0 copay or \$2,080 copay per stay. Your out-of-network costs for an outpatient group therapy visit is \$0 copay or 30% coinsurance. Your out-of-network costs for an outpatient individual therapy visit is \$0 copay or 30% coinsurance.
You need a substance use disorder services	Substance use disorder services*	\$0	Your out-of-network costs for outpatient group therapy visits is a \$0 copay or 30% coinsurance. Your out-of-network outpatient individual therapy visit is a \$0 copay or 30% coinsurance.

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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 a place to live with people available to help you	Skilled nursing care*	\$0	Our plan covers up to 100 days in a skilled nursing facility (SNF).
	Nursing home care*	\$0	Your out-of-network costs are \$0 copay per day: days 1–100, or \$0 copay per day: days 1–20 \$217 copay per day: days 21–100
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy*	\$0	Your out-of-network costs are \$0 copay or 30% coinsurance
You need help getting to health services	Ambulance services*	\$0 copay for ground \$0 copay for air	Your out-of-network costs are \$0 copay or 20% coinsurance for ground and \$0 copay or 20% coinsurance for air. Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	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)
<p>You need drugs to treat your illness or condition (continued on next page)</p>	<p>Medicare Part B 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 Enrollee Handbook for more information on these drugs.</p> <p>Your out-of-network costs for chemotherapy drugs, Part B covered insulin, and other Part B drugs is \$0 copay or 20% coinsurance.</p> <p>You pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.</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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D drugs (continued on next page)</p>	<p>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.</p> <p>If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Enrollee Handbook.</p> <p>If you do qualify for Low-Income Subsidy (LIS) you pay:</p> <p>Deductible: \$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Y2 (PPO D-SNP)'s List of Covered Drugs (Drug List) for more information.</p> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.</p> <p>An extended day supply is only available at a subset of the retail or mail order network pharmacy.</p> <p>You pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.</p> <p>Catastrophic Coverage: Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.</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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D drugs (continued on next page)</p>	<p>Initial Coverage: In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.</p> <p>Drug Coverage 30-day or 100-day supply from a retail network pharmacy. (Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.)</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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D drugs (continued)</p>	<p>Generic (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • \$0, \$1.60, or \$5.10 copay • Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply) <p>All other drugs:</p> <ul style="list-style-type: none"> • \$0, \$4.90, or \$12.65 copay • Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply) 	

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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)	Medicare Part D drugs (continued)	Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Y2 (PPO D-SNP)'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	Your out-of-network cost is a \$0 copay or 20% coinsurance.
	Podiatry services*	\$0	Your out-of-network costs for foot exams and treatment is \$0 copay or 30% coinsurance. Your out-of-network costs for routine foot care is 30% coinsurance.
You need foot care	Orthotic services*	\$0	Your out-of-network costs for therapeutic shoes or inserts is a \$0 copay or 20% coinsurance.

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<p>You need durable medical equipment (DME)</p> <p>Note: This isn't a complete list of covered DME. For a complete list, contact Enrollee Services or refer to Chapter 4 of the Enrollee Handbook.</p>	Wheelchairs, crutches, and walkers*	\$0	Your out-of-network costs is a \$0 copay or 20% coinsurance.
	Nebulizers*	\$0	Your out-of-network costs is a \$0 copay or 20% coinsurance.
	Oxygen equipment and supplies*	\$0	Your out-of-network costs is a \$0 copay or 20% coinsurance.

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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>	<p>Elderly and Persons with Physical Disabilities (EPD) waiver program services</p> <p>The EPD waiver offers a combination of in-home or community-based support services, which include:</p> <p>Case management: assistance with obtaining or coordinating health care services</p> <p>Personal care aide services: assistance with activities of daily living, such as dressing, eating, toileting, etc.</p> <p>Adult day health programs: non-residential services and supports promoting community inclusion and community-based care</p> <p>Respite care: assistance with daily needs when a primary caregiver is absent or unavailable</p>	<p>\$0</p>	<p>To be eligible for the EPD waiver, you must:</p> <ul style="list-style-type: none"> • Be a resident of the District of Columbia • Be a U.S. citizen or hold legal immigration status • Be eligible to receive DC Medicaid, with an income of less than 300% SSI or be eligible for spend down • Have no more than \$4,000 in countable assets • Require assistance with activities of daily living • Meet the “level of care” established for the waiver <p>Contact your care team for assistance applying for EPD waiver benefits.</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)
You need help living at home (continued)	Assisted living: a licensed residence with services and supports to allow participants to live independently Environmental accessibility adaptations: physical modifications to a home to ensure the safety and welfare of a resident Participant-directed services: more choice and flexibility over the services you receive, including personal care aide services		
	Day habilitation 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 help living at home (continued)</p>	<p>Adult Day Health Program (ADHP)</p>	<p>\$0</p>	<p>To be eligible to use ADHP services, you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the District’s EPD waiver program, OR • Meet the following criteria to enroll in the District’s 1951(i) ADHP program: <ul style="list-style-type: none"> ◦ Be a resident of the District of Columbia ◦ Be a U.S. citizen or hold legal immigration status ◦ Be eligible to receive DC Medicaid, 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 Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., 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, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>	<p>Services to help you live on your own (home health care services or personal care aide services (PCA))*</p>	<p>\$0</p>	<p>To be eligible to use PCA services you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the District’s EPD waiver program, OR • Meet the following criteria to enroll in the District’s stat plan PCA program: <ul style="list-style-type: none"> ◦ Be a resident of the District of Columbia ◦ Be a U.S. citizen or hold legal immigration status ◦ Be eligible to receive DC Medicaid 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>

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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 on next page)	Chiropractic services*	\$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation). Covered with limitations; \$0 copay or 20% in-network coinsurance and \$0 copay or 30% out-of-network coinsurance.
	Diabetes supplies and services*	\$0	We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus Your out-of-network costs are \$0 copay or 20% coinsurance
	Prosthetic services*	\$0	Your out-of-network costs is a \$0 copay or 20% coinsurance.
	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.

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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	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 at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities

? **If you have questions**, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., 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, & benefit information (rules about benefits)
Additional services (continued)	OTC, healthy food, utilities + wellness support		<p>\$115 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying enrollees</p> <ul style="list-style-type: none"> • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more

? **If you have questions**, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., 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, & benefit information (rules about benefits)
Additional services (continued)	Nurse Hotline	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
	Personal emergency response system	\$0	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. You must have a working landline and/or cell phone coverage to use PERS.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Choice DC-Y2 (PPO D-SNP) Enrollee Handbook. If you don't have an Enrollee Handbook, call UHC Dual Choice DC-Y2 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Enrollee Services or visit **MyUHC.com/CommunityPlan**.

* May require your provider to get prior authorization from the plan for in-network benefits.

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D. Benefits covered outside of UHC Dual Choice DC-Y2 (PPO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Choice DC-Y2 (PPO D-SNP) but are covered by Medicare, DC Medicaid, or a District agency. This isn't a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, DC Medicaid, or a District Agency	Your costs
Certain hospice care services covered outside of UHC Dual Choice DC-Y2 (PPO D-SNP)	\$0 You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Services covered under the authority of DC Medicaid's 1915(c) Individual and Family Support waiver program (IFS waiver)	\$0
Services covered under DC Medicaid's 1915(c) Individuals with Intellectual or Developmental Disabilities waiver program (IDD waiver)	\$0
Services provided by an Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/IID) to individuals residing in an ICF/ IID, and	\$0
Services provided through the DC Department of Behavioral Health (DBH)	\$0

 **If you have questions**, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

E. Services that UHC Dual Choice DC-Y2 (PPO D-SNP), Medicare, and DC Medicaid don't cover

This isn't a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Choice DC-Y2 (PPO D-SNP), Medicare, and DC Medicaid don't cover	
Services considered not "reasonable and medically necessary", according to Medicare and DC Medicaid standards, unless we list these as covered services	Elective or voluntary enhancement procedures
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study	Cosmetic surgery or other cosmetic work unless required criteria are met
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery

F. Your rights as an enrollee of the plan

As a enrollee of UHC Dual Choice DC-Y2 (PPO D-SNP), 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'll tell you about your rights at least once a year. For more information on your rights, please read the **Enrollee Handbook**. 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 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 navigator

 **If you have questions**, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

- **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’re 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 Choice DC-Y2 (PPO 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 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 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 DC Department of Health Care Finance (DHCF) at 202-442-9533, TTY 711
 - Appeal certain decisions made by DHCF or our providers
 - Ask for a District Fair Hearing
 - Get a detailed reason for why services were denied



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For more information about your rights, you can read the Enrollee Handbook. If you have questions, you can call UHC Dual Choice DC-Y2 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page].

You can also call the contact the DC Office of Health Care Ombudsman and Bill of Rights at 202-724-7491, TTY 711, Monday–Friday 9 a.m.-4:45 p.m.

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

If you have a complaint or think UHC Dual Choice DC-Y2 (PPO D-SNP) should cover something we denied, call Enrollee 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 **Enrollee Handbook**. You can also call UHC Dual Choice DC-Y2 (PPO D-SNP) Enrollee Services at the numbers listed below.

For complaints/grievances or medical appeals:

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

For Part D or Medicaid drug appeals only:

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

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 Choice DC-Y2 (PPO D-SNP) Enrollee Services. Phone numbers are listed at the bottom of this page.
- Or, call DC Medicaid Customer Service Center at 202-442-9533. TTY users may call 711.
- Or, call DC Medicaid’s Fraud Hotline at 1-877-632-2873. 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.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 Days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. 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 Enrollee ID Cards, please call

UHC Dual Choice DC-Y2 (PPO D-SNP) Enrollee Services:

Call **1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March, 8 a.m.–5:30 p.m., Monday–Friday, April–September. Enrollee 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, October–March, 8 a.m.–5:30 p.m., 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 Nurse Triage. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Triage are:

1-877-303-2422

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

UHC Dual Choice DC-Y2 (PPO D-SNP) also has free language interpreter services available for non-English speakers.

711

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

If you need immediate behavioral health services, please call the Optum Mental Health:

Call **1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. UHC Dual Choice DC-Y2 (PPO D-SNP) 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, October–March, 8 a.m.–5:30 p.m., Monday–Friday, April–September.