



# Summary of Benefits 2026

**UHC PathWays Dual Care IN-S3 (PPO D-SNP)**  
H2385-004-000

Look inside to take advantage of the health services and drug coverages the plan provides.  
Call Customer Service or go online 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

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## Introduction

This document is a brief summary of the benefits and services covered by UHC PathWays Dual Care IN-S3 (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 a member of UHC PathWays Dual Care IN-S3 (PPO D-SNP). 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 PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days 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 PathWays Dual Care IN-S3 (PPO D-SNP) for January 1, 2026–December 31, 2026. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. To get an **Evidence of Coverage** visit **MyUHC.com/CommunityPlan** or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

- UHC PathWays Dual Care IN-S3 (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.
- Out-of-network/non-contracted providers are under no obligation to treat UHC PathWays Dual Care IN-S3 (PPO D-SNP) members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.

OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. Onetime professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

### 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 timeframes. Review your Evidence of Coverage (EOC) 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,

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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.

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

### **Rewards Program**

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

- 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)**. TTY users should call **1-877-486-2048**.
- For more information about UHC PathWays Dual Care IN-S3 (PPO D-SNP), you can check the Pathways webpage at **in.gov/pathways/home/** or contact the UHC PathWays Dual Care IN-S3 (PPO D-SNP) Office of the Ombudsman at **1-800-622-4484** Monday through Friday between the hours of 9 AM and 5 PM.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-800-832-4643** and TTY **711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept**. The call is free.
- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish.
- If you don't understand a letter from us or your services, call your Customer Service. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- 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 PathWays Dual Care IN-S3 (PPO D-SNP).

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<b>What is a PathWays FIDE SNP?</b>	<p>Our plan is part of the Indiana PathWays and was designed to provide coordinated care. This program was designed by the Indiana Family and Social Services Administration (FSSA), the state agency that provides Medicaid to Hoosiers. Our plan combines your Medicare and Medicaid services. It combines your doctors, hospital, pharmacy, home care, other home and community-based services, nursing home care and other health care providers into one coordinated care system. It also has care coordinators to help you manage all the services you receive. They all work together to provide the care you need.</p> <p>To be eligible to enroll in a fully-integrated dual eligible (FIDE) special needs plan (SNP) in Indiana, you must be 60 years of age or older, be entitled to Medicare Parts A and B and eligible for PathWays benefits.</p>

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Frequently asked questions	Answers
<b>Will I get the same Medicare and Medicaid benefits in UHC PathWays Dual Care IN-S3 (PPO D-SNP) that I get now?</b>	<p>You'll get most of your covered Medicare and Medicaid benefits directly from UHC PathWays Dual Care IN-S3 (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 coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, for example, directly from Medicaid Rehabilitation Option (MRO) behavioral health services, Area Agencies on Aging (AAAs) or services through Money Follows the Person (MFP) program.</p> <p>When you enroll in UHC PathWays Dual Care IN-S3 (PPO D-SNP), you and your care coordinator will work together to develop a person-centered 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 PathWays Dual Care IN-S3 (PPO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC PathWays Dual Care IN-S3 (PPO D-SNP) to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>

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Frequently asked questions	Answers
<b>Can I use to the same providers I use now?</b>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC PathWays Dual Care IN-S3 (PPO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in UHC PathWays Dual Care IN-S3 (PPO D-SNP)’s network.</b> If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC PathWays Dual Care IN-S3 (PPO D-SNP)’s plan.</li><li>• If you’re currently under treatment with a provider that’s out of UHC PathWays Dual Care IN-S3 (PPO D-SNP)’s network, or have an established relationship with a provider that’s out of UHC PathWays Dual Care IN-S3 (PPO D-SNP)’s network, call Customer Service to check about staying connected.</li></ul> <p>To find out if your providers are in the plan’s network, call Customer Service at the numbers listed at the bottom of this page or read UHC PathWays Dual Care IN-S3 (PPO D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b>MyUHC.com/CommunityPlan</b>.</p> <p>If UHC PathWays Dual Care IN-S3 (PPO D-SNP) is new for you, we will work with you to develop a person-centered care plan to address your needs.</p> <p>If you are undergoing treatment and switch, or newly enroll in a PathWays FIDE SNP plan there are rules to help you continue your care. During your first 90 days of starting with UHC PathWays Dual Care IN-S3 (PPO D-SNP) we may not require prior authorization for the active course of treatment, even when the treatment is being provided by an out-of-network provider.</p>

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Frequently asked questions	Answers
<b>What's a UHC PathWays Dual Care IN-S3 (PPO D-SNP) care coordinator?</b>	A UHC PathWays Dual Care IN-S3 (PPO D-SNP) 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.
<b>What are Long-term Services and Supports (LTSS)?</b>	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. Some of these supports also help caregivers involved with you, such as family or friends who provide help. Most of these types of services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an Area Agency on Aging or another agency may administer these services, and your care coordinator will work with that agency.
<b>What happens if I need a service but no one in UHC PathWays Dual Care IN-S3 (PPO D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC PathWays Dual Care IN-S3 (PPO D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required.

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Frequently asked questions	Answers
<b>Where's UHC PathWays Dual Care IN-S3 (PPO D-SNP) available?</b>	<p>The service area for this plan includes: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley Counties, Indiana. You must live in one of these areas to join the plan.</p> <p>Call Customer Service 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
<b>What's prior authorization?</b>	<p>Prior authorization means an approval from UHC PathWays Dual Care IN-S3 (PPO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UHC PathWays Dual Care IN-S3 (PPO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC PathWays Dual Care IN-S3 (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 PathWays Dual Care IN-S3 (PPO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, 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> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this for help.</p>
<b>What's a referral?</b>	<p>A referral means that your Primary Medical Provider (PMP) or care team must give you approval to go to someone that isn't your PMP. A referral is different than a prior authorization. If you don't get a referral from your PMP UHC PathWays Dual Care IN-S3 (PPO D-SNP) may not cover the services. UHC PathWays Dual Care IN-S3 (PPO D-SNP) can provide you with a list of services that require you to get a referral from your PMP or care team before the service is provided.</p> <p>Refer to the <b>Evidence of Coverage</b> to learn more about when you'll need to get a referral from your PMP.</p> <p>PathWays has a list of services that members may access through a self-referral process. You can contact your care coordinator or UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service at <b>1-800-832-4643</b> for more information.</p>

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Frequently asked questions	Answers
<b>Do I pay a monthly amount (also called a premium) under UHC PathWays Dual Care IN-S3 (PPO D-SNP)</b>	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of UHC PathWays Dual Care IN-S3 (PPO D-SNP)?</b>	No. You don't pay deductibles in UHC PathWays Dual Care IN-S3 (PPO D-SNP).
<b>What's the maximum out-of-pocket amount that I will pay for medical services as a member of UHC PathWays Dual Care IN-S3 (PPO D-SNP)?</b>	<p>There's no cost sharing for medical services in UHC PathWays Dual Care IN-S3 (PPO D-SNP), so your annual out-of-pocket costs will be \$0.</p> <p>The maximum out-of-pocket that you will pay each year from is \$0 or \$13,900 for Medicare covered services and supplies received from any out-of-network provider.</p>

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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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need hospital care (continued on next page)</b>	Inpatient hospital	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.  May require your provider to get prior authorization. If you need support leading up to, or after your hospital stay, contact your Care Coordinator by calling Member Services at the numbers listed at the bottom of this page.
	Outpatient hospital services, including observation	\$0	Out-of-network: \$0 copay or 40% coinsurance  May require your provider to get prior authorization.
	Nursing facility and intermediate care facility services in institutions for mental diseases, age 65 and older	\$0	Intermediate Care Facility care is not covered for individuals with Intellectual Disabilities. Members receiving psychiatric treatment in a state hospital will be disenrolled from the program.
	Clinic services, by an organized facility or clinic not part of a hospital; free standing ambulatory surgical center (ASC) services	\$0	Out-of-network: \$0 copay or 40% coinsurance  May require your provider to get prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need hospital care (continued)</b>	Physician or surgeon care	\$0	May require your provider to get prior authorization.
<b>You're seeking a health care provider (continued on next page)</b>	Visits to treat an injury or illness	\$0	May require your provider to get prior authorization. Out-of-network: \$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	Out-of-network: \$0 copay or 40% coinsurance, 1 per year
	"Welcome to Medicare" (preventive visit one time only)	\$0	Out-of-network: \$0 copay or 40% coinsurance
	Primary care provider	\$0	Out-of-network: \$0 copay or 30% coinsurance
	Specialist care	\$0	Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Virtual medical visits	\$0	Talk with a network telehealth provider online through live audio and video.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You're seeking a health care provider (continued)</b>	Clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics	\$0	
<b>You need emergency care</b>	Emergency room services	\$0	Emergency room services must be provided OON and without prior authorization requirements.
	Urgent care	\$0	Urgent care services must be provided OON and without prior authorization requirements.
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Services must be ordered by a physician or other practitioner authorized to do so.  Out-of-network: \$0 copay or 40% coinsurance
	Lab tests and diagnostic procedures, such as blood work	\$0	Out-of-network: \$0 copay or 40% coinsurance  May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization.
	Hearing aids	\$0	<p>\$3,200 allowance for 2 hearing aids every 2 years</p> <ul style="list-style-type: none"> <li>• A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids</li> <li>• Access to one of the largest national networks of hearing professionals with more than 6,500 locations</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> <li>• Hearing aids purchased outside of UnitedHealthcare Hearing are not covered</li> </ul> <p>Benefit combined in and out-of-network. May require your provider to get prior authorization.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need dental care</b>	Preventive and comprehensive services	\$0	<p>\$5,000 allowance for all covered dental services</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures</p> <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Access to one of the largest national dental networks</li> <li>• Freedom to see any dentist</li> </ul> <p>May require your provider to get prior authorization.</p> <p>Benefit combined in and out-of-network</p>
	Restorative and emergency dental care	\$0	May require your provider to get prior authorization.
	Dentures	\$0	May require your provider to get prior authorization.
	Medical/surgical services of a dentist	\$0	May require your provider to get prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need eye care</b>	Eye exams	\$0	Out-of-network: \$0 copay or 30% coinsurance 1 every year May require your provider to get prior authorization.
	Glasses	\$0	Plan pays up to \$300 every year for 1 pair of lenses/frames and contacts. Benefit combined in and out-of-network
	Other vision care	\$0	
<b>You need mental health services</b>	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	\$0 copay per stay May require your provider to get prior authorization from the plan for in-network benefits.
	Psychologist services	\$0	
	Virtual mental health visits	\$0	\$0 copay to talk with a network telehealth provider online through live audio and video.
<b>You need substance use disorder services</b>	Rehabilitation services: mental health and substance use disorder services	\$0	May require your provider to get prior authorization. Out-of-network: \$0 copay or 30% coinsurance

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	\$0 copay per day: days 1–100, or \$0 copay per day: days 1–20 \$217 copay per day: days 21–100 May require your provider to get prior authorization.
	Nursing home care	\$0	
	Adult Family Care	\$0	
	Assisted Living	\$0	
	Opioid treatment program services	\$0	
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<p><b>You need help getting to health services</b></p>	<p>Ambulance services</p>	<p>\$0</p>	<p>Out-of-network: \$0 copay or 20% coinsurance for ground</p> <p>Out-of-network: \$0 copay or 20% coinsurance for air</p> <p>Your provider must obtain prior authorization for non-emergency.</p>
	<p>Emergency transportation</p>	<p>\$0</p>	
	<p>Non-emergency medical transportation</p>	<p>\$0</p>	
	<p>Routine transportation</p>	<p>\$0</p>	<p>Out-of-network: 75% coinsurance</p> <p>48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies. Benefit combined in and out-of-network.</p>
<p><b>You need drugs to treat your illness or condition (continued on next page)</b></p>	<p>Medicare Part B drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your provider in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Evidence of Coverage</b> for more information on these drugs.</p> <p>Out-of-network: \$0 copay or 20% coinsurance</p>

**If you have questions,** call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Medicare Part D drugs</p>	<p>All covered drugs: \$0 Some covered drugs are limited to a 30-day supply</p>	<p>Initial Coverage: 30-day or 100-day supply from a retail or mail order network pharmacy.</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>There may be limitations on the types of drugs covered. Please refer to UHC PathWays Dual Care IN-S3 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> 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>Over-the-counter (OTC) drugs</p>		<p>There may be limitations on the types of drugs covered. Please refer to UHC PathWays Dual Care IN-S3 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	May require your provider to get prior authorization.
	Medical equipment for home care	\$0	Out-of-network: \$0 copay or 20% coinsurance
	Dialysis services	\$0	Out-of-network: \$0 copay or 20% coinsurance
	Chiropractic services	\$0	Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization.
	Medical and remedial care- other practitioners	\$0	
	Religious non-medical health care institution and practitioner services	\$0	
	Speech, hearing and Language disorder services	\$0	Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization.
<b>You need foot care</b>	Podiatry services	\$0	4 visits per year. Out-of-network: \$0 copay or 30% coinsurance May require your provider to get prior authorization.
	Orthotic services	\$0	Out-of-network: \$0 copay or 20% coinsurance

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to <b>Chapter 4</b> of the <b>Evidence of Coverage</b>.</p>	Wheelchairs, crutches, and walkers	\$0	<p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>May require your provider to get prior authorization from the plan for in-network benefits.</p>
	Oxygen equipment and supplies	\$0	<p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>May require your provider to get prior authorization from the plan for in-network benefits.</p>
	Prosthetic devices	\$0	<p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>May require your provider to get prior authorization from the plan for in-network benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need help living at home (continued on next page)</b>	Home health services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	May require your provider to get prior authorization.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	
	Supports for caregivers that help you remain in the community (such as Caregiver Coaching, Respite, Integrative Health Care Coordination and Structured Family Caregiving)	\$0	
	Services to help you live on your own (home health care services, personal care attendant services and Personal Emergency Response Systems)	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Services to help you with meal preparation and nutrition (such as Home-Delivered Meals and Nutritional Supplements)	\$0	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.  May require your provider to get prior authorization.
	Vehicle Modification	\$0	
	Pest Control	\$0	
<b>Additional services (continued on next page)</b>	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"> <li>• Free gym membership at core and premium locations</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>

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](http://MyUHC.com/CommunityPlan).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Food, over-the-counter (OTC) and utility bill credit	\$0	<p>\$378 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid supplies, pain relievers and more</li> <li>• Buy healthy foods like fruits, 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>• Pay home utilities like electricity, heat, water and internet</li> <li>• Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more</li> <li>• If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance</li> </ul>

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Hospice care	\$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.
	Diabetes supplies and services	\$0	May require your provider to get prior authorization. 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.
	Radiation therapy	\$0	May require your provider to get prior authorization.

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
Additional services (continued)	Renal Dialysis	\$0	Out-of-network: \$0 copay or 20% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Waiver Case Management	\$0	

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 PathWays Dual Care IN-S3 (PPO D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

## D. Benefits covered outside of UHC PathWays Dual Care IN-S3 (PPO D-SNP)

There are some services that you can get that are not covered by UHC PathWays Dual Care IN-S3 (PPO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain mental health/behavioral health services such as Medicaid Rehabilitation Option services	\$0
Psychiatric Treatment in a State Hospital will result in disenrollment from the UHC PathWays Dual Care IN-S3 (PPO D-SNP)	\$0
Intermediate Care Facilities for Individuals with Intellectual Disabilities	\$0
Traumatic Brain Injury Waiver	\$0
Community Integration and Habilitation Waiver	\$0
Family Supports Waiver	\$0

## E. Services that UHC PathWays Dual Care IN-S3 (PPO D-SNP), Medicare, and Medicaid do not cover

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

### Services that UHC PathWays Dual Care IN-S3 (PPO D-SNP), Medicare, and Medicaid do not cover

Cosmetic surgery or procedures

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; 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 PathWays Dual Care IN-S3 (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 will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**. 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 Medical Provider (PMP) and change your PMP 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 PathWays Dual Care IN-S3 (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

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- 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 Indiana Office of Administrative Law at **1-800-457-8283** toll-free phone or you may file a petition for review by submitting an online form, located here: **[in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/](https://in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/)**. The UHC PathWays Dual Care IN-S3 (PPO D-SNP) website **[MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Appeal certain decisions made by the Indiana Office of Administrative Law or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can call UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsman at **1-800-622-4484**, Monday through Friday between the hours of 9 AM and 5 PM.

**If you have questions**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **[MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)**.

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

If you have a complaint or think UHC PathWays Dual Care IN-S3 (PPO D-SNP) should cover something we denied, call Customer Service at the numbers listed at the bottom of this. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage**. You can also call UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service at the numbers listed at the bottom of this page.

## **G. 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 provider, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service. Phone numbers are the numbers listed at the bottom of this page.
- The Indiana FSSA Program Integrity Hotline at **(800) 457-4515** or you may send an email to **ProgramIntegrity.FSSA@fssa.in.gov**. Or, call the Medicaid Customer Service Center at **1-800-403-0864**. For TTY needs, members may call **1-877-466-8722**.
- 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**, call UHC PathWays Dual Care IN-S3 (PPO D-SNP) at **1-800-832-4643**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; 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 your UnitedHealthcare UCard®, please call UHC PathWays Dual Care IN-S3 (PPO D-SNP) Customer Service:**



Toll-free **1-800-832-4643**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. Customer Service also has free language interpreter services available for non-English speakers.

### **TTY 711**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

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

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

Call your Primary Medical Provider (PMP). Follow your PMP's instructions for getting care when the office is closed. If your PMP's office is closed, you can also call UHC PathWays Dual Care NurseLine. A nurse will listen to your problem and tell you how to get care.

Example: urgent care, emergency room.



Toll-free **1-866-801-4407, (TTY 711)**

Available 24 hours a day, 7 days a week.

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



Toll-free **1-800-690-1606**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. UHC PathWays Dual Care IN-S3 (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 Oct–Mar; M–F Apr–Sept.