



Summary of Benefits 2026

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

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



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®**
Dual Complete

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NM-Y1. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete NM-Y1. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NM-Y1 for January 1, 2026 to December 31, 2026. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. To review the **Evidence of Coverage** (EOC) online, visit [myUHC.com/CommunityPlan](https://myuhc.com/CommunityPlan). If you would like a print copy, call UHC Dual Complete NM-Y1 (PPO D-SNP) Customer Service at the number of the bottom of this page.

- UHC Dual Complete NM-Y1 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- For more information about Medicare, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- 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 Member Services number at **1-866-393-0208** for additional information (TTY users should call 711). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a comunicarse con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o puedes solicitar un intérprete. Comuníquese con nuestro número de Servicios para Miembros al **1-866-393-0208** para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario de atención es de 8 a 20 horas. a 8 p.m.: los 7 días de la semana, de octubre a marzo; Lunes a viernes, abril a septiembre.
- Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete NM-Y1 (PPO D-SNP) Member Services at the number at the bottom of this page.

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Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market.

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, 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. Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

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.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p>What is a UHC Dual Complete D-SNP?</p>	<p>A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Turquoise Care. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and prescription drugs under the Turquoise Care program.</p>
<p>Will I get the same Medicare and Turquoise Care benefits in UHC Dual Complete NM-Y1 that I get now?</p>	<p>You'll get most of your covered Medicare and Turquoise Care benefits directly from UHC Dual Complete NM-Y1. 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 provider and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Complete NM-Y1, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D drugs that UHC Dual Complete NM-Y1 doesn't normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Complete NM-Y1 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

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

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

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

Frequently asked questions	Answers
What's a UHC Dual Complete NM-Y1 care coordinator?	A UHC Dual Complete NM-Y1 care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete NM-Y1's network can provide it?	<p>Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Complete NM-Y1 will cover services provided by an out-of-network provider.</p> <p>If you have questions about whether prior authorization is required for specific services call the Member Services at the numbers listed at the bottom of this page.</p>
Where's UHC Dual Complete NM-Y1 available?	<p>The service area for this plan includes: Bernalillo, Catron, Chaves, Cibola, Colfax, DeBaca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, Mora, Otero, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, and Valencia counties. You must live in these counties to join the plan.</p> <p>*Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>

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Frequently asked questions	Answers
What's prior authorization?	<p>Prior authorization means an approval from UHC Dual Complete NM-Y1 to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete NM-Y1 may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC Dual Complete NM-Y1 can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NM-Y1 before the service is provided.</p> <p>Refer to Chapter 3, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
What's a referral?	<p>A referral means that your care team must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, Turquoise Care may not cover the services. Turquoise Care can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p> <p>Refer to the Evidence of Coverage to learn more about when you'll need to get a referral from your care team.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NM-Y1?	<p>No. Because you have Turquoise Care you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
Do I pay a deductible as a Member of UHC Dual Complete NM-Y1?	Your medical deductible is \$0 or \$283 combined in and out-of-network.

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Frequently asked questions	Answers
What is the maximum out-of-pocket amount that I'll pay for medical services as an member of UHC Dual Complete NM-Y1?	<p>There's no cost sharing for covered medical services in UHC Dual Complete NM-Y1, 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>

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits. Such services are funded in part with the State of New Mexico.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	<p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>Out-of-network: \$0 copay or \$1,640 copay per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Your provider may need to request prior authorization.</p>
	Outpatient hospital services including observation	\$0	<p>Out-of-network: \$0 copay or 40% coinsurance</p> <p>Your provider may need to request prior authorization.</p>
	Ambulatory surgical center (ASC) services	\$0	<p>Out-of-network: \$0 copay or 40% coinsurance</p> <p>Your provider may need to request prior authorization.</p>
	Doctor or surgeon care	\$0	<p>Out-of-network: \$0 copay or 40% coinsurance</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 want a doctor	Visits to treat an injury or illness	\$0	\$0 copay or 30% coinsurance
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	\$0 copay or 30% coinsurance
	Wellness visits, such as a physical	\$0	Out-of-network: 40% coinsurance, 1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	\$0 copay or 30% coinsurance
	Specialist care	\$0	Out-of-network: \$0 copay or 30% coinsurance Your provider may need to request prior authorization.
Nurse Hotline		\$0	833-890-3050 Speak with a registered nurse (RN) 24 hours a day, 7 days a week, 365 days a year.
You need emergency care	Emergency room services	\$0	\$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs
	Urgent care	\$0	\$0 copay (worldwide) per visit
You need medical tests (continued on next page)	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Out-of-network: \$0 copay or 40% coinsurance Your provider may need to request prior authorization.

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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 medical tests (continued)	Lab tests and diagnostic procedures, such as blood work	\$0	Out-of-network: \$0 copay or 40% coinsurance Your provider may need to request prior authorization.
You need hearing/auditory services	Hearing screenings	\$0	1 per year Out-of-network: 30% coinsurance for a routine hearing exam to help support hearing health* Your provider may need to request prior authorization.
	Hearing aids		<p>\$2,200 allowance for 2 hearing aids every 2 years.</p> <ul style="list-style-type: none"> • A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing Aids purchased outside of UnitedHealthcare Hearing are not covered. <p>Your provider may need to request prior authorization.</p>

*Benefits are combined in and out-of-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	<p>\$3,000 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"> • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist <p>Your provider may need to request prior authorization.</p>
	Restorative and emergency dental care	\$0	<p>Reconstructive surgery for the correction of disorders that result from accidental injury, congenital defects or disease. Emergency dental care services to control pain, bleeding or infection are covered by your Turquoise Care plan.*</p>
You need eye care	Eye exams	\$0	<p>1 per year</p> <p>Out-of-network: \$0 copay or 30% coinsurance*</p> <p>Your provider may need to request prior authorization.</p>
	Glasses or contact lenses	\$0	<p>Plan pays up to \$200 every year for 1 pair of lenses/frames or contacts.*</p>
	Other vision care	\$0	<p>Out-of-network: 30% coinsurance, 1 per 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)
You need behavioral health services	Behavioral health services	\$0	Out-of-network: \$0 copay or 30% coinsurance Your provider may need to request prior authorization.
You need a substance use disorder services	Substance use disorder services	\$0	Out-of-network: \$0 copay or 30% coinsurance Your provider may need to request prior authorization.
You need a place to live with people available to help you	Skilled nursing facility (SNF) (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.	\$0	\$0 copay per day: days 1–100, or \$0 copay per day: days 1–20 \$217 copay per day: days 21–100 Your provider may need to request prior authorization.
	Nursing home care	\$0	\$0 copay per day: days 1–100
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Out-of-network: \$0 copay or 30% coinsurance Your provider may need to request prior authorization.

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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 getting to health services</p>	<p>Ambulance services</p>	<p>\$0</p>	<p>\$0 copay or 20% coinsurance for ground \$0 copay or 20% coinsurance for air Your provider must obtain prior authorization for non-emergency transportation.</p>
	<p>Emergency transportation</p>	<p>\$0 copay for ground \$0 copay for air</p>	
	<p>Routine Transportation</p>	<p>\$0</p>	<p>24 one-way trips per year to or from approved locations, such as medically related appointments, gyms and pharmacies. Out-of-network: 75% coinsurance* Routine transportation not for use in emergencies.</p>
<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, chemotherapy drugs, Part B covered insulin, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs. \$0 copay or 20% coinsurance Your provider may need to request prior authorization.</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 prescription drugs</p>	<p>\$0 copay, 30-day or 100-day supply from a retail or mail order network pharmacy</p> <p>(Some covered drugs are limited to a 30 day supply)</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>Copays for drugs may vary based on the Extra Help you may receive. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s List of Covered Drugs (Drug List) for more information.</p> <p>Once you or others on your behalf pay \$2,100 you’ve reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Evidence of Coverage for more information on this stage.</p> <p>You pay a maximum of \$0 for each 1-month supply of Part D covered insulin.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NM-Y1’s 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)
You need help getting better or have special health needs	Rehabilitation services	\$0	Out-of-network: \$0 copay or 30% coinsurance Your provider may need to request prior authorization.
	Medical equipment for home care	\$0	Out-of-network: \$0 copay or 20% coinsurance Your provider may need to request prior authorization.
	Dialysis services	\$0	Out-of-network: \$0 copay or 20% coinsurance for Medicare-covered benefits. Your provider may need to request prior authorization.
You need foot care	Podiatry services	\$0	Routine foot care — 4 visits per year Out-of-network: \$0 copay or 30% coinsurance* Your provider may need to request prior authorization.
	Orthotic services	\$0	Out-of-network: \$0 copay or 20% coinsurance Your provider may need to request prior authorization.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Evidence of Coverage.</p>	Wheelchairs, crutches, and walkers	\$0	Out-of-network: \$0 copay or 20% coinsurance Your provider may need to request prior authorization.
	Nebulizers	\$0	Out-of-network: \$0 copay or 20% coinsurance Your provider may need to request prior authorization.
	Oxygen equipment and supplies	\$0	Out-of-network: \$0 copay or 20% coinsurance Your provider may need to request prior authorization.
<p>You need help living at home (continued on next page)</p>	Day habilitation services	\$0	Your provider may need to request prior authorization.

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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 State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s 1951(i) ADHP program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Have chronic conditions as certified by a licensed physician or APRN and meet the “level of care” established for ADHP services
	<p>Home health services</p>	<p>\$0</p>	<p>Contact your care team to learn about how you can connect to ADHP services.</p> <p>Your provider may need to request prior authorization.</p> <p>Combined with OTC credit benefit amount.</p> <p>Your provider may need to request prior authorization.</p>
	<p>Home modifications such as grab bars</p>	<p>\$0</p>	<p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>Your provider may need to request prior authorization.</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)	Services to help you live on your own (home health care services or personal care aide services (PCA))	\$0	<p>To be eligible to use PCA services you must:</p> <ul style="list-style-type: none"> • Be eligible for and enrolled in the State’s EPD waiver program, OR • Meet the following criteria to enroll in the State’s stat plan PCA program: <ul style="list-style-type: none"> – Be a resident of New Mexico – Be a U.S. citizen or hold legal immigration status – Be eligible to receive Turquoise Care with an income of less than 100% FPL – Require assistance with activities of daily living AND meet the “level of care” established for PCA services <p>Contact your care team to learn about how you can connect to PCA services. Your provider may need to request prior authorization.</p>

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Personal emergency response system (PERS)			<p>Personal Emergency Response Systems (PERS) are available to Dual Eligible Medicaid members who meet the Nursing Facility level of care requirements.</p> <p>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.</p>
Additional services (continued on next page)	Chiropractic services	\$0	<p>Medicare-covered chiropractic care</p> <p>(manual manipulation of the spine to correct subluxation)</p> <p>Out-of-network: \$0 copay or 30% coinsurance</p> <p>Your provider may need to request prior authorization.</p>

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetes supplies and services	\$0	<p>We only cover Contour® and Accu-Chek® brands.</p> <p>Other brands are not covered by your plan.</p> <p>Covered glucose monitors include:</p> <p>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.</p> <p>All trademarks are property of their respective owners.</p> <p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>Your provider may need to request prior authorization.</p>
	Prosthetic services	\$0	<p>Out-of-network: \$0 copay or 20% coinsurance</p> <p>Your provider may need to request prior authorization.</p>
	Radiation therapy	\$0	<p>\$0 copayment or 20% coinsurance for each Medicare-covered radiation therapy service.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p> <p>Your provider may need to request prior authorization.</p>

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Services to help manage your disease	\$0	Your provider may need to request prior authorization.
	Meal Benefit	\$0	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay. Your provider may need to request prior authorization.
	Hospice	\$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.
	Fitness program	\$0 copay for fitness program	Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no cost and includes: <ul style="list-style-type: none"> • Free gym membership • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Food, over-the-counter (OTC) and utility bill credit</p>		<p>\$142 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"> • 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 use an out-of-network provider for in-home services, weight management coaching <p>Your provider may need to request prior authorization.</p>	

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete NM-Y1 **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit myuhc.com/communityplan.

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

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

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

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

E. Services that UHC Dual Complete NM-Y1, Medicare, and Turquoise Care do not cover

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

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

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

F. Your rights as a member of the plan

As a member of UHC Dual Complete NM-Y1, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services.

We'll 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 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 coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. UHC Dual Complete NM-Y1 will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that 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

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

- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with the NM Health Care Authority at [yes.nm.gov](https://www.yes.nm.gov) or call **1-800-283-4465**, TTY **711**
 - Appeal certain decisions made by NM Health Care Authority or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

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

You can also call the contact the New Mexico Ombudsman Program at 1-800-432-2080, TTY 711, Monday–Friday 8 a.m.–5 p.m. MT. Members may also contact the Ombudsman by email at NM_Ombudsman@uhc.com.

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

If you have a complaint or think UHC Dual Complete NM-Y1 should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage**. You can also call UHC Dual Complete NM-Y1 Member Services at the numbers listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

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

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
P.O. Box 6106
MS CA120-0368
Cypress, CA 90630-0016

H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Complete NM-Y1 Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at **1-800-263-4465**. TTY users may call **711**.
- Or, call New Mexico Health Care Authority at **yes.nm.gov** or call **1-800-283-4465**, 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.
- Or, call the New Mexico Health Care Authority Office of Inspector General at **1-800-228-4802**. TTY users may call 711 to report fraud. You may also submit a report online at https://www.hca.nm.gov/lookingforassistance/report_fraud/.

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

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



Call 1-866-393-0208

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

TTY 711

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

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 our Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, or emergency room). You can contact Member Services for the Nurse Line at:



1-888-950-1169

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. UHC Dual Complete NM-Y1 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.

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



1-800-496-5841

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. UHC Dual Complete NM-Y1 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.