



Summary of Benefits 2026

UHC Dual Complete TX-Y1 (HMO-POS D-SNP)
H3868-001-000

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



UHCCommunityPlan.com



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 TX-Y1 (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete TX-Y1 (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete TX-Y1 (HMO-POS D-SNP) for 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983 (TTY 7-1-1)**, 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com**.

- Under UHC Dual Complete TX-Y1 (HMO-POS D-SNP) you can get your Medicare and Texas Medicaid services in one health plan. A UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator will help manage your health care needs.
- 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 **1-877-486-2989**, 8 a.m.–5 p.m., Monday through Friday.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the **Member Handbook**.
- Neither Medicare nor Texas Medicaid has reviewed or endorsed this information.
- Limitations, copays and restrictions may apply. For more information, call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services or read the UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Handbook.
- Benefits, features and/or devices may vary by plan/area.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.
- Copays for prescription drugs may vary based on if you are receiving Extra Help. Please contact the plan for more details.
- We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m.–8 p.m. Monday–Friday.
- For more information about STAR+PLUS you can check the STAR+PLUS Medicaid program website **hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus** or contact the HHS Office of the Ombudsman at **866-566-8989** or TTY: **800-735-2989**, 8 a.m.–5 p.m., Monday through Friday.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-944-4983 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F. The call is free.
- ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

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- XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-944-4983 (TTY 711), 8 a.m.–8 p.m. local time, M–F. The call is free.**
- This document is available for free in Spanish.
- You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service/Member Engagement Center number or see your Evidence of Coverage for more information.
- Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

UHC Dual Complete TX-Y1 (HMO-POS 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.

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. Dental network size based on Zelis Network360, May 2023.

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.

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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.

Rewards Program

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

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p>What's an integrated D-SNP?</p>	<p>An integrated dual eligible special needs plan (D-SNP) is where full-benefit dually eligible members will receive both their Medicare and Medicaid services from a single health care organization. An integrated D-SNP Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. An integrated D-SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Service Coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
<p>Will I get the same Medicare and Texas Medicaid benefits in UHC Dual Complete TX-Y1 (HMO-POS D-SNP) that I get now?</p>	<p>You'll get most of your covered Medicare and Texas Medicaid benefits directly from UHC Dual Complete TX-Y1 (HMO-POS 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 Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from UHC Dual Complete TX-Y1 (HMO-POS D-SNP), but you may get some benefits the same way you do now from STAR+PLUS Texas Medicaid.</p> <p>When you enroll in UHC Dual Complete TX-Y1 (HMO-POS D-SNP), you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that UHC Dual Complete TX-Y1 (HMO-POS D-SNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UHC Dual Complete TX-Y1 (HMO-POS D-SNP) to cover your drug, if medically necessary.</p>

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY 7-1-1), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
Can I use 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 TX-Y1 (HMO-POS 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 members of our plan and provide services our plan covers. You must use the providers in UHC Dual Complete TX-Y1 (HMO-POS D-SNP)’s network. 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 Complete TX-Y1 (HMO-POS D-SNP)’s plan. • If UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is new for you, you can continue using the doctors you use now for 90 days. • If you’re currently under treatment with a provider that’s out of our network or have an established relationship with a provider that’s out of our network, call Member Services to check about staying connected. <p>To find out if your doctors are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete TX-Y1 (HMO-POS D-SNP)’s Provider and Pharmacy Directory on the plan’s website at UHCCommunityPlan.com.</p> <p>If UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is new for you, we’ll work with you to develop an Individual Service Plan to address your needs.</p>
What is a UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator?	<p>A UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Service Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.</p>

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983 (TTY 7-1-1)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
What are long-term services and supports (LTSS)?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, 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.
What happens if I need a service but no one in UHC Dual Complete TX-Y1 (HMO-POS D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a covered service that can't be provided within our network, UHC Dual Complete TX-Y1 (HMO-POS D-SNP) will pay for the cost of an out-of-network provider.
Where's UHC Dual Complete TX-Y1 (HMO-POS D-SNP) available?	The service area for this plan includes: Harris County, Texas. You must live in this area to join the plan.
What is prior authorization?	<p>Prior authorization means an approval from UHC Dual Complete TX-Y1 (HMO-POS 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 Complete TX-Y1 (HMO-POS 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 Complete TX-Y1 (HMO-POS 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 Complete TX-Y1 (HMO-POS D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>

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Frequently asked questions	Answers
What's a referral?	<p>A referral means that your primary care provider (PCP) 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 PCP, we may not cover the services. We can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the Member Handbook to learn more about when you'll need to get a referral from your PCP.</p>
Do I pay a monthly amount (also called a premium) under UHC Dual Complete TX-Y1 (HMO-POS D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible?	No. You don't pay deductibles in UHC Dual Complete TX-Y1 (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete TX-Y1 (HMO-POS D-SNP)?	There's no cost sharing for medical services in UHC Dual Complete TX-Y1 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.

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C. List of covered services

The following table is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	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	Our plan covers an unlimited number of days for an inpatient hospital 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. Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Outpatient hospital services, including observation	\$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Ambulatory surgical center (ASC) services	\$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Doctor or surgeon care	\$0	Requires a referral from your doctor. 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)
You need medical tests	Visits to treat an injury or illness	\$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Wellness visits, such as a physical	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
You need emergency care	Emergency room services	\$0	Worldwide Emergency Coverage. You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	Worldwide Urgent Coverage. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out-of-network and no authorization is needed.

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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)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Lab tests and diagnostic procedures, such as blood work	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need hearing/auditory services	Hearing screenings	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Hearing aids	\$0	<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), high-value 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>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)
You need dental care	Dental check-ups and preventive care	\$0	\$2,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures <ul style="list-style-type: none"> • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist May require your provider to get prior authorization from the plan for in-network benefits.
	Preventive and comprehensive services	\$0	\$2,500 allowance for all covered dental services \$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures <ul style="list-style-type: none"> • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist
	Restorative and emergency dental care	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need eye care	Eye exams	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Glasses or contact lenses	\$0	Plan pays up to \$200 every year for 1 pair of lenses/frames and contacts.
	Other vision care	\$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)
You need mental or behavioral health services	Mental or behavioral health services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need substance use disorder services	Substance use disorder services	\$0	May require your provider to get prior authorization from the plan for in-network 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). Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
	Nursing home care	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Requires a referral from your doctor. 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)
<p>You need help getting to health services</p>	<p>Ambulance services</p> <p>Your provider must obtain prior authorization for non-emergency transportation.</p>	<p>\$0</p>	<p>\$0 copay for ground</p> <p>\$0 copay for air</p> <p>Requires a referral from your doctor.</p> <p>May require your provider to get prior authorization from the plan for in-network benefits.</p>
	<p>Emergency transportation</p>	<p>\$0</p>	
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies.</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, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier</p>	<p>\$0 copay for a 30-day supply of Tier 1 preferred generic drugs Copays for prescription drugs may vary based on if you are receiving Extra Help. 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 TX-Y1 (HMO-POS D-SNP)'s List of Covered Drugs (Drug List) for more information.</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> <p>If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage.</p> <p>If you do qualify for Low-Income Subsidy (LIS) you pay:</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 problem	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>			<ul style="list-style-type: none"> 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>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 Member Handbook for more information on this stage.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</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 List of Covered Drugs (Drug List) for more information.</p>
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>May require your provider to get prior authorization from the plan for in-network benefits.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>May require your provider to get prior authorization from the plan for in-network benefits.</p>
	<p>Dialysis services</p>	<p>\$0</p>	<p>Requires a referral from your doctor.</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)
You need foot care	Podiatry services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Orthotic services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need durable medical equipment (DME)	Wheelchairs, crutches, and walkers	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Nebulizers	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Oxygen equipment and supplies	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need help living at home	Home health services	\$0	Requires a referral from your doctor. 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 from the plan for in-network benefits.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY 7-1-1), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Health need or problem	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	May require your provider to get prior authorization from the plan for in-network benefits.
	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: 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>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)
Additional services (continued)	OTC, healthy food, utilities + wellness support	\$185 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members	<p>Choose from thousands of OTC products, like first aid supplies, pain relievers and more</p> <p>Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water</p> <p>Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you</p> <p>Pay home utilities like electricity, heat, water and internet</p> <p>Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more</p>
	Prosthetic services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Radiation therapy	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Services to help manage your disease	\$0	
	Home Telemonitoring for Certain Chronic Diseases	\$0	
	Non-emergency transportation	\$0	36 one-way trips/plan approved locations
	Adaptive Aids and Medical Supplies	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Cognitive Rehabilitation Therapy	\$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)
Additional services (continued)	Fitness program	\$0	<p data-bbox="1050 463 1486 646">\$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:</p> <ul data-bbox="1066 657 1503 1067" style="list-style-type: none"> <li data-bbox="1066 657 1503 733">• Free gym membership at core locations <li data-bbox="1066 743 1503 851">• Access to a large national network of gyms and fitness locations <li data-bbox="1066 862 1503 980">• On-demand workout videos and live streaming fitness classes <li data-bbox="1066 991 1503 1067">• Online memory fitness activities

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Home and Community-Based Services (HCBS)	Respite Care (short-term care)	\$0	
	Adult Foster Care	\$0	
	Employment Assistance	\$0	
	Financial Management Services	\$0	
	Home Delivered Meals	\$0	
	Minor Home Modifications	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Hearing therapy	\$0	
	Support Consultation (optional service that offers practical skills training and assistance)	\$0	
	Supported Employment Services (assistance provided to sustain competitive employment)	\$0	
	Transition Assistance Services	\$0	
Community First Choice (CFC) services (for eligible members)	Personal Assistance Services (PAS)	\$0	
	Habilitation Services	\$0	
	Emergency Response Services (ERS)	\$0	
	Support Management (training for members/authorized representatives on how to manage and dismiss their attendants)	\$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)
Day Activity and Health Services (DAHS)	Nursing and personal assistance services	\$0	
	Therapy extension services	\$0	
	Nutrition services	\$0	
	Transportation services	\$0	
	Other supportive personal assistance services	\$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 Dual Complete TX-Y1 (HMO-POS D-SNP) **Member Handbook**. If you don't have a **Member Handbook**, call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) 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 **UHCCommunityPlan.com**.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

There are some services that you can get that aren't covered by UHC Dual Complete TX-Y1 (HMO-POS D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't 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, Medicaid, or a State Agency	Your Costs
Some hospice care services	\$0
Pre-admission screening and resident review (PASRR)	\$0

E. Services that UHC Dual Complete TX-Y1 (HMO-POS D-SNP), Medicare and Medicaid don't cover

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

Services UHC Dual Complete TX-Y1 (HMO-POS D-SNP), Medicare and Medicaid don't cover

Services considered not "reasonable and necessary," according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.

Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.

Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.

A private room in a hospital, except when it is medically needed.

Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Chiropractic care, other than diagnostic X-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Texas Medicaid coverage guidelines.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY 7-1-1), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

F. Your rights as a member of the plan

As a member of UHC Dual Complete TX-Y1 (HMO-POS 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 **Member 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 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 service 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.
 - Ask for a second opinion. UHC Dual Complete TX-Y1 (HMO-POS 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 does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983 (TTY 7-1-1)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- 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 approval (PA) 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.
 - Ask for an Independent Medical Review of Medicaid services or items that are medical in nature.
 - Appeal certain decisions made by our providers.
 - Ask for a State Fair Hearing.
 - If you've tried to resolve your complaint with UHC Dual Complete TX-Y1 (HMO-POS D-SNP) and believe the matter remains unresolved, you can contact the Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read **Chapter 9** of the UHC Dual Complete TX-Y1 (HMO-POS D-SNP) **Member Handbook**. If you have questions, you can also call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medicaid at 1-866-566-8989, TTY 711, 8 a.m.–5 p.m. local time, Monday–Friday.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

If you have a complaint or think UHC Dual Complete TX-Y1 (HMO-POS D-SNP) 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 UHC Dual Complete TX-Y1 (HMO-POS D-SNP) **Member Handbook**. You can also call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103 MS CA120-0360
Cypress, CA 90630

For Part D or Texas Medicaid drug appeals only:

UnitedHealthcare Community Plan
Attn: Part D/Texas Medicaid Standard Appeals
P.O. Box 6103 MS CA120-0368
Cypress, CA 90630

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 TX-Y1 (HMO-POS D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-512-424-6500. TTY users may call 1-512-424-6597.
- 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.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983 (TTY 7-1-1)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.