

# Summary of Benefits 2027

UHC Dual Choice DC-YL1 (HMO D-SNP)

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



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Call toll-free **1-866-242-7726**, TTY **711**

8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept



# Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Choice DC-YL1 (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as an enrollee of UHC Dual Choice DC-YL1 (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Enrollee Handbook**.

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**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit **[myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan)**.

## A. Disclaimers



This is a summary of health services covered by UHC Dual Choice DC-YL1 (HMO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Enrollee Handbook** for the full list of benefits. You can view the **Enrollee Handbook** on our website at [myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan). If you would like a print copy, call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services at the number listed at the bottom of this page.

UHC Dual Choice DC-YL1 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and with District Medicaid.

For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about UHC Dual Choice DC-YL1 (HMO D-SNP), you can check the DC Department of Health Care Finance website at [www.dhcf.dc.gov/page/district-dual-choice-d-snps](https://www.dhcf.dc.gov/page/district-dual-choice-d-snps), contact the DC Office of Health Care Ombudsman and Bill of Rights at 202-724-7491, TTY 711, Monday-Friday 9 a.m.-4:45 p.m., or contact the DC State Health Insurance Assistance Program (SHIP) at 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.-4:30 p.m.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-866-242-7726** and TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.

This document is available for free in Spanish and Amharic.

To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services at the number at the bottom of this page.

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

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

**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. 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 and wellness support benefits have expiration timeframes. Review your **Enrollee Handbook** for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's a UHC Dual Choice D-SNP?</b>                                                                                                             | A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and DC Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the DC Medicaid program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-YL1 (HMO D-SNP) that I get now?</b><br>(continued on the next page) | <p>You'll get most of your covered Medicare and DC Medicaid benefits directly from UHC Dual Choice DC-YL1 (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a District agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Choice DC-YL1 (HMO D-SNP), you and your Care Team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that UHC Dual Choice DC-YL1 (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for UHC Dual Choice DC-YL1 (HMO D-SNP) to cover your drug if medically necessary. For more information, call Enrollee Services at the numbers listed at the bottom of this page.</p> <p>If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in UHC</p> |

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY 711, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit [myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan).

| Frequently asked questions                                                                                              | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-YL1 (HMO D-SNP) that I get now? (continued) | Dual Choice DC-YL1 (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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 Choice DC-YL1 (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <p>Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept enrollees of our plan and provide services our plan covers. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</p> <ul style="list-style-type: none"> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Choice DC-YL1 (HMO D-SNP)’s plan.</li> <li>• If you are currently under treatment with a provider that is out of UHC Dual Choice DC-YL1 (HMO D-SNP)’s network you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Choice DC-YL1 (HMO D-SNP)’s provider network, through a transitional period until the course of treatment is concluded or for 30 days, whichever is longer. Call Enrollee Services for more information about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Enrollee Services at the numbers listed at the bottom of this page or read UHC Dual Choice DC-YL1 (HMO D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b><a href="https://myUHC.com/CommunityPlan">myUHC.com/CommunityPlan</a></b>.</p> <p>If UHC Dual Choice DC-YL1 (HMO D-SNP) is new for you, we’ll work with you to develop an Individualized Plan of Care to address your needs.</p> |

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| Frequently asked questions                                                                                         | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's a UHC Dual Choice DC-YL1 (HMO D-SNP) care navigator?</b>                                                 | A UHC Dual Choice DC-YL1 (HMO D-SNP) care navigator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.                                                                                                                                                                                                                                                    |
| <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. 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, other agency may administer these services, and your care navigator or care team will work with that agency.               |
| <b>What happens if I need a service but no one in UHC Dual Choice DC-YL1 (HMO 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 Dual Choice DC-YL1 (HMO D-SNP) will pay for the cost of an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat Plan enrollees, except in emergency situations. Please call our Enrollee Services number or see your <b>Enrollee Handbook</b> for more information. |
| <b>Where's UHC Dual Choice DC-YL1 (HMO D-SNP)'s available?</b>                                                     | <p>The service area for this plan includes:<br/>Washington: District of Columbia. You must live in this area to join the plan.</p> <p>Call Enrollee Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>                                                                                                                                                     |
| <b>What's prior authorization?<br/>(continued on the next page)</b>                                                | Prior authorization means that you must get an approval from UHC Dual Choice DC-YL1 (HMO 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 Dual Choice DC-YL1 (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.                                                                               |

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| Frequently asked questions                                                                         | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's prior authorization?</b><br>(continued)                                                  | <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 Dual Choice DC-YL1 (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Choice DC-YL1 (HMO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <b>Enrollee Handbook</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Enrollee Handbook</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 Enrollee Services for help.</p> |
| <b>What's a referral?</b>                                                                          | <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, UHC Dual Choice DC-YL1 (HMO D-SNP) may not cover the services. UHC Dual Choice DC-YL1 (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the Enrollee Handbook to learn more about when you'll need to get a referral from your PCP.</p>                                                                                                                     |
| <b>Do I pay a monthly amount (also called a premium) under UHC Dual Choice DC-YL1 (HMO D-SNP)?</b> | No. Because you have DC 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 an enrollee of UHC Dual Choice DC-YL1 (HMO D-SNP)?</b>                 | No. You don't pay deductibles in UHC Dual Choice DC-YL1 (HMO D-SNP).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| Frequently asked questions                                                                                                              | Answers                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's the maximum out-of-pocket amount that I'll pay for medical services as an enrollee of UHC Dual Choice DC-YL1 (HMO D-SNP)?</b> | There's no cost-sharing for medical services in UHC Dual Choice DC-YL1 (HMO 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 concern                            | Services you may need                                                                    | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hospital care</b>                     | Inpatient hospital stay*                                                                 | \$0                                 | Except in an emergency, your health care provider must tell the plan of your hospital admission.<br><br>Our plan covers an unlimited number of days for an inpatient hospital stay. |
|                                                   | Outpatient hospital services including observation*                                      | \$0                                 |                                                                                                                                                                                     |
|                                                   | Ambulatory surgical center (ASC) services*                                               | \$0                                 |                                                                                                                                                                                     |
|                                                   | Doctor or surgeon care*                                                                  | \$0                                 |                                                                                                                                                                                     |
| <b>You want a doctor (continued on next page)</b> | Visits to treat an injury or illness                                                     | \$0                                 |                                                                                                                                                                                     |
|                                                   | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0                                 |                                                                                                                                                                                     |
|                                                   | Wellness visits, such as a physical                                                      | \$0                                 | 1 per year                                                                                                                                                                          |
|                                                   | "Welcome to Medicare"                                                                    | \$0                                 |                                                                                                                                                                                     |

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| Health need or concern                    | Services you may need                                                                                                 | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                            |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>You want a doctor (continued)</b>      | (preventive visit one time only)                                                                                      |                                     |                                                                                                                                   |
|                                           | Specialist care <sup>*1</sup>                                                                                         | \$0                                 | Requires a referral from your doctor.                                                                                             |
| <b>You need emergency care</b>            | Emergency room services                                                                                               | \$0                                 | \$0 copay per visit.<br>For emergency and urgent care services, prior authorization is not required for out-of-network providers. |
|                                           | Urgent care                                                                                                           | \$0                                 |                                                                                                                                   |
| <b>You need medical tests</b>             | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) <sup>*</sup> | \$0                                 |                                                                                                                                   |
|                                           | Lab tests and diagnostic procedures, such as blood work <sup>*</sup>                                                  | \$0                                 |                                                                                                                                   |
| <b>You need hearing/auditory services</b> | Hearing aids                                                                                                          | \$0                                 |                                                                                                                                   |
|                                           | Hearing screenings <sup>*</sup>                                                                                       | \$0                                 | 1 per year<br>Other hearing exam providers are available in the UnitedHealthcare network.                                         |

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| Health need or concern                                                   | Services you may need                         | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)          |
|--------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------|
| <b>You need dental care</b>                                              | Dental check-ups and preventive care          | \$0                                 |                                                                                 |
|                                                                          | Restorative and emergency dental care         | \$0                                 |                                                                                 |
| <b>You need eye care</b>                                                 | Eye exams*                                    | \$0                                 |                                                                                 |
|                                                                          | Glasses or contact lenses                     | \$0                                 |                                                                                 |
|                                                                          | Other vision care                             | \$0                                 |                                                                                 |
| <b>You need behavioral health services</b>                               | Behavioral health services*                   | \$0                                 |                                                                                 |
| <b>You need a substance use disorder services</b>                        | Substance use disorder services*              | \$0                                 |                                                                                 |
|                                                                          | Skilled nursing care*                         | \$0                                 | Our plan covers up to 100 days in a SNF.                                        |
| <b>You need a place to live with people available to help you</b>        | Nursing home care*                            | \$0                                 |                                                                                 |
|                                                                          | Adult Foster Care and Group Adult Foster Care | \$0                                 |                                                                                 |
| <b>You need therapy after a stroke or accident</b>                       | Occupational, physical, or speech therapy*    | \$0                                 |                                                                                 |
| <b>You need help getting to health services (continued on next page)</b> | Ambulance services                            | \$0                                 | Your provider must obtain prior authorization for non-emergency transportation. |
|                                                                          | Emergency transportation                      | \$0                                 |                                                                                 |

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| Health need or concern                                                            | Services you may need                               | Your costs for in-network providers                                                                                                                                                                                                                                                                                                                                                                                                               | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help getting to health services (continued)</b>                       | Transportation to medical appointments and services | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                               | Routine transportation not for use in emergencies.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>You need drugs to treat your illness or condition (continued on next page)</b> | Medicare Part B drugs*                              | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.<br><br>Read the Enrollee Handbook for more information on these drugs.                                                                                                                                                                                                                                                                              |
|                                                                                   | Medicare Part D drugs                               | <p>If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Enrollee Handbook.</p> <p>If you do qualify for Low Income Subsidy (LIS) you pay:</p> <p>Initial Coverage:</p> <p>In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,400, which includes the amount you paid towards your</p> | <p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-YL1 (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.</p> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.</p> <p>An extended day supply is only available at a subset of the retail or mail order network pharmacy.</p> <p>You pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month</p> |

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| Health need or concern                                               | Services you may need        | Your costs for in-network providers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition (continued)</b> |                              | deductible, you move to the Catastrophic Coverage stage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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.<br><br>Catastrophic Coverage: Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. |
|                                                                      |                              | <p>Drug Coverage 30-day or 100-day supply from a retail network pharmacy. (Enrollees 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>Generic (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>• \$0, \$1.65, or \$5.80 copay</li> <li>• Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)</li> </ul> <p>All other drugs:</p> <ul style="list-style-type: none"> <li>• \$0, \$5, or \$14.40 copay</li> <li>• Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)</li> </ul> <p>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> |                                                                                                                                                                                                                                                                                                            |
|                                                                      | Over-the-counter (OTC) drugs | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | There may be limitations on the types of drugs covered. Please refer to                                                                                                                                                                                                                                    |

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| Health need or concern                                                                                                                                                | Services you may need                                                                                       | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition (continued)</b>                                                                                                  |                                                                                                             |                                     | UHC Dual Choice DC-YL1 (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.                                                                                                                                                                    |
| <b>You need help getting better or have special health needs</b>                                                                                                      | Rehabilitation services*                                                                                    | \$0                                 |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                       | Medical equipment for home care*                                                                            | \$0                                 |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                       | Dialysis services*                                                                                          | \$0                                 |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                       | Podiatry services*                                                                                          | \$0                                 |                                                                                                                                                                                                                                                                 |
| <b>You need foot care</b>                                                                                                                                             | Orthotic services*                                                                                          | \$0                                 |                                                                                                                                                                                                                                                                 |
| <b>You need durable medical equipment (DME)</b>                                                                                                                       | Wheelchairs, crutches, and walkers*                                                                         | \$0                                 |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                       | Nebulizers*                                                                                                 | \$0                                 |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                       | Oxygen equipment and supplies*                                                                              | \$0                                 |                                                                                                                                                                                                                                                                 |
| <b>Note:</b> This isn't a complete list of covered DME. For a complete list, contact Enrollee Services or refer to <b>Chapter 4</b> of the <b>Enrollee Handbook</b> . |                                                                                                             |                                     |                                                                                                                                                                                                                                                                 |
| <b>You need help living at home (continued on next page)</b>                                                                                                          | Elderly and Persons with Physical Disabilities (EPD) waiver program services<br><br>The EPD waiver offers a | \$0                                 | To be eligible for the EPD waiver, you must: <ul style="list-style-type: none"> <li>• Be a resident of the District of Columbia</li> <li>• Be a U.S. citizen or hold legal immigration status</li> <li>• Be eligible to receive DC Medicaid, with an</li> </ul> |

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit [myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan).

| Health need or concern                          | Services you may need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help living at home (continued)</b> | <p>combination of in-home or community-based support services, which include:</p> <p>Case management: assistance with obtaining or coordinating health care services</p> <p>Personal care aide services: assistance with activities of daily living, such as dressing, eating, toileting, etc.</p> <p>Adult day health programs: non-residential services and supports promoting community inclusion and community-based care</p> <p>Respite care: assistance with daily needs when a primary caregiver is absent or unavailable</p> <p>Assisted living: a licensed residence</p> |                                     | <p>income of less than 300% SSI or be eligible for spend down</p> <ul style="list-style-type: none"> <li>• Have no more than \$4,000 in countable assets</li> <li>• Require assistance with activities of daily living</li> <li>• Meet the “level of care” established for the waiver</li> </ul> <p>Contact your care team for assistance applying for EPD waiver benefits.</p> |

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| Health need or concern                          | Services you may need                                                                                                           | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                    |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help living at home (continued)</b> | with services and supports to allow participants to live independently                                                          |                                     |                                                                                                                                                                                                                                                                           |
|                                                 | Environmental accessibility adaptations: physical modifications to a home to ensure the safety and welfare of a resident        |                                     |                                                                                                                                                                                                                                                                           |
|                                                 | Participant-directed services: more choice and flexibility over the services you receive, including personal care aide services |                                     |                                                                                                                                                                                                                                                                           |
|                                                 | Day habilitation services                                                                                                       | \$0                                 |                                                                                                                                                                                                                                                                           |
|                                                 | Adult Day Health Program (ADHP)                                                                                                 | \$0                                 | <p>To be eligible to use ADHP services, you must:</p> <ul style="list-style-type: none"> <li>• Be eligible for and enrolled in the District's EPD waiver program, OR</li> <li>• Meet the following criteria to enroll in the District's 1951 (i) ADHP program:</li> </ul> |

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| Health need or concern                   | Services you may need                                                                                    | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need help living at home (continued) |                                                                                                          |                                     | <ul style="list-style-type: none"> <li>• Be a resident of the District of Columbia</li> <li>• Be a U.S. citizen or hold legal immigration status</li> <li>• Be eligible to receive DC Medicaid, with an income of less than 150% FPL</li> <li>• Have chronic conditions as certified by a licensed physician or APRN and meet the “level of care” established for ADHP services</li> </ul> <p>Contact your care team to learn about how you can connect to ADHP services.</p> |
|                                          | 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"> <li>• Be eligible for and enrolled in the District’s EPD waiver program, OR</li> <li>• Meet the following criteria to enroll in the District’s stat plan PCA program: <ul style="list-style-type: none"> <li>• Be a resident of the District of Columbia</li> </ul> </li> </ul>                                                                                                        |

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| Health need or concern                       | Services you may need           | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------|---------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need help living at home (continued)     |                                 |                                     | <ul style="list-style-type: none"> <li>• Be a U.S. citizen or hold legal immigration status</li> <li>• Be eligible to receive DC Medicaid with an income of less than 100% FPL</li> <li>• Require assistance with activities of daily living AND meet the “level of care” established for PCA services</li> </ul> <p>Contact your care team to learn about how you can connect to PCA services.</p> |
| Additional services (continued on next page) | Chiropractic services*          | \$0                                 | <p>Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation).</p> <p>Covered with limitations; 20% in-network coinsurance and 30% out-of-network coinsurance.</p>                                                                                                                                                                                                |
|                                              | Diabetes supplies and services* | \$0                                 | <p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-</p>                                                                                                                                                                              |

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| Health need or concern          | Services you may need                 | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                 |
|---------------------------------|---------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional services (continued) |                                       |                                     | Chek Guide Me and Accu-Chek Guide.                                                                                                                                                                                                                                                                                                     |
|                                 |                                       |                                     | Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus                                                                                                                                                                                                                                             |
|                                 | Prosthetic services*                  | \$0                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                 | Radiation therapy*                    | \$0                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                 | Services to help manage your disease* | \$0                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                 | Fitness program                       | \$0                                 | <p>\$0 copay</p> <p>Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes:</p> <ul style="list-style-type: none"> <li>• Free gym membership at core locations</li> <li>• Access to a large national network of gyms and fitness locations</li> </ul> |
|                                 | Meal benefit                          | \$0                                 | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay                                                                                                                                                                                                            |

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit [myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan).

| Health need or concern                 | Services you may need                           | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|-------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional services (continued)</b> | OTC, healthy food, utilities + wellness support | \$0                                 | <p>\$189 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying enrollees</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid supplies, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and 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 counseling, caregiver relief, select fitness items and more</li> </ul> |

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit [myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan).

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Choice DC-YL1 (HMO D-SNP) **Enrollee Handbook**. If you don't have an **Enrollee Handbook**, call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Enrollee Services or visit **myUHC.com/CommunityPlan**.

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

†Requires a referral from your doctor.

## D. Benefits covered outside of UHC Dual Choice DC-YL1 (HMO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Choice DC-YL1 (HMO D-SNP) but are covered by Medicare or Medicaid, or a District agency. This isn't a complete list. Call Enrollee Services at the numbers listed at the bottom of the page to find out about other excluded services.

| Other services covered by Medicare, DC Medicaid, or a State Agency                                                                                                 | Your costs                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certain hospice care services covered outside of UHC Dual Choice DC-YL1 (HMO D-SNP)                                                                                | \$0<br>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| Services covered under the authority of DC Medicaid's 1915(c) Individual and Family Support waiver program (IFS waiver)                                            | \$0                                                                                                                                                                                                         |
| Services covered under DC Medicaid's 1915(c) Individuals with Intellectual or Developmental Disabilities waiver program (IDD waiver)                               | \$0                                                                                                                                                                                                         |
| Services provided by an Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/IID) to individuals residing in an ICF/IID | \$0                                                                                                                                                                                                         |
| Services provided through the DC Department of Behavioral Health (DBH)                                                                                             | \$0                                                                                                                                                                                                         |

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit **myUHC.com/CommunityPlan**.

## E. Services that UHC Dual Choice DC-YL1 (HMO D-SNP), Medicare, and DC Medicaid don't cover

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

### Services UHC Dual Choice DC-YL1 (HMO D-SNP), Medicare, and DC Medicaid don't cover

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

## F. Your rights as an enrollee of the plan

As an enrollee of UHC Dual Choice DC-YL1 (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the **Enrollee Handbook**. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 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 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’re covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion UHC Dual Choice DC-YL1 (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn’t have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency.
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit **[myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan)**.

- File a complaint or grievance against us or our providers.
- File a complaint with DC Department of Health Care Finance (DHCF) at 202-442-9533, TTY 711
- Ask for an IMR of DC Medicaid services or items that are medical in nature
- Appeal certain decisions made by DHCF or our providers
- Ask for a District Fair Hearing
- Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Enrollee Handbook**. If you have questions, you can also call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

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

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

If you have a complaint or think UHC Dual Choice DC-YL1 (HMO D-SNP) should cover something we denied, call Enrollee Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Enrollee Handbook**. You can also call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

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

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

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

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

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit **myUHC.com/CommunityPlan**.

## H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services Phone numbers are numbers listed at the bottom of this page.
- Or, call DC Medicaid Enrollee Services Center at 202-442-9533. TTY users may call 711.
- Or, call DC Medicaid's Fraud Hotline at 1-877-632-2873. TTY users may call 711.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free.

**If you have questions**, please call UHC Dual Choice DC-YL1 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. **For more information**, visit **[myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan)**.

## **If you have general questions or questions about our plan, services, service area, billing or your enrollee ID Cards, please call UHC Dual Choice DC-YL1 (HMO D-SNP) Enrollee Services:**



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

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

### **TTY 711**

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days Oct-Mar, 8 a.m.-5:30 p.m. 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 Nurse Triage. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Triage are:



### **Call 1-877-303-2422**

Calls to this number are free. 24 hours, 7 days a week. UHC Dual Choice DC-Y2 (PPO D-SNP) also has free language interpreter service available for non-English speakers.

### **TTY 711**

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

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



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

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days Oct-Mar, 8 a.m.-5:30 p.m. M-F Apr-Sept.

UHC Dual Choice DC-YL1 (HMO 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. local time, 7 days Oct-Mar, 8 a.m.-5:30 p.m. M-F Apr-Sept.