Summary of Benefits 2027

UHC Dual Complete ID-YL (HMO-POS D-SNP)

H4032-003-000

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

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Visit **UHC.com/CommunityPlan**

Call toll-free **1-877-370-1131**, TTY **711**
8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

United Healthcare Dual Complete

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UHC Dual Complete ID-YL (HMO-POS D-SNP): Summary of Benefits 2027

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete ID-YL (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 ID-YL (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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A. Disclaimers

This is a summary of health services covered by UHC Dual Complete ID-YL (HMO-POS D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. You can view the **Evidence of Coverage** on our website at **myUHC.com/CommunityPlan**. If you would like a print copy, call UHC Dual Complete ID-YL (HMO-POS D-SNP) Member Services at the number listed at the bottom of this page.

Plans are 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.

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), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about UHC Dual Complete ID-YL (HMO-POS D-SNP), you can check the Idaho Department of Health and Welfare: Dual Eligible participants website at healthandwelfare.idaho.gov/services-programs/medicaidhealth/medicaidmedicare-participants.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-877-370-1131** 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.

To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete ID-YL (HMO-POS D-SNP) Member 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.

Hearing aids: The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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. Network size varies by local market.

Fitness program: The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

If you have questions, please call UHC Dual Complete ID-YL (HMO-POS D-SNP) at **1-877-370-1131**, 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.**

OTC, healthy food, utilities + wellness support: OTC, food and utility benefits have expiration timeframes. Review your **Evidence of Coverage** 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a Medicare Medicaid Coordinated Plan (MMCP)?	The Medicare Medicaid Coordinated Plan is a voluntary program that integrates both Medicare and Medicaid coverage into one single plan, at no cost to the participant, which means members will have: • One set of comprehensive benefits. One accountable entity to coordinate delivery of services. One care management team to coordinate care. • Receive additional supplemental benefits over and above original Medicare and Medicaid. • Participants Medicare premium is paid by Medicaid. • Participants will have access to the health plans network of providers. This program is for Dual Eligible participants who are 21 years of age or older and are eligible and enrolled in both Medicare (Parts A, B, and D) and Enhanced Medicaid. The Department of Health and Welfare has partnered with UHC Dual Complete ID-YL (HMO-POS D-SNP) to administer the Medicare Medicaid Coordinated Plan.
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete ID-YL (HMO-POS D-SNP) that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medicaid benefits directly from UHC Dual Complete ID-YL (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 care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Idaho Medicaid. When you enroll in UHC Dual Complete ID-YL (HMO-POS D-SNP), you and your care coordinator will work together to develop an Individualized Care Plan to

Frequently asked questions	Answers
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete ID-YL (HMO-POS D-SNP) that I get now? (continued from the previous page)	address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that UHC Dual Complete ID-YL (HMO-POS 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 Complete ID-YL (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page. 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 Dual Complete ID-YL (HMO-POS 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? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete ID-YL (HMO-POS D-SNP) and have a contract with us, you can keep going to them. • 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 ID-YL (HMO-POS D-SNP) 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 ID-YL (HMO-POS D-SNP)'s plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete ID-YL (HMO-POS D-SNP)'s network, or have an

Frequently asked questions	Answers
Can I use the same doctors I use now? (continued from the previous page)	established relationship with a provider that's out of UHC Dual Complete ID-YL (HMO-POS D-SNP)'s network, call Member Services to check about staying connected. Your provider will be paid as an out-of-network provider for ninety (90) days after your enrollment. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete ID-YL (HMO-POS D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **myUHC.com/CommunityPlan.** If UHC Dual Complete ID-YL (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a UHC Dual Complete ID-YL (HMO-POS D-SNP) care coordinator?	A UHC Dual Complete ID-YL (HMO-POS D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community, but could be provided in a nursing home or hospital. Developmental Disability Services and their services and some other LTSS are administered by Idaho Medicaid and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete ID-YL (HMO-POS D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Complete ID-YL (HMO-POS 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 members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

If you have questions, please call UHC Dual Complete ID-YL (HMO-POS D-SNP) at **1-877-370-1131**, 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.**

Frequently asked questions	Answers
Where's UHC Dual Complete ID-YL (HMO-POS D-SNP)'s available?	The service area for this plan includes: **Idaho:** Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lemhi, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means that you must get an approval from UHC Dual Complete ID-YL (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 ID-YL (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **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 ID-YL (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 ID-YL (HMO-POS D-SNP) before the service is provided. Refer to **Chapter 3,** of the **Evidence of Coverage** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Evidence of Coverage** to learn which services require a prior authorization. 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.

Frequently asked questions	Answers
What's a referral?	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 Complete ID-YL (HMO-POS D-SNP) may not cover the services. UHC Dual Complete ID-YL (HMO-POS 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. Referrals aren't required for Family Planning and Emergency Services. Refer to the **Evidence of Coverage** to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete ID-YL (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 as a member of UHC Dual Complete ID-YL (HMO-POS D-SNP)?	No. You don't pay deductibles in UHC Dual Complete ID-YL (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 ID-YL (HMO-POS D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete ID-YL (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission Your provider may need to obtain prior authorization for services.
	Outpatient hospital services, including observation	$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	$0	Your provider may need to obtain prior authorization for services.
	Doctor or surgeon care	$0	Your provider may need to obtain prior authorization for services.
You want a doctor (continued on next page)	Visits to treat an injury or illness	$0	Your provider may need to obtain prior authorization for services.
	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	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor (continued)	(preventive visit one time only)		
	Specialist care	$0	Your provider may need to obtain prior authorization for services. Requires a referral from your doctor.
You need emergency care	Emergency room services	$0	If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. No prior authorization is needed in or out-ofnetwork.
	Urgent care	$0	No prior authorization is needed in or out-of-network.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Your provider may need to obtain prior authorization for services.
	Lab tests and diagnostic procedures, such as blood work	$0	Your provider may need to obtain prior authorization for services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	$0	1 per year Your provider may need to obtain prior authorization for services.
	Hearing aids	$0	$3,200 allowance for 2 hearing aids every 2 years • A broad selection of 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 Your provider may need to obtain prior authorization for services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	Dental coverage for services like cleanings, fillings, x-rays and crowns
	Comprehensive dental services	$0	$5,000 allowance for all covered dental services $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist Benefit combined in and out-of-network. May require your provider to get prior authorization.
	Restorative and emergency dental care	$0	
You need eye care (continued on next page)	Eye exams	$0	1 per year Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	$0	Plan pays up to $400 every year for 1 pair of lenses/frames and

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care (continued)			contacts (through March Vision). Benefit not covered out-of-network.
	Other vision care	$0	Your provider may need to obtain prior authorization for services.
You need behavioral health services	Behavioral health services	$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Your provider may need to obtain prior authorization for services.
	Virtual mental health visits	$0	Talk with a network telehealth provider online through live audio and video.
You need substance use disorder services	Substance use disorder services	$0	Your provider may need to obtain prior authorization for services.
You need a place to live with people available to help you (continued on next page)	Skilled nursing care	$0	Our plan covers up to 100 days in a Skilled nursing facility. Your provider may need to obtain prior authorization for services.
	Nursing home care	$0	Your provider may need to obtain prior authorization for services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	$0	Your provider may need to obtain prior authorization for services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Your provider may need to obtain prior authorization for services.
You need help getting to health services	Ambulance services	$0	$0 copay for ground $0 copay for air Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies.
You need drugs to treat your illness or condition (continued on next page)	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. Read the **Evidence of Coverage** for more information on these drugs.
	Medicare Part D drugs	$0 for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			UHC Dual Complete ID-YL (HMO-POS D-SNP)'s **List of Covered Drugs (Drug List)** for more information. An extended day supply is only available at a subset of the retail or mail order network pharmacy. Your provider must get prior authorization from UHC Dual Complete ID-YL for certain drugs. Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy. You pay a maximum of $0 for each 1-month supply of Part D covered insulin. Contact the plan for details.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete ID-YL (HMO-POS D-SNP)'s **List of Covered Drugs (Drug List)** for more information.

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 getting better or have special health needs	Rehabilitation services	$0	Your provider may need to obtain prior authorization for services.
	Medical equipment for home care	$0	Your provider may need to obtain prior authorization for services.
	Dialysis services	$0	Your provider may need to obtain prior authorization for services.
You need foot care	Podiatry services	$0	6 visits per year Your provider may need to obtain prior authorization for services.
	Orthotic services	$0	Your provider may need to obtain prior authorization for services.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to **Chapter 4** of the **Evidence of Coverage.**	Wheelchairs, crutches, and walkers	$0	Your provider may need to obtain prior authorization for services.
	Nebulizers	$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	$0	Your provider may need to obtain prior authorization for services.

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	Home health services	$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Your provider may need to obtain prior authorization for services.
	Adult day health, Home and Community Based Services (HCBS), or other support services	$0	
	Day habilitation services	$0	
	Services to help you live on your own (home health care services or personal care attendant services, home delivered meals, personal emergency response systems)	$0	
Additional services (continued on next page)	Chiropractic services	$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)

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)			Your provider may need to obtain prior authorization for services.
	Diabetes supplies and services	$0	We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Your provider may need to obtain prior authorization for services.
	Fitness program	$0	$0 copay 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: • Free gym membership at core and premium locations

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)			• Access to a large national network of gyms and fitness locations
	Meal benefit	$0	28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay Please check the Evidence of Coverage for additional details.
	OTC, healthy food, utilities + wellness support	$0	$530 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you

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)			• Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more
	Prosthetic services	$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	$0	
	Virtual Medical Visits	$0	Talk with a network telehealth provider online through live audio and video.

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 ID-YL (HMO-POS D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete ID-YL (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 **myUHC.com/CommunityPlan.**

D. Benefits covered outside of UHC Dual Complete ID-YL (HMO-POS D-SNP)

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

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Non-Emergency Medical Transportation	$0
Developmental Disabilities (DD) Services including but not limited to targeted service	$0
Intermediate Care Facility Services	$0
Tribal Federally Qualified Health Centers and Indian Health Service Clinic Services	$0
Hospice	$0
Dental Services	$0

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

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

Services UHC Dual Complete ID-YL (HMO-POS D-SNP) , **Medicare, and Medicaid don't cover**
Services that are not medically necessary
Services that are experimental or investigative
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States

F. Your rights as a member of the plan

As a member of UHC Dual Complete ID-YL (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 **Evidence of Coverage**. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they'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 Complete ID-YL (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 doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act

If you have questions, please call UHC Dual Complete ID-YL (HMO-POS D-SNP) at **1-877-370-1131**, 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.**

  - 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:
  - File a complaint or grievance against us or our providers.
  - File a complaint with Idaho Medicaid at 1-833-814-8568 or through the Idaho Medicaid Complaint Submission System at medicaidcomplaints.dhw.idaho.gov. The UHC Dual Complete ID-YL (HMO-POS D-SNP) website myUHC.com/CommunityPlan has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Appeal certain decisions made by Idaho Medicaid or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete ID-YL (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page. For more information you may also call the Idaho Medicaid Beneficiary Support call center at 1-833-814-8568.

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

If you have a complaint or think UHC Dual Complete ID-YL (HMO-POS D-SNP) should cover something we denied, call Member 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 Evidence of Coverage. You can also call UHC Dual Complete ID-YL (HMO-POS D-SNP) Member 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 6106, MS CA120-0360
Cypress, CA 90630-0016.

For Part D or Medicaid drug appeals only:

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

H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Complete ID-YL (HMO-POS D-SNP) Member Services Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Member Services Center at 208-334-5754.
- 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 general questions or questions about our plan, services, service area, billing or your member ID Cards, please call UHC Dual Complete ID-YL (HMO-POS D-SNP) Member Services:

Call 1-877-370-1131

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

TTY 711

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 Line. 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 Line are:

Call 1-877-370-1131

Calls to this number are free. UHC Dual Complete ID-YL (HMO-POS D-SNP) also has free language interpreter service available for non-English speakers.

TTY 711

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

Call 1-800-690-1606

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days Oct-Mar, M-F Apr-Sept. UHC Dual Complete ID-YL (HMO-POS 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, M-F Apr-Sept.