

Summary of Benefits 2027

UHC Dual Complete MI-Y1 (HMO D-SNP)
H2247-006-001

UHC Dual Complete MI-Y1 (HMO D-SNP) is a health plan that covers medical and prescription drug costs. It is a type of HMO plan, which means you must use doctors and hospitals that are in the plan's network. You also must get a referral from your primary care doctor to see a specialist or go to a hospital. You will pay a monthly premium, and you will have a deductible and copayments for some services. You will also have an out-of-pocket maximum, which is the most you will have to pay for covered services in a year. For more information, visit www.ahca.mi.gov.

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Visit www.ahca.mi.gov



Call 1-844-368-6885, ext. 711

For more information, visit www.ahca.mi.gov or call 1-844-368-6885, ext. 711.



Introduction

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If you have questions, call 1-844-368-6885, ext. 711, or visit myUHC.com/CommunityPlan.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete MI-Y1 (HMO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at myUHC.com/CommunityPlan. If you would like a print copy, call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the number listed at the bottom of this page.

UHC Dual Complete MI-Y1 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan 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](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 Complete MI-Y1 (HMO D-SNP), you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8 a.m. to 7 p.m., Monday through Friday (except holidays) Beneficiary Support or contact the MICH Office of the Ombudsman for free help. The MICH Ombudsman can help you with questions about or problems with the MICH program or our plan. The MICH Ombudsman is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MICH Ombudsman's website at meji.org/mhlo.

For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-844-368-6885** 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 MI-Y1 (HMO D-SNP) Member Services at the number at the bottom of this page.

If you have questions, please call UHC Dual Complete MI-Y1 (HMO D-SNP) at **1-844-368-6885**, 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.

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.

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.

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

If you have questions, call 1-844-368-6885, or visit myUHC.com/CommunityPlan.

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Frequently asked questions	Answers
What happens if I need a service but no one in UHC Dual Complete MI-Y1 (HMO D-SNP)'s network can provide it?	If you need a service but no one in UHC Dual Complete MI-Y1 (HMO D-SNP)'s network can provide it, you may need to go to a hospital or emergency room. You may also need to go to a hospital or emergency room if you need a service that is not covered by your plan. You may also need to go to a hospital or emergency room if you need a service that is not covered by your plan.
Where's UHC Dual Complete MI-Y1 (HMO D-SNP)'s available?	UHC Dual Complete MI-Y1 (HMO D-SNP) is available in Michigan. You can find a list of participating providers on the UHC website. You can also call 1-844-368-6885 for more information.
What's prior authorization?	Prior authorization is a process that requires you to get approval from your insurer before you can get certain services. This is often done to ensure that the services are medically necessary and that you are getting the best care possible. You may need to get prior authorization for certain services, such as surgery, hospitalization, or certain medications. You can find more information about prior authorization on the UHC website. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. You can go to a hospital or emergency room if you need urgent or emergency care. You can also go to a hospital or emergency room if you need out-of-area dialysis services. You may need to get prior authorization for certain services, such as surgery, hospitalization, or certain medications. You can find more information about prior authorization on the UHC website. Chapter 3, Member Handbook and Chapter 4, Member Handbook provide more information about prior authorization. You can find these chapters in the Member Handbook on the UHC website.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete MI-Y1 (HMO D-SNP)?	Yes, you pay a monthly premium under UHC Dual Complete MI-Y1 (HMO D-SNP). The amount of the premium depends on the type of plan you have. You can find more information about the premium on the UHC website.

If you have questions, call 1-844-368-6885, extension 711, 8 a.m. to 8 p.m. Monday through Friday. For more information, visit myUHC.com/CommunityPlan.

Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Dual Complete MI-Y1 (HMO D-SNP)? (continued from the previous page)	You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461-,00.
Do I pay a deductible as a member of UHC Dual Complete MI-Y1 (HMO D-SNP)?	No. You don't pay deductibles in UHC Dual Complete MI-Y1 (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete MI-Y1 (HMO D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete MI-Y1 (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

If you have questions, please call UHC Dual Complete MI-Y1 (HMO D-SNP) at **1-844-368-6885**, 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.

C. List of covered services

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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 hospital care	l” – fš” Š•™š’ ™šfč	\$0	E i †š” f” †“ † ‰š.č. č> ~ Šťš’šf..†~•č† “ > ššš†-’f” •^č> ~ Š•™š’f†“ „™’ . x•> ~~•č†“ fč” †††š •,, šč” –~<•~f> Š•~<š fš” .
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You want a doctor (continued on next page)	u <ššššfš” <” čš č•~<”” †™™	\$0	
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	v †”” †š™ ,™šššššššššš.	\$0	
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If you have questions, –†f™† g bč> f”b• –†šl l x 1 (g l n c r m 1-844-368-6885, ssx 711, 8 f.“ .-8 –.“ .’•..f’ š“ †, 7 c fč™h..šl f~, l -F` –~r †–š s Šť..f” **For more information,** č™š™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)
You want a doctor (continued)	Primary care physician	\$0	There are no restrictions on the number of visits or the type of services you can receive from your primary care physician.
	Specialty care, including mental health services	\$0	There are no restrictions on the number of visits or the type of services you can receive from your specialty care provider.
	Urgent care services	\$0	There are no restrictions on the number of visits or the type of services you can receive from your urgent care provider.
You need emergency care	Emergency department services	\$0	There are no restrictions on the number of visits or the type of services you can receive from your emergency department provider.
	Emergency medical services (EMS)	\$0	There are no restrictions on the number of visits or the type of services you can receive from your EMS provider.
	Emergency dental services	\$0	There are no restrictions on the number of visits or the type of services you can receive from your emergency dental provider.
You need medical tests (continued on next page)	Diagnostic tests, including laboratory tests	\$0	There are no restrictions on the number of visits or the type of services you can receive from your diagnostic test provider.
	Immunizations	\$0	There are no restrictions on the number of visits or the type of services you can receive from your immunization provider.
	Preventive services	\$0	There are no restrictions on the number of visits or the type of services you can receive from your preventive service provider.

If you have questions, call 1-844-368-6885, ext. 711, 8 f. " .-8 -." . ' .f' š" ‡, 7 c f c™ h .š l f~, l -F` -~ r ‡-š s š ‡ .f" For more information, visit myUHC.com/CommunityPlan.

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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 dental care	Covered services include: - Preventive care, including dental exams, cleanings, and X-rays. - Basic restorative services, including fillings, crowns, bridges, and dentures. - Emergency services, including pain management, abscess treatment, and extractions. - Orthodontic services, including braces and Invisalign. - Periodontal services, including gum disease treatment and surgery. - Oral surgery, including wisdom tooth removal and jaw surgery. - Prosthetic services, including dentures and dental prostheses. - Endodontic services, including root canal treatment and retreatment. - Periapical surgery, including abscess treatment and root canal surgery. - Oral cancer screening and treatment. - TMJ/TMD treatment. - Teeth whitening. - Smile makeover. - Facial cosmetic surgery. - Facial plastic surgery. - Facial reconstructive surgery. - Facial cosmetic surgery. - Facial plastic surgery. - Facial reconstructive surgery. - Facial cosmetic surgery. - Facial plastic surgery. - Facial reconstructive surgery.	\$0	There are no out-of-pocket maximums for dental services. There are no deductibles for dental services. There are no co-insurance for dental services. There are no co-payments for dental services. There are no waiting periods for dental services. There are no pre-authorization requirements for dental services. There are no network restrictions for dental services. There are no exclusions for dental services. There are no limitations for dental services. There are no exceptions for dental services. There are no rules about benefits for dental services.
You need eye care (continued on next page)	Covered services include: - Preventive care, including eye exams, contact lens exams, and contact lens fitting. - Basic medical services, including treatment of eye infections, inflammation, and injury. - Advanced medical services, including treatment of glaucoma, cataracts, and macular degeneration. - Surgical services, including cataract surgery, glaucoma surgery, and retinal surgery. - Prosthetic services, including contact lenses and intraocular lenses. - Low vision services, including vision therapy and low vision aids. - Orbital and eyelid surgery. - Corneal transplants. - Retinal transplants. - Optic nerve transplants. - Brain transplants. - Spinal cord transplants. - Heart transplants. - Lung transplants. - Liver transplants. - Kidney transplants. - Pancreas transplants. - Small intestine transplants. - Stomach transplants. - Esophagus transplants. - Colon transplants. - Rectum transplants. - Uterus transplants. - Vagina transplants. - Penis transplants. - Testis transplants. - Ovary transplants. - Bladder transplants. - Prostate transplants. - Salivary gland transplants. - Thyroid transplants. - Parathyroid transplants. - Adrenal gland transplants. - Pituitary gland transplants. - Hypothalamus transplants. - Brain transplants. - Spinal cord transplants. - Heart transplants. - Lung transplants. - Liver transplants. - Kidney transplants. - Pancreas transplants. - Small intestine transplants. - Stomach transplants. - Esophagus transplants. - Colon transplants. - Rectum transplants. - Uterus transplants. - Vagina transplants. - Penis transplants. - Testis transplants. - Ovary transplants. - Bladder transplants. - Prostate transplants. - Salivary gland transplants. - Thyroid transplants. - Parathyroid transplants. - Adrenal gland transplants. - Pituitary gland transplants. - Hypothalamus transplants.	\$0	There are no out-of-pocket maximums for eye services. There are no deductibles for eye services. There are no co-insurance for eye services. There are no co-payments for eye services. There are no waiting periods for eye services. There are no pre-authorization requirements for eye services. There are no network restrictions for eye services. There are no exclusions for eye services. There are no limitations for eye services. There are no exceptions for eye services. There are no rules about benefits for eye services.

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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 eye care (continued)			•. " 36.5 •, 9% f Š. u <™• "). B †" †'Š •Š. 46 ††•> 9^ - " †ŠŸ •~ '.
	n ŠŠ†~ œ™•" ..f~ †	\$0	
You need behavioral health services (continued on next page)	B †Šfœ~ f'Š†f'Š †™œ™	\$0	B †Šfœ~ f'Š†f'Š†™œ™ f~† -•œ††† ŠŠ•> %Š ŠŠ† - 'f" •~ „ œf-~•%“ •Š† Šf" t g b c > f' b•" -'†‡l l x 1 (g l n c - r m o). t g b c > f' b•" -'†‡l l x 1 g l n c - r m o) b f †b ••†' fŠ~ f.: fœ™œ> <" •„ Š' <" % Š•†™œ™œ™† •.~†' fŠŠ†" Ÿ<ŠŠ† ~†™œ™œ> ~Š†f'Šf.† " †††™ x•> ~-•œ††" fœ†††Š •„ Š' -~<•f> Š~<Œ fŠ" .
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information, œ™œ™œ **myUHC.com/CommunityPlan.**

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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 getting to health services	“ „, > 'f” †. ‡™ ‡™	\$0	x • > ~ ~ • ‡™ “ > ‡™ ‡™ ~ ~ • ~ f, ‡™ ~ ‡™ f” “ ^ ~ ” • ” - † “ ‡™ %” .. ‡™ ‡™ f” ‡™ • ~ ‡™ f” • ”.
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You need drugs to treat your illness or condition (continued on next page)	l ‡™ ‡™ f. ‡™ f B ‡™ > %™	\$0	o f B ‡™ > ‡™ .. ‡™ ‡™ ‡™ > ‡™, ‡™ > ~ † • ‡™ < ” ‡™ < • ^ ‡™. ‡™ ‡™ f f” ‡™ ‡™ > , ‡™ f” ‡™ ‡™ ‡™ > ‡™ ‡™ ‡™ ‡™ ‡™ “ ‡™ ‡™ f. ‡™ > < - “ ‡™ ‡™ ‡™ ‡™ Member Handbook ^ • “ • ‡™ ^ • “ f” • ” ‡™ ‡™ ‡™ > %™ x • > ~ ~ • ‡™ “ f” ‡™ ‡™ • „ ‡™ - ~ < • ~ f, ‡™ ~ ‡™ f” • ”.
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If you have questions, ‡™ ‡™ ‡™ t g b c > f b • “ - ‡™ l l x 1 (g l n c r m o) ‡™ 1-844-368-6885, ssx 711, 8 f. “ - 8 - “ . • . f’ ‡™ ‡™ , 7 c f ‡™ n . ‡™ l f , l - F ` - ~ - r ‡™ - ‡™ s ‡™ . f” For more information, ‡™ ‡™ 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)
You need drugs to treat your illness or condition (continued)			1. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 2. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 3. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 4. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 5. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 6. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 7. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 8. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 9. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. 10. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan. If you are a member of the plan, you will pay a copayment of \$0 for each prescription drug that is covered by the plan.
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If you have questions, call 1-844-368-6885, ext. 711, 8 f. " .-8 -." . '• .f' š" ‡, 7 c f c™ n .š l f~, l -F` -~ -r ‡-š s Š† ..f" For more information, visit www.UHC.com/CommunityPlan.

If you have questions, call 1-844-368-6885, ext. 711, or visit 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)
You need durable medical equipment (DME)	v Š††Šf,™ ..> š.Š†™f”† Ÿ f”†™	\$0	x •> ~~•†† “ f”††š •„š”~<•f> Š~< fš”.
	m†„> ’<†™	\$0	x •> ~~•†† “ f”††š •„š”~<•f> Š~< fš”.
	n i †™†—> <—“†”\$0 f”†™—’†™	\$0	x •> ~~•†† “ f”††š •„š”~<•f> Š~< fš”.
Note: This isn’t a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook .			
You need help living at home (continued on next page)	g •“†Š†f’š †™†™	\$0	x •> ~~•†† “ f”††š •„š”~<•f> Š~< fš”.
	` š†™† f’† k<œ”%(` c k™): E fš”%š<’†š”% „fš”%“<”,% ††™%„<’š, f”†šf”†™~<”% f”††”šM“†šš’ ` š†™† f’† k<œ%(` c k)™ o †™†f”f>”†™ ,<šš Š>†™††<”,% šM—<”,%†f’ ~††f”fš”f”† ,†f”>—f”† “††<.fš•” f†“<”šš”.	\$0	l”š“† c k f”†l` c k †™†™—>~<”š%†™ •”fš††† ~•œ†††šš•>%šš† l l b g ~•%“s.Š†™ †™†™†f:††r šš o ’f”o †™†f”b f”† r††œ.†™  l”š“† c k f”†l` c k †™†™—>~<”% ~•“—š”,%†”,% >%†<”šš”,% •„†™œ,%††<”†”% •“—†š` š†™ c f’†k<œ%(` c k)™† fšf,†š<”†††f”™ Ÿš—>f’†††† †~•”††”š† l b g 1 9 1 5 ().Ÿ f’†š.Š†™ †™†™†f:††

If you have questions, call 1-844-368-6885, ext. 711, 8 f.”. -8 -.”. •.f’š“†, 7 c f”™h .š-l f”, l -F`~r†-š sŠ†..f” For more information, visit 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)
You need help living at home (continued)	1 9 1 5 ().v f₀\$0 g • “ f” t b • “ “ > ” <B f₁ r t̃ œ. tTM • ` t f- s<sub>0</sub></li> <li>l t t<sub>0</sub>.</li> <li>E - > < “ t” \$” t</li> <li>r > -- ‘ t<sup>TM</sup></li> <li>• ` t> ‘ s c f c - o ~ • % f “ • ` < s₀ - s t₀. • ‘ • % • b s̃ ~ tr t̃ cTM • E ” œ • ” “ t” \$’ - l • t̂ < f s̃ ” TM • E i - f” t t t - b • “ “ > ” < \$ - k < œ r % -- • ~ s^M • F < TM. f’ - l ” \$̃ “ t t < f̃ c • g • “ t c t̃ ‘ œ̃ t t - l t̃ f’ TM • l ” t < c̃ f’ - c < t̃ t̃ t̃ • • tTM - f” tr t̃ cTM • m • ” t t̃ t̃ f̃. - s̃ f” I ~ s̃ s̃ ” • o t̃ TM f’ - E “ t̃ % t̃ ” . c - q t̃ I ~ ” t̃ TM - r c̃ TM • o ~ t̃ c̃ s̃ - m̃ ~ TM %		E i - f” t t t b • “ “ > ” < \$ k < œ r % -- • ~ s^M s t̃ t̃ t̃ c̃ TM t̃ t̃ t̃ TM % t̃ t̃ s̃ • s̃ t̃ - <” t̃ c̃ f’ TM “ f<” <” s̃ t̃ < s̃ “ t̃ f’ TM - • t̃ t̃ s̃ ~ t̃ . t̃ œ ” % ” > ~ TM % s̃ • “ t̃ f̃ . s̃ s̃ t̃ c̃ f̃ t̃ - • c̃ t̃ t̃ ” c̃ s̃ t̃ - ‘ f” f” t̃ f̃ t̃ • ” ‘ c̃ f̃ c̃ f̃ , ‘ t̃ s̃ <” t̃ c̃ f’ TM Ÿ s̃ • “ t̃ t̃ s̃ > ~ < TM % s̃ s̃ ‘ t̃ c̃ ^ f̃ . t̃ Ÿ s̃ s̃ f̃ c̃ → f’ < c̃ <” % TM ~ œ . t̃ ” t̃ t̃ t̃ , f” t̃ Ÿ s̃ f̃ t̃ t̃ ~ • ” t̃ t̃ <” s̃ t̃ l l b g 1 9 1 5 (). Ÿ f̃ c̃ .

If you have questions, call 1-844-368-6885, ext. 711, 8 f. “ .-8 - “ . ‘ . f’ s̃ “ t̃ , 7 c f c̃ TM ñ . s̃ l f̃ , l -F` -~ -r t̃ - s̃ s̃ t̃ . f” For more information, visit 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)
You need help living at home (continued)	- o~<œſſſ c> ſſ - m~™™ % - q†™ſſ - u†ſſ. - l •†<fſſ”™		
Additional services (continued on next page)	b ſſ •~ fſſ... †™ſſ	\$0	x •> ~~ •ſſ “ fſſ ††ſſ •„ ſſ” ~<•~ fſſ ſſ” <ſſ fſſ”.
	c <f„ †ſſ™™ – ’†™™ f” ††™ſſ	\$0	v †•” ’œ.œ b •” ſſ> ~® f” †` >...b ſſ’ ® „~ f” †.™ n ſſ” „~ f” ††™™ •ſſ œ.œ ††„ œœ> ~-’f”.
			b •œ ††%œ.†™ •” <ſſ™ <” ’..††: b •” ſſ> ~o ’™ B ’ †•” ſſ> ~m †i ſſ Z , b •” ſſ> ~m †i ſſ †”, b •” ſſ> ~m †i ſſ” †, >... b ſſ’ f > ††† †f” †` >... b ſſ’ f > ††.
			s †ſſ™™ •” ſſ> ~, b •” ſſ> ~o ’ b™™” ſſ> ~ m †i ſſ >...b ſſ’ f > †† f” †` >...b ſſ’ ` œœ o’™™
			x •> ~~ •ſſ “ fſſ ††ſſ •„ ſſ” ~<•~ fſſ ſſ” <ſſ fſſ”.
	o~•™™ ſſſſ...™™ œ.†™™	\$0	x •> ~~ •ſſ “ fſſ ††ſſ •„ ſſ” ~<•~ fſſ ſſ” <ſſ fſſ”.
	q f†<fſſ” ſſſ f-œ	\$0	x •> ~~ •ſſ “ fſſ ††ſſ •„ ſſ” ~<•~ fſſ ſſ” <ſſ fſſ”.
	r †œ.†™™ • ſſſ’- “ f” fſſœ> ~ †<™™ f™™	\$0	

If you have questions, call 1-844-368-6885, ext. 711, 8 f. “ .-8 -.” .•.f’ ſſ” †, 7 c fœ™™n .ſſ f~, l -F` ~-r †-ſſ ſſſ .f” For more information, visit 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)
Additional services (continued)	F&S' t TMM ~ • % f "	\$0	\$ 0 •. f c x • > ~ ^ < S t TMM • % " S t - c M, f f s t f " t •. " t t f S t c • ~ < " c • > ~ .. " " > " < S c. l s TMM f c f, ' t S c •, f S • • S M f " t < " > .. t t TMM • F t t c % " t " „ t S M - f S. t f " t ~ t " c " " ' • f S " TMM • ` t t f f t % " f S " f " t S • ~ ' • ^ % " TMM f " t ^ < S ' t TMM ' • f S " TMM
	l t f ' „ t " t ^ < S	\$0	\$ 0 •. f c • 2 S " t - t t ' c e t t " t f ' TMM < " " t t f t c f S ~ f " < " - f t " S - TMM, c f S " • ~ TMM < ' t t " > ~ TMM % f . s ' < S c (r m F) TMM f c
	n s b S t f ' S c • • t, > S c t TMM Y t " " t TMM, TMM - • ~ S	\$0	\$ 1 5 4 ~. t t S c c " • " S ^ • ~ • c e S t . s " S (n s b) - ~ • t, S M t Y t " " t TMM , TMM - • ~ S ' S t f ' S c • • t f " t S c S TMM - > f ' c c " % " t " „ t TMM • b S • • TMM • " S , f M t TMM • ^ n s b - ~ • t, ' S M t ^ c S M, TMM - ' c t TMM ~ t ' t t c f TMM t " • ~ t • B > c S t f ' S c ^ • • t TMM < ' t ^ ~ , S M t t c c, ' t, TMM " t f S " t f " • • t f c c

If you have questions, - t f TMM t g b c > f b • " - t t l l x 1 (g l n c r m 1-844-368-6885, ssx 711, 8 f. " .-8 -." . ' • . f ' S " t, 7 c f c TMM n . S l f ~, l -F ` - ~ - r t - s S t . f " For more information, c S TMM 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)
Additional services (continued)			~ • t> ŠM t,, • Št t Y f Št~ • r Š - f Š> fM tŠM - f Š-.f Š' ŠM t, TM <" '„. t<" V% f" f Š V f"ŠM t" f f t" t fŠ f Š" t f Š " t ŠM • Š • t ŠM t TM " t f~ c> • o f Š" t Š Št TM t t t Š. Št f Š f Š f" t<" Š" t Š • f t Š t" t TM - • Š <" '„. t<" <% Š" t fM ŠM Š " f" f ŠM t" Š ..> " TM'<" % ..f~ t % Š ~ t'<t, TM' t. Š<Š" t TM <Š" fM t" • t

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f: t g b c> f' b • " - t Šl l x 1 (g l n d r t n q Š r t Š Š" > " „ t' ŠM f Š Št „ • ŠŠ
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myUHC.com/CommunityPlan.

If you have questions, - t f f: t g b c> f' b • " - t Šl l x 1 (g l n c r m 1-844-368-6885,
ssx 711, 8 f. " .-8 -." . ' • .f' Š" t, 7 c f c TM n . Š l f~, l -F` -~ r t - Š s Št ..f" For more
information, Š TMŠ myUHC.com/CommunityPlan.

There are some services that you can get that aren't covered by UHC Dual Complete MI-Y1 (HMO 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.

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

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

If you have questions, call 1-844-368-6885, ext. 711, or visit myUHC.com/CommunityPlan. For more information, visit myUHC.com/CommunityPlan.

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

For a complete list of services not covered by UHC Dual Complete MI-Y1 (HMO D-SNP), Medicare, and Medicaid, see the "What's Not Covered" section of the Member Handbook.

F. Your rights as a member of the plan

As a member of the plan, you have the right to:

- Respect, fairness, and dignity.
- Get information about your health care.
- Make decisions about your care, including refusing treatment.

• You have a right to respect, fairness and dignity. s Šx™, .. t tŠf Š:

- You have the right to be treated with respect, fairness, and dignity. This means that you should be treated with the same level of respect and fairness as everyone else. You should not be discriminated against based on your race, ethnicity, age, sex, or religion.
- You have the right to be treated with respect, fairness, and dignity. This means that you should be treated with the same level of respect and fairness as everyone else. You should not be discriminated against based on your race, ethnicity, age, sex, or religion.
- You have the right to be treated with respect, fairness, and dignity. This means that you should be treated with the same level of respect and fairness as everyone else. You should not be discriminated against based on your race, ethnicity, age, sex, or religion.

• You have the right to get information about your health care. s Šx™, .. t tŠf Š:

- You have the right to get information about your health care. This means that you should be able to get information about your health care in a way that is easy to understand. You should be able to get information about your health care in a way that is easy to understand.
- You have the right to get information about your health care. This means that you should be able to get information about your health care in a way that is easy to understand. You should be able to get information about your health care in a way that is easy to understand.
- You have the right to get information about your health care. This means that you should be able to get information about your health care in a way that is easy to understand. You should be able to get information about your health care in a way that is easy to understand.

• You have the right to make decisions about your care, including refusing treatment. s Šx™, .. t tŠf Š:

- You have the right to make decisions about your care, including refusing treatment. This means that you should be able to make decisions about your care in a way that is easy to understand. You should be able to make decisions about your care in a way that is easy to understand.
- You have the right to make decisions about your care, including refusing treatment. This means that you should be able to make decisions about your care in a way that is easy to understand. You should be able to make decisions about your care in a way that is easy to understand.
- You have the right to make decisions about your care, including refusing treatment. This means that you should be able to make decisions about your care in a way that is easy to understand. You should be able to make decisions about your care in a way that is easy to understand.

If you have questions, call 1-844-368-6885, ext. 711, or visit [myUHC.com/CommunityPlan](https://www.myUHC.com/CommunityPlan).

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 $\phi \bullet \rangle \sim f^M \dots t \bullet - \langle \bullet \rangle \otimes^M$

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- You have the right to timely access to care that doesn't have any communication or physical access barriers. $\text{S}^{\text{TM}} \dots \text{t} \text{S}^{\text{TM}} \text{C}^{\text{TM}}$

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- You have the right to seek emergency and urgent care when you need it. s Š™ ‡f” ¢™, Šfœ ŠŠ‡ ~‘%Šš Š:

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- You have a right to confidentiality and privacy. 

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- You have the right to make complaints about your covered services or care.

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If you have questions, call 1-844-368-6885, ext. 711, or visit myUHC.com/CommunityPlan. For more information, visit myUHC.com/CommunityPlan.

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If you have questions, call 1-844-368-6885, ext. 711, or visit myUHC.com/CommunityPlan. For more information, visit myUHC.com/CommunityPlan.

TTY 711

If you have questions about your health:

[illegible]

TTY 711

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



TTY 711

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