

Summary of Benefits 2027

UHC Dual Complete NJ-Y001 (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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8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept



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Dual Complete

UHC Dual Complete NJ-Y001 (HMO D-SNP): Summary of Benefits 2027

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NJ-Y001 (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 a member of UHC Dual Complete NJ-Y001 (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. 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 NJ-Y001 (HMO D-SNP) Member Services at the number at the bottom of this page.

UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

You can get this document for free in other formats, such as large print, braille, or audio. Call **1-800-514-4911** 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 NJ-Y001 (HMO 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.

You can read the Medicare & You handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](https://www.medicare.gov)) or request a copy 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.

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 NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently asked questions	Answers
What's a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)?	A NJ Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ HIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one UnitedHealthcare UCard®, and no copays for medical services or drugs. A HIDE SNP coordinates all of your care. If you join a HIDE SNP, you don't lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services. To be eligible to enroll in a HIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up the UHC Dual Complete NJ-Y001 (HMO D-SNP)'s service area are listed in Section B (page 11) of this document.
Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete NJ-Y001 (HMO D-SNP) that I get now? (continued on the next page)	If you're coming to UHC Dual Complete NJ-Y001 (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from UHC Dual Complete NJ-Y001 (HMO D-SNP). When you enroll in UHC Dual Complete NJ-Y001 (HMO D-SNP), you and your Care Team will work together to develop an Individualized Plan of Care to

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Frequently asked questions	Answers
Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete NJ-Y001 (HMO D-SNP) that I get now? (continued from previous page)	address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D prescription drugs that UHC Dual Complete NJ-Y001 (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 Complete NJ-Y001 (HMO D-SNP) to cover your drug if medically necessary.
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NJ-Y001 (HMO D-SNP) and have a contract with us, you can keep using them. • Providers with an agreement with us are "in-network." You must use the providers in UHC Dual Complete NJ-Y001 (HMO D-SNP)'s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NJ-Y001 (HMO D-SNP)'s plan. 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 NJ-Y001 (HMO D-SNP)'s Provider and Pharmacy Directory. You can also visit our website myuhc.com/CommunityPlan for the most current listing. If UHC Dual Complete NJ-Y001 (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your Individualized Plan of Care is completed.

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Frequently asked questions	Answers
What's a Care Manager?	A UHC Dual Complete NJ-Y001 (HMO D-SNP) Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in UHC Dual Complete NJ-Y001 (HMO 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 NJ-Y001 (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's UHC Dual Complete NJ-Y001 (HMO D-SNP)'s available?	The service area for this plan includes: New Jersey: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties. You must live in one of these areas to join the plan.
What's prior authorization? (continued on the next page)	Prior authorization means that you must get approval from UHC Dual Complete NJ-Y001 (HMO D-SNP) before UHC Dual Complete NJ-Y001 (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete NJ-Y001 (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or

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Frequently asked questions	Answers
What's prior authorization? (continued from previous page)	emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete NJ-Y001 (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NJ-Y001 (HMO 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.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, UHC Dual Complete NJ-Y001 (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. UHC Dual Complete NJ-Y001 (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. For more information on when a referral is needed, call Member Services at the number listed at the bottom of this page or refer to Chapter 3 of the Evidence of Coverage.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NJ-Y001 (HMO D-SNP)?	No. You won't pay any monthly premiums to UHC Dual Complete NJ-Y001 (HMO D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of UHC Dual Complete NJ-Y001 (HMO D-SNP)?	No. You don't pay deductibles in UHC Dual Complete NJ-Y001 (HMO D-SNP).

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Frequently asked questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete NJ-Y001 (HMO D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete NJ-Y001 (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

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C. Overview of services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$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 outpatient treatment by a doctor or a surgeon)	\$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.
You want to use a health care provider (This service is continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Your provider may need to obtain prior authorization for Specialist services. Referral may be required.
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want to use a health care provider (continued)	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need emergency care (This service is continued on the next page)	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You don’t need prior authorization and you don’t have to be in-network. Emergency room services AREN’T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need emergency care (continued)	Urgently needed services	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network. Urgently needed services AREN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Your provider may need to obtain prior authorization for services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Your provider may need to obtain prior authorization for services.
You need eye care	Vision services (including annual eye exams)	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Your provider may need to obtain prior authorization for services.
You have a mental health condition (This service is continued on the next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You have a mental health condition (continued)	hospital, Short Term Care Facility (STCF), or critical access hospital)		Your provider may need to obtain prior authorization for services.
You need mental health services	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management) (Note: This isn't a complete list of the plan's expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Your provider may need to obtain prior authorization for services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This isn't a complete list of the plan's expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Your provider may need to obtain prior authorization for services.

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Health need or problem	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	Skilled nursing care	\$0	Your provider will need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider will need to obtain prior authorization for services.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
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	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No prior authorization is needed.

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Health need or problem	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 (this service is continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the Evidence of Coverage for more information on these drugs. Your provider may need to obtain prior authorization for certain drugs.

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Health need or problem	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)	Medicare Part D drugs No tiering, \$0 cost-sharing for all covered drugs	\$0	There may be limitations on the types of drugs covered. Refer to UHC Dual Complete NJ-Y001's List of Covered Drugs (Drug List) at MyUHC.com/CommunityPlan for more information. UHC Dual Complete NJ-Y001 may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UHC Dual Complete NJ-Y001 for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and

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Health need or problem	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)			printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov/plan-compare. An extended day supply is only available at a subset of the retail pharmacy network. For more information please call Customer Service at 1-800-514-4911, TTY 711, or visit MyUHC.com/CommunityPlan, and/or reading the List of Covered Drugs (Drug List). Contact UHC Dual Complete NJ-Y001 (HMO D-SNP) for details.

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Health need or problem	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)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NJ-Y001 List of Covered Drugs (Drug List) for more information.
	Diabetes medications	\$0	There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.
You need foot care	Podiatry services (including routine exams)	\$0	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) or supplies (this service is continued on the next page)	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example	\$0	Your provider may need to obtain prior authorization for services/certain equipment.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies (continued)	(Note: This isn't a complete list of covered DME or supplies. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)		
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (this service is continued on the next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Your provider may need to obtain prior authorization for services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$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, AccuChek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by the plan. Your provider may need to obtain prior authorization for some services.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing)	\$0	EPSDT is for members under 21 years of age.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Other covered services (continued)	screenings and services, immunizations, lead screening, and private duty nursing services)		
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	
	Mammograms	\$0	Your provider may need to obtain prior authorization for some services.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Other covered services (continued)	(such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)		
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified	\$0	Your provider may need to obtain prior authorization for some services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Other covered services (continued)	by a physician in accordance with a member's written plan of care)		
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for some services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services. Read the Evidence of Coverage for more information.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the UHC Dual Complete NJ-Y001 (HMO D-SNP) **Evidence of Coverage**. If you have questions, you can also call Member Services at the number listed at the bottom of this page.

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

D. Additional services UHC Dual Complete NJ-Y001 (HMO D-SNP) covers

This isn't a complete list. Call Member Services at the numbers listed at the bottom of the page or read the **Evidence of Coverage** to find out about these services.

Additional services UHC Dual Complete NJ-Y001 (HMO D-SNP) covers	Your costs
Fitness Program 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 • Access to a large national network of gyms and fitness locations	\$0
Over-the-counter (OTC) and food credit — \$214 credit every month to pay 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 • 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	\$0
Meal Benefit — 28 home-delivered meals (2 meals per day for 14 days) immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	\$0

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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. Benefits covered outside of UHC Dual Complete NJ-Y001 (HMO D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of the page to find out about other services not covered by **UHC Dual Complete NJ-Y001 (HMO D-SNP)** but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES) /Affiliated Emergency Services (AES)	\$0

F. Services not covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) (exclusions)

The following services aren't covered by our plan. This isn't a complete list. Call **Member Services** at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) (exclusions)
Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

Services not covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) (exclusions)
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of UHC Dual Complete NJ-Y001 (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can 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, 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 race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UHC Dual Complete NJ-Y001 (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

should be in a format and language you can understand. This includes the right to get information on:

- UHC Dual Complete NJ-Y001 (HMO D-SNP)
- The services we cover
- How to get services
- How much services will cost you
- Names of health care providers and Care Mangers
- Your rights and responsibilities
- **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. You can call Member Services if you want to change your PCP.
 - 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 as far as the law allows 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 about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete NJ-Y001 (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 doctors, other providers, and your health plan. Call Member Services if you need help with this service
 - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete NJ-Y001 (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation.

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - 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:
 - Access an easy process to voice your concerns, and to expect follow-up by UHC Dual Complete NJ-Y001 (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for an IMR of Medicaid services or items that are medical in nature
 - Appeal certain decisions made by or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason why services were denied.

Your responsibilities include, but aren't limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have a responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

- Tell your health care provider about yourself and your health history
- Tell your health care provider that you're a UHC Dual Complete NJ-Y001 (HMO D-SNP) member
- Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify UHC Dual Complete NJ-Y001 (HMO D-SNP) Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have a responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have a responsibility to obtain your services from UHC Dual Complete NJ-Y001 (HMO D-SNP).** You should:
 - Get all your health care from UHC Dual Complete NJ-Y001 (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete NJ-Y001 (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your UHC Dual Complete NJ-Y001 (HMO D-SNP) Member ID Card to obtain healthcare services
 - Notify UHC Dual Complete NJ-Y001 (HMO D-SNP) when you believe that someone has purposely misused UHC Dual Complete NJ-Y001 (HMO D-SNP) benefits or services

For more information about your rights, you can read UHC Dual Complete NJ-Y001 (HMO D-SNP)'s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NJ-Y001 (HMO D-SNP) Customer Service at the number listed at the bottom of this page.

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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. How to file a complaint or appeal a denied service

If you have a complaint or think **UHC Dual Complete NJ-Y001 (HMO D-SNP)** should cover something we denied, call **UHC Dual Complete NJ-Y001 (HMO D-SNP)** at 1-800-514-4911. You can file a complaint or 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 NJ-Y001 (HMO D-SNP) **Member Services** at the numbers listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

UnitedHealthcare 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

I. 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, contact us.

- Call us at UHC Dual Complete NJ-Y001 (HMO D-SNP) Member Services Phone numbers are in the footer of this document.
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-609-292-1272**. Calls to this number are free.

If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, 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.

If you have general questions or questions about our plan, services, service area, billing or your member ID Cards, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) Member Services:



Call 1-800-514-4911

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

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

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



Call 1-800-514-4911

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 NJ-Y001 (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, M-F Apr-Sept.