Summary of Benefits 2027

UHC Dual Complete VA-Y002 (HMO-POS D-SNP)

H2445-003-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Member Services or go online for more information about the plan.
Contact us for more information about the plan.

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Call toll-free **1-844-368-7151**, 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 VA-Y002 (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 VA-Y002 (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 VA-Y002 (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

Table of contents

A. Disclaimers 3

B. Frequently asked questions (FAQ) 5

C. List of covered services 11

D. Benefits covered outside of UHC Dual Complete VA-Y002 (HMO-POS D-SNP) 28

E. Services that UHC Dual Complete VA-Y002 (HMO-POS D-SNP), Medicare, and Cardinal Care Managed Care don't cover 28

F. Your rights as a member of the plan 28

G. How to file a complaint or appeal a denied service 31

H. What to do if you suspect fraud 31

If you have questions, please call UHC Dual Complete VA-Y002 (HMO-POS D-SNP) at **1-844-368-7151**, 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 VA-Y002 (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 VA-Y002 (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 VA-Y002 (HMO-POS D-SNP), you can check the state department of healthcare services website www.virginiamanagedcare.com/en or contact the Office of the Ombudsman at 1-800-552-5019, TTY 1-800-464-9950, 8:15 a.m.-5 p.m. local time, Monday-Friday. You can also call the Virginia Office of the State Long-Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-844-368-7151** 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, Korean, Vietnamese, Hindi, Chinese, Arabic, Amharic, Urdu, Tagalog, Farsi, French, Bengali, Telugu, Nepali, and Russian.

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 VA-Y002 (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.

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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 UHC Dual Complete D-SNP?	A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Cardinal Care Managed Care. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the Cardinal Care Managed Care program.
Will I get the same Medicare and Cardinal Care Managed Care benefits in UHC Dual Complete VA-Y002 (HMO-POS D-SNP) that I get now? **(continued on next page)**	You'll get most of your covered Medicare and Cardinal Care Managed Care benefits directly from UHC Dual Complete VA-Y002 (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 team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency or specialty mental health and substance use disorder services or regional center services. When you enroll in UHC Dual Complete VA-Y002 (HMO-POS D-SNP), you and your Care Team will work together to develop an Individualized Care Plan to 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 VA-Y002 (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 VA-Y002 (HMO-POS D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that aren't covered by Medicare. For more information, call

Frequently asked questions	Answers
Will I get the same Medicare and Cardinal Care Managed Care benefits in UHC Dual Complete VA-Y002 (HMO-POS D-SNP) that I get now? **(continued from previous page)**	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 VA-Y002 (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 health care providers I use now? **(continued on next page)**	That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete VA-Y002 (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. Y**ou must use the providers in UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP)'s plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete VA-Y002 (HMO-POS D-SNP)'s network, or have an established relationship with a provider that's out of UHC Dual Complete VA-Y002 (HMO-POS D-SNP)'s network, call Member Services to check about staying connected with your existing provider for a period of time. Call Member Services to check about staying connected. Out-of-network/non-contracted providers are under

Frequently asked questions	Answers
Can I use the same health care providers I use now? **(continued from previous page)**	no obligation to treat Plan members, except in emergency situations. 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 VA-Y002 (HMO-POS D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **myUHC.com/CommunityPlan.** If UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP) care coordinator or care manager?	A UHC Dual Complete VA-Y002 (HMO-POS D-SNP) care coordinator or care manager is your main contact person at our plan. 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 (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides LTSS if you're found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but could be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP) will cover services provided by an out-of-network provider.
Where's UHC Dual Complete VA-Y002 (HMO-POS D-SNP)'s available? **(continued on next page)**	The service area for this plan includes: **Virginia:** Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City,

Frequently asked questions	Answers
Where's UHC Dual Complete VA-Y002 (HMO-POS D-SNP)'s available? (continued from previous page)	Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York. You must live in one of these areas to join the plan.
What's prior authorization? (continued on next page)	Prior authorization means that you must get an approval from UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP) may not cover the service,

Frequently asked questions	Answers
What's prior authorization? (continued from previous page)	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 VA-Y002 (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 VA-Y002 (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.
What's a referral?	A referral means that your care team 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 care team, UHC Dual Complete VA-Y002 (HMO-POS D-SNP) may not cover the services. UHC Dual Complete VA-Y002 (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. Refer to the **Evidence of Coverage** to learn more about when you'll need to get a referral from your care team PCP.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete VA-Y002 (HMO-POS D-SNP)?	No. Because you have Cardinal Care Managed Care you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.

Frequently asked questions	Answers
Do I pay a deductible as a member of UHC Dual Complete VA-Y002 (HMO-POS D-SNP)?	No. You don't pay deductibles in UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete VA-Y002 (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Our plan covers an unlimited number of days for an inpatient hospital stay. 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 to use a health care provider (continued on next page)	Visits to treat an injury or illness	$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want to use a health care provider (continued)	Wellness visits, such as a physical	$0	
	Specialist care	$0	Your provider may need to obtain prior authorization for services. Requires a referral from your doctor.
	"Welcome to Medicare" (preventive visit one time only)	$0	
You need emergency care	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 the hospital doesn't have to be in-network. Contact the plan for details.
	Urgent care	$0	Urgently needed services aren't emergency care. You don't need prior authorization and the urgent care center doesn't have to be in-network. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Lab tests and diagnostic procedures, such as blood work	$0	Your provider may need to obtain prior authorization for services.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRI's)	$0	Your provider may need to obtain prior authorization for services.
You need hearing/ auditory services (continued on next page)	Hearing screenings (including routine hearing exams)	$0	1 routine hearing exam per year. Covered under Cardinal Care if you're under 21. Covered under UHC Dual Complete VA-Y002 (HMO-POS D-SNP) if you're over 21. Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	$0	$2,200 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

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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 hearing/ auditory services (continued)			• 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.
You need dental care (continued on next page)	Dental check-ups and preventive care	$0	$2,500 allowance for all covered dental services. 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 Additionally Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for

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 (continued)			information or visit https://www.dentaquest.com/en/members/virginia-medicaid-dentalcoverage/cardinal-caresmiles.
	Restorative and emergency dental care	$0	Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 aren't covered. Contact DentaQuest at the number above for coverage information. Your provider may need to obtain prior authorization for services.
You need eye care (continued on next page)	Eye exams	$0	1 every year. UHC Dual Complete VA-Y002 (HMOPOS D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	$0	Plan pays up to $200 every year for 1 pair of lenses/frames and contacts (through March Vision).

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)			Benefit not covered out-of-network. Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. You may have additional eyewear benefits available through Cardinal Care. Please call Member Services to find out more
	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 need behavioral health services (continued on next page)	Mental Health Services	$0	UHC Dual Complete VAY002 (HMO-POS D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people	$0	UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides coverage for inpatient and outpatient

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need behavioral health services (continued)	who need Mental Health Services		mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Your provider may need to obtain prior authorization for services.
You need substance use disorder services	Substance use disorder services	$0	Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. 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	Skilled nursing care	$0	UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides coverage for skilled and intermediate nursing facility care. Our plan covers up to 100 days in a SNF. Your provider may need to obtain prior authorization for services.
	Nursing home care	$0	Your provider may need to obtain prior authorization for services.
	Adult foster care and group adult foster care	$0	
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 (continued on next page)	Ambulance services	$0	Ambulance services for other cases (non-emergent) must be approved by us. In cases that aren't emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.

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 (continued)			Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	$0	Up to 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies. Includes transportation to services covered by Medicare. Cardinal Care also provides coverage through Medicaid for Non Emergency Medical Transportation services. Routine transportation not for use in emergencies.
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.

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)			Read the **Evidence of Coverage** for more information on these drugs. Your provider may need to obtain prior authorization for services.
	Medicare Part D drugs	$0 for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete VA-Y002 (HMO-POS D-SNP)'s **List of Covered Drugs (Drug List)** for more information. 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.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete VA-Y002 (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	4 routine foot care visits every 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 Member Services or refer to **Chapter 4** of the **Evidence of Coverage.**	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	$0	UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. 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 (continued on next page)	Home health services	$0	UHC Dual Complete VA-Y002 (HMO-POS D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your UHC Dual Complete VA-Y002 (HMO-POS D-SNP) care team to request a LTSS screening for the CCC Plus Waiver. 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	Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak

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)			with your care team to learn more.
	Adult Day Health Services	$0	You may have a monthly patient pay amount as determined by the Virginia Department of Social Services. UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides these services if you're found to be eligible through the LTSS screening process. Your provider may need to obtain prior authorization for services.
	Day habilitation services	$0	
	Services to help you live on your own (home health care services or personal care attendant services)	$0	
Additional services (continued on next page)	Chiropractic services	$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) May require your provider to get prior authorization from the plan for in-network benefits.

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)	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.
	Prosthetic services	$0	UHC Dual Complete VA-Y002 (HMO-POS D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.
	Radiation therapy	$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)
Additional services (continued)	Services to help manage your disease	$0	Care management or care coordination services are provided to all UHC Dual Complete VA-Y002 (HMO-POS D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.
	Hospice	$0	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
	Mammograms	$0	Diagnostic Mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are medically necessary. Screening Mammograms: Covered once every 12 months (11 full months must have passed since the last screening).
	Meal benefit	$0	28 home-delivered meals after each inpatient hospitalization or skilled

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)			nursing facility (SNF) stay, provided through UHC Dual Complete VA-Y002 (HMO-POS D-SNP). Plus 14 additional meals after each inpatient hospitalization stay, provided through your Medicaid enhanced benefit.
	OTC, healthy food, utilities + wellness support	$0	$315 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
	Virtual medical Visits	$0	Talk with a network telehealth provider online through live audio and video
	Virtual mental health 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 VA-Y002 (HMO-POS D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP)

There are some services that you can get that aren't covered by UHC Dual Complete VA-Y002 (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 or Medicaid	Your costs
Developmental disability support coordination	$0
Transportation to waiver services provided through the Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) Medicaid waivers	$0

E. Services that UHC Dual Complete VA-Y002 (HMO-POS D-SNP), Medicare, and Cardinal Care Managed Care 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 VA -Y002 (HMO -POS D-SNP), Medicare, and Medicaid do not cover	
Services not considered "reasonable and necessary" according to standards of Medicare and Medicaid	Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study.
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery.
Nursing services provided in a Christian Science Sanatorium	

F. Your rights as a member of the plan

As a member of UHC Dual Complete VA-Y002 (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 VA-Y002 (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 VA-Y002 (HMO-POS D-SNP) at **1-844-368-7151**, 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 and care services, 24 hours a day, 7 days a week, without prior authorization
  - 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 the Virginia Department of Medical Assistance Services Member Helpline at **1-800-643-2273** (TTY **1-800-817-6608**). UHC Dual Complete VA-Y002 (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 Cardinal Care Medicaid services or items that are medical in nature
  - Ask for a State Fair Hearing from the Virginia Department of Medical Assistance Services.
  - 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 VA-Y002 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at **1-800-552-5019** (TTY users call Virginia Relay at 711).

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

If you have a complaint or think UHC Dual Complete VA-Y002 (HMO-POS D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of the page. 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 VA-Y002 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

UnitedHealthcare 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

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, contact us.

- Call us at UHC Dual Complete VA-Y002 (HMO-POS D-SNP) Member Services, **1-844-368-7151**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.
- Or, call Virginia Cardinal Care Medicaid Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Or, call Virginia Cardinal Care Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at **MFCU_mail@oag.state.va.us**.
- 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 VA-YL (HMO-POS D-SNP) Member Services:

Call 1-844-368-7151

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

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call NurseAdvice 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 Advice Line are:

Call 1-844-368-7151

Calls to this number are free. UHC Dual Complete VA-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 1-800-496-5841

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 VA-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.