



# 2025 Enrollment Guide

**UHC Dual Complete TN-Y001 (HMO-POS D-SNP)**

H0251-004-000

**Service area:** Tennessee - Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson counties

**United  
Healthcare®  
Dual Complete**

TN-Y001 POS for dental only with form  
FBDE with UHC LTC

# UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



## **Simplify your day with benefits built to be used**

Your UCard®, only from UnitedHealthcare, is more than just your member ID card. Use it to help pay for OTC and healthy food for qualifying members, and shop for approved products from brands you know like Walmart, Walgreens and more with your earned rewards. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



## **Get more for your Medicare dollar**

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with UnitedHealthcare Dual Complete coverage.



## **Expert guidance for today and as your needs change**

Count on UnitedHealthcare to be there every step of the way with easy-to-understand Medicare resources, useful online tools, and trusted Medicare Plan Experts<sup>1</sup> to guide you. And with our Right Plan Promise<sup>2</sup>, only from UnitedHealthcare, you can rely on our 45 years of Medicare experience to help you find the right UnitedHealthcare plan for your needs and budget.

<sup>1</sup>Medicare Plan Expert is a licensed insurance sales agent/producer.

<sup>2</sup>The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

# UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail. Reach for your UCard when:



## Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



## Buying OTC products — and healthy food for members who qualify

Use the credit loaded on your UCard as payment in-store or online.



## Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



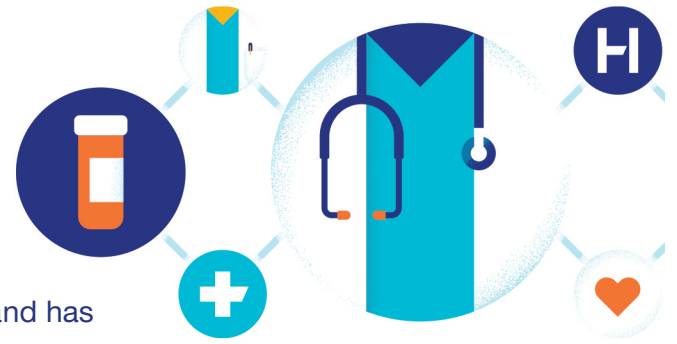
## Checking in at the gym

Show your UCard to access your free membership the first time you visit a network gym or fitness location.



# Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



## Here's how this HMO-POS D-SNP plan works



**Get care from providers in the network** or visit out-of-network providers for covered dental services.



**Select a primary care provider to oversee and help manage your care.** It's required by the plan, but it's also very beneficial for your long term health and well-being.



**\$0 covered services when received in-network.** Look at the Summary of Benefits in this book to find out what services are covered.



**No referral is needed to see a network specialist or other provider.**



**Emergency and urgently needed services are covered anywhere in the world.**



**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

Go to **UHC.com/CommunityPlan** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Evidence of Coverage for a list of all covered services.

Scan this  
code to view  
the drug list



# Benefit Highlights

## UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

As a UHC Dual Complete TN-Y001 (HMO-POS D-SNP) member, you have no out-of-pocket expenses. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.

This is a short description of your 2025 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	\$0
Medical benefits	
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay
Outpatient mental health	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay

Medical benefits	
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)
Benefits and services beyond Original Medicare	
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$600 every year for 1 pair of lenses/frames and contacts
Dental – preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays and fluoride*
Dental – comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services*
Dental - benefit limit	\$5,000 combined limit on all covered dental services*
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	Plan pays up to \$3,200 every year for 2 hearing aids from network providers.  Includes hearing aids delivered directly to you (select products only).
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
Routine transportation	\$0 copay; 120 one-way trips per year to or from approved locations.
Adult day care	\$0 copay for 24 hours per week of adult day care through a network of contracted providers.
Foot care - routine	\$0 copay, 4 visits per year

Benefits and services beyond Original Medicare	
<b>Routine chiropractic services</b>	\$0 copay, 20 visits per year
<b>Food and over-the-counter (OTC) credit</b>	\$336 credit every month to buy covered OTC products – and covered healthy food for qualifying members
<b>Rewards</b>	Earn up to \$165 in rewards when you get started in January <sup>Ω</sup> \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
<b>In-home support services</b>	\$0 copay for 45 hours of in-home support every month for members with disabilities or other qualified medical conditions

\*Benefits are combined in and out-of-network

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drugs	
<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<b>30-day or 100-day supply from retail network pharmacy</b>
<b>Generic (including brand drugs treated as generic)</b>	\$0 copay (Some covered drugs are limited to a 30-day supply) Copays or coinsurance for prescription drugs may vary based on if you receive Extra Help. If you have Medicare and Division of TennCare (Medicaid) you automatically qualify for Extra Help. Please contact the plan for more details.
<b>All other drugs<sup>1</sup></b>	\$0 copay (Some covered drugs are limited to a 30-day supply) Copays or coinsurance for prescription drugs may vary based on if you receive Extra Help. If you have Medicare and Division of TennCare (Medicaid) you automatically qualify for Extra Help. Please contact the plan for more details.

<sup>1</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.



The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

<sup>Q</sup>Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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# Summary of Benefits 2025

**UHC Dual Complete TN-Y001 (HMO-POS D-SNP)**  
H0251-004-000

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Contact us for more information about the plan.



**UHC.com/CommunityPlan**



Toll-free **1-844-560-4944**, TTY **711**  
8 a.m.–8 p.m. local time, 7 days a week

**United  
Healthcare®  
Dual Complete**

**Introduction**

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

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**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 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 TN-Y001 (HMO-POS D-SNP) for January 1, 2025 to December 31, 2025. 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 TN-Y001 (HMO-POS D-SNP) Enrollee Services at the number of the bottom of this page.

- UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at **1-844-560-4944** for additional information (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al **1-844-560-4944**, para obtener información adicional (los usuarios de TTY deben comunicarse al **711**). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.
- The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- The additional transportation benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.
- Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- 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 a day, 7 days a week. TTY users should call **1-877-486-2048**.
- For more information about TennCare you can check the Members/Applicant section of the TennCare website at **tn.gov/TennCare** or call **1-800-342-3145**. For people who have both Medicare and TennCare you can contact TennCare Connect at **1-855-259-0701** or **1-800-848-0298** TTY, Monday–Friday 7 a.m. to 6 p.m. CST. Or use the free TennCare Connect member portal at: **tenncareconnect.tn.gov**
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish and Arabic.
- If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- 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 TN -Y001 (HMO-POS D-SNP) Customer Service at the number at the bottom of this page.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**Hearing aids**

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

**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. Provider network may vary in local market.

**Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

**Fitness program**

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness Program includes standard fitness membership and other offerings. Fitness membership, equipment, classes, activities and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**Food and over-the-counter (OTC) credit**

Food and OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network. Contact Optum Home Delivery Pharmacy anytime at **1-877-266-4832**, TTY **711**.

**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**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**B. Frequently asked questions (FAQ)**

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a UHC Dual Complete D-SNP?</b>	A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and TennCare. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs under the TennCare program.
<b>Will I get the same Medicare and TennCare benefits in UHC Dual Complete TN-Y001 (HMO-POS D-SNP) that I get now?</b>	<p>You will get most of your covered Medicare and TennCare benefits directly from UHC Dual Complete TN-Y001 (HMO-POS D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in UHC Dual Complete TN-Y001 (HMO-POS D-SNP), you and your care coordinator will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete TN-Y001 (HMO-POS D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Complete TN-Y001 (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of the page.</p>

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete TN-Y001 (HMO-POS D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• 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. <b>You must use the providers in UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s plan.</li><li>• If you are currently under treatment with a provider that is out of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network, or have an established relationship with a provider that is out of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network, call Customer Service to check about staying connected.</li></ul> <p>To find out if your providers are in the plan’s network, call Customer Service at the numbers listed at the bottom of the page or read UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b>MyUHC.com/CommunityPlan</b>.</p> <p>If UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
What is a UHC Dual Complete TN-Y001 (HMO-POS D-SNP) care coordinator?	<p>A UHC Dual Complete TN-Y001 (HMO-POS D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in UHC Dual Complete TN-Y001 (HMO-POS D-SNP)’s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete TN-Y001 (HMO-POS D-SNP) will pay for the cost of an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your <b>Evidence of Coverage</b> for more information.
Where is UHC Dual Complete TN-Y001 (HMO-POS D-SNP) available?	<p>The service area for this plan includes: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson counties, Tennessee. You must live in one of these areas to join the plan.</p> <p>Call Customer Service at the numbers listed at the bottom of the page for more information about whether the plan is available where you live.</p>

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently Asked Questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from UHC Dual Complete TN-Y001 (HMO-POS D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UHC Dual Complete TN-Y001 (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC Dual Complete TN-Y001 (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 TN-Y001 (HMO-POS D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <b>Evidence of Coverage</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Evidence of Coverage</b> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of the page for help.</p>
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete TN-Y001 (HMO-POS D-SNP)?</b>	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
<b>Do I pay a deductible as a member of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)?</b>	No. You do not pay deductibles in UHC Dual Complete TN-Y001 (HMO-POS D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)?</b>	There is no cost sharing for medical services in UHC Dual Complete TN-Y001 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**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, & benefit information (rules about benefits)
<b>You need hospital care</b>	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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need emergency care</b>	Emergency room services	\$0	\$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay.
	Urgent care	\$0	\$0 copay (worldwide) per visit
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Your provider may need to obtain prior authorization for services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Your provider may need to obtain prior authorization for services.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Coverage for members under the age of 21. 1 per year
	Hearing aids	\$0	<p>\$3,200 allowance for a broad selection of OTC and brand-name prescription hearing aids</p> <ul style="list-style-type: none"><li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li><li>• Broad range of popular hearing aids</li><li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period brand-name prescription hearing aids.</li></ul> <p>Your provider may need to obtain prior authorization for services.</p>
<b>You need dental care</b>	Comprehensive dental services	\$0 copay for comprehensive dental services	\$5,000 combined limit on all covered dental services. See EOC for details.
	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care	\$0	

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b>	Eye exams	\$0	1 per year
	Glasses or contact lenses	\$0	Plan pays up to \$600 every year for lenses/frames  Home delivered eyewear available through select network providers (select products only).  You are responsible for all eyewear costs from providers outside of the network.  Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need behavioral health services</b>	Behavioral Health Care (Mental health services)	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Our plan covers 90 days for an inpatient hospital stay.  Your provider may need to obtain prior authorization for services.
	Outpatient group therapy visit	\$0	Your provider may need to obtain prior authorization.
	Outpatient individual therapy visit	\$0	Your provider may need to obtain prior authorization.
	Virtual mental health visits	\$0	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	Your provider may need to obtain prior authorization for services.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	\$0 copay per day: days 1–100  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.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization.
<b>You need help getting to health services</b>	Emergency transportation	\$0	\$0 copay for ground \$0 copay for air  No prior authorization is needed.
	Transportation to medical appointments and services (Non-Emergency transportation services or NEMT)	\$0	120 one-way trips per year to or from.  Routine transportation not for use in emergencies.  Your provider may need to obtain prior authorization for non-emergency transportation.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Evidence of Coverage</b> for more information on these drugs. Your provider may need to obtain prior authorization for services.
	Medicare Part D prescription drugs	\$0 for a 30-day supply.	Copays or coinsurance for prescription drugs may vary based on if you receive Extra Help. Please contact the plan for more details. There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete TN-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information. If you have Medicare and Division of TennCare (Medicaid) you automatically qualify for Extra Help.  An extended day supply is only available at a subset of the retail or mail order network pharmacy. Your provider must get prior authorization from UHC Dual Complete TN-Y001 for certain drugs.  Contact the plan for details
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete TN-Y001 (HMO-POS D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	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.
<b>You need foot care</b>	Podiatry services	\$0	4 visits per year. Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
<b>You need Durable medical equipment (DME) and related supplies</b>  <b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to <b>Chapter 4</b> of the <b>Evidence of Coverage</b> .	Wheelchairs, crutches, and walkers	\$0	Your provider may need to obtain prior authorization.
	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	\$0	Your provider may need to obtain prior authorization for services.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b>	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Members with disabilities and/or other qualifying medical conditions may receive up to 45 hours per month of in-home support services. Your provider may need to obtain prior authorization for services.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Member receives up to 24 hours per week of Adult Day Care through a network of contracted providers within the service area. Plan benefit coverage does not carry over from week to week. 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	
<b>Additional services (continued on next page)</b>	Chiropractic services	\$0	20 visits per year. Your provider may need to obtain prior authorization for services.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & 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
	Donor organ/tissue procurement services	\$0	
	Fitness Program	\$0 copay for fitness program.	Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no cost and includes: <ul style="list-style-type: none"><li>• Free gym membership</li><li>• Access to a large national network of gyms and fitness locations</li><li>• On-demand workout videos and live streaming fitness classes</li><li>• Online memory fitness activities</li></ul>

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Food, over-the-counter (OTC) and home and bath safety devices credit- Special supplemental benefits for the chronically ill		<p>\$336 credit every month to pay for OTC products and healthy food for members who qualify</p> <ul style="list-style-type: none"><li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li><li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li><li>• Shop at thousands of participating stores,including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you. Call your plan or review your <b>Evidence of Coverage</b> (EOC) for more information.</li></ul>
	Meal Benefit	\$0	<p>Up to 28 meals over 14 days; unlimited times per year. Members can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge. Please check the <b>Evidence of Coverage</b> for additional details.</p>
	Organ and tissue transplant services	\$0	
	Private duty nursing services	\$0	

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$0	
	Reconstructive breast surgery	\$0	
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete TN-Y001 (HMO-POS D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service at the numbers listed at the bottom of the page to get one. If you have questions, you can also call Customer Service or visit **MyUHC.com/CommunityPlan**.

**D. Benefits covered outside of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)**

There are some services that you can get that are not covered by UHC Dual Complete TN-Y001 (HMO-POS D-SNP) but are covered by Medicare, TennCare, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of the page to find out about these services.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Certain hospice care services covered outside of UHC Dual Complete TN-Y001 (HMO-POS D-SNP)	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.
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

**E. Services that UHC Dual Complete TN-Y001 (HMO-POS D-SNP), Medicare, and TennCare do not cover**

This is not a complete list. Call Customer Service at the numbers listed at the bottom of the page to find out about other excluded services.

Services UHC Dual Complete TN-Y001 (HMO-POS D-SNP), Medicare, and TennCare do not cover
Services that are not medically necessary.
Services that are experimental or investigative.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.

**F. Your rights as a member of the plan**

As a member of UHC Dual Complete TN-Y001 (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 will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**.

- **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, public assistance, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated differently. Being treated differently means you’ve been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from UHC Dual Complete TN-Y001 (HMO-POS D-SNP), providers, or TennCare. To file a complaint or learn more about your rights visit: [tn.gov/tenncare/members-applicants/civil-rights-compliance](https://tn.gov/tenncare/members-applicants/civil-rights-compliance)
  - Get information in other languages and formats (for example, large print, accessible electronic documents, 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

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- 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 are 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 TN-Y001 (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 does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - 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 TennCare at **1-800-878-3192** or **1-866-771-7043** TTY. The UHC Dual Complete TN-Y001 (HMO-POS D-SNP) website **MyUHC.com/CommunityPlan** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- Ask for an IMR of TennCare services or items that are medical in nature
- Appeal certain decisions made by State Department of Managed Health Care or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

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

You can also call TennCare Connect for people who have Medicare and TennCare at **1-800-259-0701**.

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

If you have a complaint or think UHC Dual Complete TN-Y001 (HMO-POS D-SNP) should cover something we denied, call Customer Service at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage**. You can also call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service at the numbers listed at the bottom of the page.

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

UnitedHealthcare Appeals and Grievances Department  
PO Box 6103  
MS CA120-0360  
Cypress, CA 90630-0023

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

UnitedHealthcare Part D Appeal and Grievance Department  
PO 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, please contact us.

- Call us at UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service. Phone numbers are on the cover of this summary or the numbers listed at the bottom of this page.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.



- 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, 24 hours a day, 7 days a week.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline **1-800-433-3982** or TTY users may call **1-877-779-3103**.

**If you have questions**, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-844-560-4944** and TTY **711**, 8 a.m.–8 p.m.: 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 Member ID Cards, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) Customer Service:**



**1-844-560-4944**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. Customer Service also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

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



**1-844-560-4944**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. UHC Dual Complete TN-Y001 (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

## Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free.  
This page tells you how to get help in a language other than English. It also tells you about other help that's available.

### Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame al 1-800-690-1606 (TTY:711).

### Kurdish: کوردی

ئاگاداری: ئه‌گهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخوڤایی، بۆ تو به‌ردهسته. په‌یومندی به  
1-800-690-1606 (TTY:711).. بکه

### Arabic: ربيّة علّا

وظة حلم: اذا ملكتتة علّا ربيّة علّا اتمدخدة عاسملا وية علّا رفوتمة لك انجام. اتصل مقبر: 1-800-690-1606  
مقر فتاه صملا و مكبلا (TTY: 711)

### Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-690-1606  
(TTY:711)。

### Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số  
1-800-690-1606 (TTY:711).

### Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-800-690-1606 (TTY:711) 번으로 전화해 주십시오.

### French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés  
gratuitement. Appelez le 1-800-690-1606 (TTY:711).

### Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው  
ቁጥር ይደውሉ 1-800-690-1606 (መስማት ለተሳናቸው፡TTY:711)።

### Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન  
કરો 1-800-690-1606 (TTY:711).

**Laotian: ພາສາລາວ**

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY:711).

**German: Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY:711).

**Tagalog: Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY:711).

**Hindi: हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY:711). पर कॉल करें।

**Serbo-Croatian: Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Russian: Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-800-690-1606 (телетайп: TTY:711).

**Nepali: नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-690-1606 (टिडिवाइ: TTY:711).

**Persian: فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 تماس بگیرید. (TTY:711)

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

**Call us for free at 1-800-690-1606. We can connect you with the free help or service you need. (For TTY call 711)**

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:

**<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>**

**Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance**

P.O. Box 30608  
Salt Lake City, UT 84130

Email: **UHC\_Civil\_Rights@uhc.com**

Phone: 1-800-690-1606

**U.S. Department of Health & Human Services, Office for Civil Rights**

200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201

Phone: 1-800-368-1019 (TDD 1-800-537-7697)

Online: **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**

# Helpful resources

## You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

## Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

## We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

## Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



**MedicareMadeClear.com**

# Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find plan documents at **UHC.com/CommunityPlan**.



## **Did you check the online Drug List (Formulary) to make sure your prescription drugs are covered?**

Drugs not covered by the plan may have alternative drugs that can be used instead.



## **Did you check the online Provider Directory to make sure your providers are in the network?**

If your providers are not in the network, you will need to select a new network provider. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



## **Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?**

If your pharmacy is not in the network, you will need to select a new network pharmacy.



## **Did you look through the Summary of Benefits in this booklet to review your medical services and prescription drugs?**

You can find a complete list of coverage, benefits and plan rules in the Evidence of Coverage online.



## **You're eligible to enroll in this Dual Special Needs Plan (D-SNP) if you:**



Are enrolled in Original Medicare Parts A and B



Receive state Medicaid benefits



Are enrolled in a UnitedHealthcare Long Term Care Plan

# How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



## Online

Visit **UHC.com/CommunityPlan** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Look for the **UHC Dual Complete TN-Y001 (HMO-POS D-SNP)** plan and select the Enroll button
- 3 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



## By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to  
complete your  
enrollment online





# What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare Advantage plan.



**You are here**  
Enrollment  
submitted



Download the app  
or create your  
account online



UCard arrives in  
the mail – be sure  
to activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at **MyUHC.com/CommunityPlan**. Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Review UnitedHealthcare UCard credit balances

## Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to  
download the  
UnitedHealthcare app



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# Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

**Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):**

- ☐ Medicare Advantage (Part C) plans and cost plans
- ☐ Dental, vision, hearing products
- ☐ Standalone Medicare prescription drug (Part D) plans
- ☐ Hospital indemnity products
- ☐ Medicare Supplement (Medigap) products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

**Beneficiary or authorized representative signature and signature date:**

<b>Signature of beneficiary/authorized representative</b>	<b>Today's date</b>
<div></div>	<div>MM-DD-YYYY</div>

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)	Relationship to beneficiary
<div></div>	<div></div>

**To be completed by licensed sales representative** (please print clearly and legibly)

Sales Agent name (First and Last)	Sales Agent phone	Sales Agent ID
<div></div>	<div></div>	<div></div>
Beneficiary name (First and Last)	Beneficiary phone	Date of appointment
<div></div>	<div></div>	<div>MM-DD-YYYY</div>

Beneficiary address

Initial method of contact	Plan(s) the Sales Agent will represent during the meeting
<div></div>	<div></div>

Sales Agent signature

## Medicare Advantage plans (Part C) and cost plans

**Medicare Health Maintenance Organization (HMO) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO point-of-service (HMO-POS) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

**Medicare preferred provider organization (PPO) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare private fee-for-service (PFFS) plan** — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) plan** — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare cost plan** — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Stand-alone Medicare prescription drug (Part D) plan

**Medicare prescription drug plan (PDP)** — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

## Other related products

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

**Dental, vision, hearing products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

**Hospital indemnity products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

# Additional Benefit Verification Form

In order to receive your healthy food benefit, your plan requires that your health condition(s) be verified by your primary care provider or treating physician's office.

This is a 2-part process:

1. Select your health condition(s) below, sign and complete the information requested on page 2 under APPLICANT so that we can have your provider verify your condition(s). Call the number at the bottom of page 2 if you have any questions.
2. Send your completed form. We will use the form to have your provider confirm your condition(s).

**To be completed by the applicant or by authorized legal representative**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Medicare ID (MBI/HICN):** \_\_\_\_\_

## Qualifying clinical conditions

This is a pre-assessment, final verification will be completed with your provider.

**Please select the health condition(s) that apply to you:**

- ☐ Autoimmune disorders
- ☐ Cancer (excluding pre-cancer conditions or in-situ status)
- ☐ Cardiovascular disorders
- ☐ Chronic alcohol or other drug dependence
- ☐ Chronic and disabling mental health conditions
- ☐ Chronic heart failure
- ☐ Chronic kidney disease (stage 3 – moderate)
- ☐ Chronic lung disorders
- ☐ Dementia
- ☐ Diabetes mellitus
- ☐ End-stage liver disease
- ☐ End-stage renal disease (ESRD) requiring dialysis
- ☐ HIV/AIDS
- ☐ Hyperlipidemia (high cholesterol)
- ☐ Hypertension (high blood pressure)
- ☐ Morbid obesity
- ☐ Neurological disorders
- ☐ Protein-calorie malnutrition
- ☐ Severe hematologic disorders
- ☐ Spinal cord disorders or injuries
- ☐ Stroke

**Applicant/authorized representative:** \_\_\_\_\_

***Completing this pre-assessment does not affect enrollment in the plan. This plan requires verification from a provider or specialist in order to receive your healthy food benefit.***

# Additional Benefit Release of Information Form

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law concerning the privacy of such information.

## Use and disclosure authorization

**APPLICANT, please complete (\* indicates required field).**

I, *(insert applicant name)* \_\_\_\_\_, hereby authorize the disclosure of my health information described above by:

Name of provider (last name, first name)*	Provider telephone number*	
Provider address*		
City*	State*	ZIP code*

Applicant date of birth: \_\_\_\_\_

<b>Applicant/authorized representative signature</b>	<b>Today's date</b>
_____	_____

**CARE PROVIDER/SPECIALIST, please complete.**

I, \_\_\_\_\_ (Primary care provider/specialist/care provider representative), hereby certify that \_\_\_\_\_ (applicant) has the health condition(s) as noted on the front page.

<b>Primary care provider/treating physician/specialist signature</b>	<b>Today's date</b>
_____	_____

## Please send the completed forms to:



**UnitedHealthcare**  
10 Cadillac Dr, Ste 200  
Brentwood, TN 37027  
Attn: TN DSNP Attestation



Or fax the front and back of each page to:  
**877-307-1191**



**If you have any questions, please call:**  
**1-844-560-4944, TTY 711,**  
8 a.m.–8 p.m. local time, 7 days a week



**uhc\_dsnp\_attestation@uhc.com**

The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.



## 2025 Enrollment Request Form

☐ UHC Dual Complete TN-Y001 (HMO-POS D-SNP) H0251-004-000

### Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial
-----------	------------	----------------

Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------	---

Home phone number (       )       —	Mobile phone number (       )       —
-------------------------------------	---------------------------------------

☐ I give consent for UnitedHealthcare and its affiliates to call the phone number(s) I have provided using an autodialer and/or prerecorded voice technology.

Social Security number

(Required for people who are enrolling in D-SNP plans): \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_

Medicare number

Permanent residence street address (**Don't enter a P.O. box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address**)

City	County	State	Zip code
------	--------	-------	----------

Mailing address (**Only if it's different from above. You can give a P.O. box.**)

City	State	Zip code
------	-------	----------

Email address (optional)

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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**Do you have other insurance that will cover your prescription drugs?**☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If **yes**, what is it?

Name of other insurance

Member number	Group number	RxBin	RxPCN (optional)
---------------	--------------	-------	------------------

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

**How do you want to pay?**

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you
- ☐ I want to pay from my Social Security check
- ☐ I want to pay from my Railroad Retirement Board (RRB) check
- ☐ I want to pay directly from a bank account

Account type ☐ Checking ☐ Savings

Account holder name: \_\_\_\_\_

Bank routing number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Bank account number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**A few questions to help us manage your plan****1. Would you prefer plan information in another language or an accessible format?**

If you would prefer plan information in another language or accessible format, please check what you'd like: ☐ Spanish ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD ☐

Other \_\_\_\_\_

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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UHTN25HP0221394\_001



If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/CommunityPlan** for online help.

**2. Are you enrolled in your state Medicaid program?**

☐ Yes ☐ No

If yes, please give us your Medicaid number: \_\_\_\_\_

**3. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- \_\_\_\_\_ No, not of Hispanic, Latino/a, or Spanish origin
- \_\_\_\_\_ Yes, Mexican, Mexican American, or Chicano/a
- \_\_\_\_\_ Yes, Puerto Rican
- \_\_\_\_\_ Yes, Cuban
- \_\_\_\_\_ Yes, another Hispanic, Latino, or Spanish origin
- \_\_\_\_\_ **I choose not to answer**

**4. What's your race? Select all that apply.**

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Black or African American

Asian:

- \_\_\_\_\_ Asian Indian
- \_\_\_\_\_ Chinese
- \_\_\_\_\_ Filipino
- \_\_\_\_\_ Japanese
- \_\_\_\_\_ Korean
- \_\_\_\_\_ Vietnamese
- \_\_\_\_\_ Other Asian

Native Hawaiian or Pacific Islander:

- \_\_\_\_\_ Guamanian or Chamorro
- \_\_\_\_\_ Native Hawaiian
- \_\_\_\_\_ Samoan
- \_\_\_\_\_ Other Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ **I choose not to answer**

\_\_\_\_\_ Member/Citizen of a federal or state recognized Tribe (name of Tribe) \_\_\_\_\_

**5. Do you or your spouse work?**

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of health insurance company \_\_\_\_\_

Member number \_\_\_\_\_

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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**6. Please give us the name of your primary care provider (PCP), clinic or health center.**

You can find a list on the plan website or in the Provider Directory.

Provider or PCP full name \_\_\_\_\_

Provider/PCP number \_\_\_\_\_

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No

**Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.**

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet or mobile phone.

**If you would rather have hard copies of required materials mailed to you, please check here:**

- ☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

**Please read and sign****By completing this form, I agree to the following:**

- ☐ I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

Y0066\_ERFMA\_2025\_C

UHTN25HP0221394\_001

- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**When I sign below, it means that I have read and understand the information on this form**

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

**Signature of applicant/member/authorized representative**

**Today's date**

---

**If you are the authorized representative, please sign above and complete the information below (\*Not a Sales Agent)**

Last name		First name	
Address			
City		State	Zip code
Phone number (       )       —		Relationship to applicant	

**For individuals helping enrollee with completing this form only**

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

**For Licensed Sales Representative/agency use only**

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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UHTN25HP0221394\_001

Licensed Sales representative/Writing ID	Initial receipt date
Licensed Sales representative/agent name	Proposed effective date
Employer group name	
Employer group ID	Branch ID

**Agent must complete**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees)  | <input type="checkbox"/> ICEP (MA enrollees)             | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 – Mar 31)        |
| <input type="checkbox"/> OEP (Newly eligible)   | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence)                  | <input type="checkbox"/> SEP (Loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic)          | <input type="checkbox"/> SEP (Dual LIS maintaining)      | <input type="checkbox"/> AEP (October 15-December 7)                | <input type="checkbox"/> OEPI                        |
| <input type="checkbox"/> SEP (SEP reason) _____ |  |   |  |

**Licensed Sales representative signature (optional)****Date****Please mail or fax this completed form to:**

UnitedHealthcare  
P.O. Box 30769  
Salt Lake City, UT 84130-0769  
Fax: 1-888-950-1169

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

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Fax the front and back of each page

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**PRIVACY ACT STATEMENT:** The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 6/30/2026

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UHTN25HP0221394\_001

## Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

### Understanding the benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary to make sure your drugs are covered.

### Understanding important rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). Check the EOC to see which out-of-network services are covered on this plan. However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

# 2025 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

**This copy is for your records only. Please do not resubmit enrollment.**

<b>Applicant 1:</b>	<b>Applicant 2 (if applicable):</b>
Name	Name
Application date - -	Application date - -
Proposed effective date - -	Proposed effective date - -
Plan name	Plan name
Plan type	Plan type
Health plan/PBP number	Health plan/PBP number
Enrollment tracking number (if applicable)	Enrollment tracking number (if applicable)

**Call your Licensed Sales Representative if you have any questions:**

Representative name and ID number

Representative phone number

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: MPDCSP**

**We're here to help.** If you have additional questions, please call Customer Service toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

**Important reminder** - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



# Important information: 2025 Medicare star ratings



## UnitedHealthcare - H0251

For 2025, UnitedHealthcare - H0251 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★	4 stars
Health Services Rating:	★★★★	4 stars
Drug Services Rating:	★★★★½	4.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan’s service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★★★★★	EXCELLENT
★★★★	ABOVE AVERAGE
★★★	AVERAGE
★★	BELOW AVERAGE
★	POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **800-690-1606** (toll-free) or **711** (TTY).



## Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free.  
This page tells you how to get help in a language other than English. It also tells you about other help that's available.

### Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame al 1-800-690-1606 (TTY:711).

### Kurdish: کوردی

ئاگاداری: ئه‌گهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخواری، بو تو بهردهسته. پهیهندی به  
1-800-690-1606 (TTY:711).. بکه

### Arabic: ربيّة علّا

وظة حلم: اذا ملكتتة علّا ربيّة علّا اتمدخدة عاسملا وية علّا رفوتمة لك انجام. اتصل مقبر: 1-800-690-1606  
مقر فتاه صملا و مكبلا (TTY: 711)

### Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-690-1606  
(TTY:711).

### Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số  
1-800-690-1606 (TTY:711).

### Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-800-690-1606 (TTY:711) 번으로 전화해 주십시오.

### French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés  
gratuitement. Appelez le 1-800-690-1606 (TTY:711).

### Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው  
ቁጥር ይደውሉ 1-800-690-1606 (መስማት ለተሳናቸው፡TTY:711).

### Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન  
કરો 1-800-690-1606 (TTY:711).

**Laotian: ພາສາລາວ**

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY:711).

**German: Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY:711).

**Tagalog: Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY:711).

**Hindi: हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY:711). पर कॉल करें।

**Serbo-Croatian: Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Russian: Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-800-690-1606 (телетайп: TTY:711).

**Nepali: नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-690-1606 (टिडिवाइ: TTY:711).

**Persian: فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 تماس بگیرید. (TTY:711)

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

**Call us for free at 1-800-690-1606. We can connect you with the free help or service you need. (For TTY call 711)**

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:

**<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>**

**Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance**

P.O. Box 30608  
Salt Lake City, UT 84130

Email: **UHC\_Civil\_Rights@uhc.com**

Phone: 1-800-690-1606

**U.S. Department of Health & Human Services, Office for Civil Rights**

200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201

Phone: 1-800-368-1019 (TDD 1-800-537-7697)

Online: **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**

## Notes and doodles

## Notes and doodles

## Notes and doodles

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## Notes and doodles

# Ready to use your extra benefits?

## UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

Take advantage of your additional plan benefits by using the providers below.



Call **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **MyUHC.com/CommunityPlan** for:

- ☐ Routine vision services: MARCH® Vision Care
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®



### Hearing aids

UnitedHealthcare Hearing  
1-877-704-3384  
UHChearing.com/Medicare



### Routine chiropractic services

OptumHealth Care Solutions, LLC  
(Optum®)  
1-866-785-1654  
MyUHC.com/CommunityPlan



### Prescription drug home delivery

Optum® Home Delivery Pharmacy  
1-877-889-6358  
MyUHC.com/CommunityPlan



### Routine transportation

Tennessee Carriers, Inc.  
1-866-405-0238



### Food and over-the-counter (OTC) credit

Solutran  
1-833-853-8587  
MyUHC.com/CommunityPlan



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

## We're happy to help



Download the UnitedHealthcare app



[UHC.com/CommunityPlan](https://UHC.com/CommunityPlan)



Call toll-free **1-844-560-4944**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week

Important plan information

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Scan this code  
to download the  
UnitedHealthcare  
app



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