



2025 Enrollment Guide

UHC Dual Complete VA-Y3 (HMO-POS D-SNP)

H2445-005-000

Service area: Select counties in VA

United
Healthcare®
Dual Complete

VA-Y3 POS for dental only with form
FBDE,QMB+,SLMB+

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. It gives you access to a large network of Medicare Advantage providers, including doctors and specialists. Plus, use it to help pay for OTC and healthy food, 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 us to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online tools and helpful UnitedHealthcare Medicare Plan Experts.¹ Our advocates and navigators help you get the answers and care you need. Put UnitedHealthcare's more than 45 years of experience to work for you.

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

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 healthy food, OTC products or paying utility bills

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 VA-Y3 (HMO-POS D-SNP)

This is a short description of your 2025 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

| Plan costs | |
|--|--|
| If you have full Medicaid benefits, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change. | |
| 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 |

| Medical benefits | |
|--|--|
| Diagnostic tests and procedures (non-radiological) | \$0 copay |
| 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 \$300 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 | \$3,000 combined limit on all covered dental services* |
| Hearing - routine exam | \$0 copay, 1 per year |
| Hearing aids | Plan pays up to \$2,200 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 for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies |
| Foot care - routine | \$0 copay, 4 visits per year |

| Benefits and services beyond Original Medicare | |
|---|--|
| Food, over-the-counter (OTC) and utility bill credit | \$272 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills. |
| Rewards | Earn up to \$165 in rewards when you get started in January ^Ω \$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 |
| Meal benefit | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay |

*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 | |
|--------------------------------------|--|
| Deductible | \$0 |
| Initial Coverage | 30-day or 100-day supply from retail or mail order network pharmacy |
| All covered drugs¹ | \$0 copay (Some covered drugs are limited to a 30-day supply) |

¹ You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.



Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

²Medicare 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. 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. 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.

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CSVA25HP0238381_001



Summary of Benefits 2025

UHC Dual Complete VA-Y3 (HMO-POS D-SNP)
H2445-005-000

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



MyUHC.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**

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete VA-Y3 (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete VA-Y3 (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, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete VA-Y3 (HMO-POS D-SNP) for January 1, 2025–December 31, 2025. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits.

- UHC Dual Complete VA-Y3 (HMO-POS D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Virginia’s Cardinal Care Medicaid program. Enrollment in UHC Dual Complete VA-Y3 (HMO-POS D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full Virginia Medicaid benefits.
- This information is not a complete description of benefits. Contact the plan for more information.
- Benefits, features and/or devices vary by plan/area. Limitations and/or exclusions may apply.
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- For more information about Medicare, you can read the **Medicare & You** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can access it online at the Medicare website (www.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**.
- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UHC Dual Complete VA-Y3 (HMO-POS D-SNP).
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [medicare.gov](http://www.medicare.gov) or **1-800-MEDICARE** to get information on all of your options.
- You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.

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 \$300 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

The Fitness Program varies by plan/area and may not be available on all plans. 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. Gym network size is based on comparison of competitor's website data as of May 2023.

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.

Food, over-the-counter (OTC) and utility bill credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

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

Optum Rx Home Delivery Pharmacy is a service of Optum Rx, a pharmacy benefit manager and affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx Home Delivery Pharmacy for your regular medication. There may be other pharmacies in our network. If you have not used Optum Rx Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to Optum Rx before it can be filled. New prescriptions from Optum Rx Home Delivery Pharmacy should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact Optum Rx 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.

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** **UHC_Civil_Rights@uhc.com**
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上或手册封面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Urdu: ہماری صحت یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ مترجم حاصل کرنے کے لیے، براہ کرم ہمیں اپنے رکن کے شناختی کارڈ پر یا کتابچے کے سرورق پر درج ٹول فری نمبر کا استعمال کرتے ہوئے کال کریں۔ آپ کی زبان بولنے والا آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Farsi: ما خدمات ترجمہ شفاهی رایگان ارائه می‌دهیم تا به تمامی پرسش‌های احتمالی شما درباره طرح بیمه درمانی یا دارویی‌مان پاسخ دهیم. برای بهرمندی از خدمات مترجم شفاهی، لطفاً با شماره تلفن رایگانی که روی کارت شناسایی عضویت شما یا روی جلد دفترچه‌ی راهنما درج شده است، با ما تماس بگیرید. فردی که به زبان مادری‌تان صحبت می‌کند، آماده کمک‌رسانی به شماست. این خدمات کاملاً رایگان ارائه می‌شود.

Bengali: আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, অনুগ্রহ করে আপনার সদস্য শনাক্তকরণ কার্ডে বা বুকলেটের কভারে তালিকাভুক্ত টোল-ফ্রি নম্বর ব্যবহার করে আমাদের কল করুন। আপনার ভাষায় কথা বলেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এটি একটি বিনামূল্যের পরিষেবা।

Telugu: మా ఆరోగ్యం లేదా డ్రగ్ ప్లాన్ గురించి మీకు ఏమైనా సందేహాలు ఉంటే వాటికి సమాధానం ఇవ్వడానికి మా వద్ద ఉచిత వ్యాఖ్యాత సేవలు ఉన్నాయి. వ్యాఖ్యాతను పొందడానికి, దయచేసి మీ సభ్యుని గుర్తింపు కార్డుపై లేదా బుక్‌లెట్ కవర్‌పై జాబితా చేయబడిన టోల్-ఫ్రీ నంబర్‌ను ఉపయోగించి మాకు కాల్ చేయండి. మీ భాష మాట్లాడే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సేవ.

Nepali: तपाईंको स्वास्थ्य वा औषधि योजना बारे तपाईं सँग हुनसक्ने कुनै पनि प्रश्नको जवाफ प्रदान गर्न हामी सँग निःशुल्क अनुवादक सेवाहरू उपलब्ध छन्। एक अनुवादक प्राप्त गर्न कृपया तपाईंको सदस्य पहिचान पत्र वा पुस्तिकाको कभरमा सूचीबद्ध टोल-फ्री नम्बरमा फोन गर्नुहोस्। तपाईंको भाषामा कुरा गर्ने कुनै व्यक्तिले तपाईंलाई सहयोग गर्नेछ। यो एउटा निःशुल्क सेवा हो।

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently asked questions | Answers |
|--|--|
| What is a UHC Dual Complete D-SNP | A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Cardinal Care. 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 Cardinal Care Managed Care program. |
| Will I get the same Medicare and Cardinal Care Medicaid benefits in UHC Dual Complete VA-Y3 (HMO-POS D-SNP) that I get now? | <p>You will get most of your covered Medicare and Cardinal Care benefits direction from UHC Dual Complete VA-Y002 (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, care manager’s or care coordinator’s 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 VA-Y3 (HMO-POS D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Complete VA-Y3 (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 VA-Y3 (HMO-POS D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the number listed at the bottom of this page.</p> |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

| Frequently asked questions | Answers |
|---|--|
| Can I use the same health care providers I use now? | <p>That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete VA-Y3 (HMO-POS D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” That means they accept members of our plan and provide services our plan covers. You must use the providers in UHC Dual Complete VA-Y3 (HMO-POS D-SNP)’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete VA-Y3 (HMO-POS D-SNP)’s plan network.• If you are currently under treatment with a provider that is out of UHC Dual Complete VA-Y3 (HMOPOS D-SNP)’s network, or have an established relationship with a provider that is out of the plan’s network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected. <p>Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. To find out if your providers are in the plan’s network, call Member Services or read UHC Dual Complete VA-Y3 (HMO-POS D-SNP)’s Provider and Pharmacy Directory on the plan’s website at MyUHC.com/CommunityPlan for the most current listing.</p> <ul style="list-style-type: none">• If UHC Dual Complete VA-Y3 (HMO-POS D-SNP) is new for you, we will work with you to develop Individualized Care Plan to address your needs. |

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| Frequently asked questions | Answers |
|---|---|
| What is a UHC Dual Complete VA-Y3 (HMO-POS D-SNP) care coordinator or care manager? | A UHC Dual Complete VA-Y3 (HMO-POS D-SNP) care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. |
| What are Long-term Services and Supports (LTSS)? | Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency. |
| What happens if I need a service but no one in UHC Dual Complete VA-Y3 (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 VA-Y3 (HMO-POS D-SNP) will cover services provided by an out-of-network provider. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

| Frequently asked questions | Answers |
|---|---|
| Where is UHC Dual Complete VA-Y3 (HMO-POS D-SNP) available? | The service area for this plan includes: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York Counties, VA. You must live in one of these areas to join the plan. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

| Frequently asked questions | Answers |
|--|--|
| What is prior authorization? | <p>Prior authorization means that you must get an approval from UHC Dual Complete VA-Y3 (HMO-POS D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete VA-Y3 (HMO-POS D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p> |
| What is a referral? | <p>A referral means that your care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, UHC Dual Complete VA-Y3 (HMO-POS D-SNP) may not cover the services. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p> <p>Refer to the Evidence of Coverage to learn more about when you will need to get a referral from your care team.</p> |
| Do I pay a monthly amount (also called a premium) under UHC Dual Complete VA-Y3 (HMO-POS D-SNP)? | <p>No. Because you have Cardinal Care, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p> |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan**.

| Frequently asked questions | Answers |
|--|---|
| Do I pay a deductible as a member of UHC Dual Complete VA-Y3 (HMO-POS D-SNP)? | No. You do not pay deductibles in UHC Dual Complete VA-Y3 (HMO-POS D-SNP). |
| What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete VA-Y3 (HMO-POS D-SNP)? | There is no cost sharing for medical services in UHC Dual Complete VA-Y3 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You need hospital care | Inpatient hospital care | \$0 | Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider may need to obtain prior authorization for services. |
| | Outpatient hospital services, including observation | \$0 | Your provider may need to obtain prior authorization for services. |
| | Ambulatory surgical center (ASC) services | \$0 | Your provider may need to obtain prior authorization for services. |
| | Doctor or surgeon care | \$0 | Your provider may need to obtain prior authorization for services. |
| You want to use a health care provider | Visits to treat an injury or illness | \$0 | Your provider may need to obtain prior authorization for services. |
| | Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer) | \$0 | |
| | Wellness visits, such as a physical | \$0 | |
| | “Welcome to Medicare” (preventive visit one time only) | \$0 | |
| | Specialist care | \$0 | |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--------------------------------|--|-------------------------------------|--|
| You need emergency care | Emergency room services | \$0 | You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Worldwide coverage is available for the same copay. Contact the plan for details. |
| | Urgent care | \$0 | Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center not have to be in-network. Worldwide coverage is available for the same copay. Contact the plan for details. |
| You need medical tests | Lab tests and diagnostic procedures, such as blood work | \$0 | Your provider may need to obtain prior authorization for services. |
| | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$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 and benefit information (rules about benefits) |
|------------------------------------|--|-------------------------------------|---|
| You need hearing/auditory services | Hearing screenings (including routine hearing exams) | \$0 | Covered for members under 21 1 routine hearing exam per year |
| | Hearing aids (as well as fittings and associated accessories and supplies) | \$0 | <p>\$2,200 allowance every year for 2 hearing aids</p> <ul style="list-style-type: none">• A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids• Access to one of the largest national networks of hearing professionals with more than 7,000 locations• 3-year manufacture warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period <p>Your provider may need to obtain prior authorization for services.</p> |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|------------------------|---------------------------------------|-------------------------------------|---|
| You need dental care | Dental check-ups and preventive care | \$0 | Exams, cleanings, X-rays, fluoride, and comprehensive dental services are covered. \$3,000 limit on all covered dental services. Additionally Cardinal Care Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad . |
| | Restorative and emergency dental care | \$0 | Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information. Your provider may need to obtain prior authorization for services. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|------------------------|--|-------------------------------------|--|
| You need eye care | Eye exam | \$0 | 1 every year. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians. |
| | Glasses or contact lenses | \$0 | \$300 credit every year for 1 pair lenses/frames and contacts. Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. |
| | Other vision care (including diagnosis and treatment for diseases and conditions of the eye) | \$0 | Your provider may need to obtain prior authorization for services. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You have a mental health condition | Mental Health Services | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Your provider may need to obtain prior authorization for services. |
| | Inpatient and outpatient care and community-based services for people who need Mental Health Services | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Your provider may need to obtain prior authorization for services. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need a substance use disorder service | Substance use disorder services | \$0 | Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. Your provider may need to obtain prior authorization for services. |
| | Skilled nursing care | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for skilled and intermediate nursing facility care. Your provider may need to obtain prior authorization for services. |
| | Nursing home care | \$0 | Your provider may need to obtain prior authorization for services. |
| You need a place to live with people available to help you | Adult foster care and group adult foster care | \$0 | Your provider may need to obtain prior authorization for services. |
| | Occupational, physical, or speech therapy | \$0 | Your provider may need to obtain prior authorization for services. |
| | | | |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|--|---|-------------------------------------|---|
| You need help getting to health services | Ambulance services | \$0 | Ambulance services for other cases (non-emergent) must be approved by us. In cases that getting to health services are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. |
| | Emergency transportation | \$0 | In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care. |
| | Transportation to medical appointments and services | \$0 | Up to 48 one-way trips to or from approved locations, such as medically related appointments, gyms, and pharmacies. Includes transportation to services covered by Medicare. Routine transportation not for use in emergencies. 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 and 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 treat your illness in their office, some oral cancer drugs, and some or condition drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs. Your provider may need to obtain prior authorization for services. |
| | Medicare Part D prescription drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete VA-Y3 (HMO-POS D-SNP)’s List of Covered Drugs (Drug List) for more information. |
| | Over-the-counter (OTC) drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete VA-Y3 (HMO-POS D-SNP)’s List of Covered Drugs (Drug List) for more information. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Your provider may need to obtain prior authorization for services. |
| | Medical equipment for home care | \$0 | |
| | Dialysis services | \$0 | Your provider may need to obtain prior authorization for services. |
| You need foot care | Podiatry services | \$0 | 4 routine foot care visits every year. Your provider may need to obtain prior authorization for services. |
| | Orthotic services | \$0 | Your provider may need to obtain prior authorization for services. |
| You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer the Chapter 4 of the Evidence of Coverage . | Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. Your provider may need to obtain prior authorization for services. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You need help living at home (continued on next page) | Home health services | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your UHC Dual Complete VA-Y3 (HMO-POS D-SNP) care team to request a LTSS screening for the CCC Plus Waiver. Your provider may need to obtain prior authorization for services. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|--|---|-------------------------------------|---|
| You need help living at home (continued) | Adult Day Health Services | \$0 | You may have a monthly patient pay amount as determined by the Virginia Department of Social Services. UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides these services if you are found to be eligible through the LTSS screening process. If you do not have UnitedHealthcare for your Cardinal Care Medicaid services, please call your Cardinal Care Medicaid insurance company for more information. 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 | If you do not have UnitedHealthcare for your Cardinal Care Medicaid services, please call your Medicaid insurance company for more information. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|--|--------------------------------|-------------------------------------|--|
| Additional services (continued on next page) | Chiropractic services | \$0 | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) May require your provider to get prior authorization from the plan for in-network benefits. |
| | 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. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---------------------------------|--|-------------------------------------|--|
| Additional services (continued) | Prosthetic services | \$0 | UHC Dual Complete VA-Y3 (HMO-POS D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program. |
| | Radiation therapy | \$0 | |
| | Services to help you manage your disease | \$0 | Care management or care coordination services are provided to all UHC Dual Complete VA-Y3 (HMO-POS D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it. |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|---------------------------------|-----------------------|-------------------------------------|--|
| Additional services (continued) | Fitness program | \$0 | <p>The fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you and includes:</p> <ul style="list-style-type: none">• A free gym membership at a gym near you• Access to a large national network of gyms and fitness locations• On-demand workout videos and live streaming fitness classes• Online memory fitness activities |
| | Meal benefit | \$0 | <p>28 home-delivered meals unlimited times per year immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.</p> <p>Your provider may need to obtain prior authorization for services.</p> |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| Additional services (continued) | Food, over-the-counter (OTC) and utility bill credit | \$0 | <p>\$272 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills.</p> <p>The healthy food and utility bills options are only available to qualifying members. Your credit amount expires at the end of each month.</p> |
| | Virtual medical visits | \$0 | <p>Speak to network telehealth providers using your computer or mobile device.</p> <p>Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.</p> <p>Not all network providers offer virtual care.</p> |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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 and benefit information (rules about benefits) |
|--|------------------------------|-------------------------------------|---|
| Additional services (continued) | Virtual mental health visits | \$0 | Speak to network telehealth providers using your computer or mobile device. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care. |

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 VA-Y3 (HMO-POS D-SNP) Evidence of Coverage. If you don't have an **Evidence of Coverage**, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services to get one. If you have questions, you can also call Member Services or visit **MyUHC.com/CommunityPlan**.

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

D. Benefits covered outside of UHC Dual Complete VA-Y3 (HMO-POS D-SNP)

There are some services that you can get that are not covered by UHC Dual Complete VA-Y3 (HMO-POS D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services.

| Other services covered directly by Medicare or Medicaid | Your costs |
|---|------------|
| Developmental disability support coordination | \$0 |
| Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) waiver services | \$0 |

E. Services that UHC Dual Complete VA-Y3 (HMO-POS D-SNP), Medicare, and Medicaid do not cover

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

| Services UHC Dual Complete VA-Y3 (HMO-POS D-SNP), Medicare, and Medicaid do not cover | |
|--|---|
| Services not considered “reasonable and necessary” according to standards of Medicare and Medicaid | Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study. |
| Surgical treatment for morbid obesity except when medically necessary | LASIK surgery. |
| Nursing services provided in a Christian Science Sanatorium | |

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

F. Your rights as a member of the plan

As a member of UHC Dual Complete VA-Y3 (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. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinators
- **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 VA-Y3 (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

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- 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 and care services, 24 hours a day, 7 days a week, without prior authorization
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at **1-804-786-6145** (hearing impaired members contact Virginia Relay at **711**). The UHC Dual Complete VA-Y001 (HMO-POS D-SNP) website **MyUHC.com/CommunityPlan** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask for an IMR of Cardinal Care Medicaid services or items that are medical in nature
 - Ask for a State Fair Hearing from the Virginia Department of Medical Assistance Services.
 - Get a detailed reason why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at the number listed at the bottom of this page.

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

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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

If you have a complaint or think UHC Dual Complete VA-Y3 (HMO-POS D-SNP) should cover something we denied, call Member Services at **1-844-368-7151**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage**. You can also call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and
Grievance Department
P.O. Box 6106, MS CA 120-0360
Cypress, CA 90630-0016

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and
Grievance Department
P.O. Box 6106, MS CA 120-0368
Cypress, CA 90630-0016

H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services, **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September.
- Or, call Virginia Cardinal Care Medicaid Helpline at **1-800-643-2273**. TTY users may call **1-800-817-6608**.
- Call Virginia’s Cardinal Care Medicaid Fraud Control Unit at **1-800-371-0824** or **1-804-371-0779** (TTY users dial **711** for Virginia Relay) or by email at **MFCU_mail@oag.state.va.us**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have questions, call UHC Dual Complete VA-Y3 (HMO-POS D-SNP) Member Services at **1-844-368-7151**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. 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, call UHC Dual Complete Member Services:



Call 844-368-7151

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, from October through March; Monday–Friday, from April through September. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, from October through March; Monday–Friday, from April through September.

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



Call 844-368-7151

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, from October through March; Monday–Friday, from April through September. UHC Dual Complete also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, from October through March; Monday–Friday, from April through September.

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 full state Medicaid benefits



Live in the plan's service area

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 VA-Y3 (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
- Schedule your yearly in-home preventive care visit with UnitedHealthcare® HouseCalls. Visit **uhchousecalls.com** to learn more
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- 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:

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

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

| | |
|-----------------------|-----------------------------|
| Name (First and Last) | Relationship to beneficiary |
|-----------------------|-----------------------------|

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

| | | |
|-----------------------------------|--|--|
| Sales Agent name (First and Last) | Sales Agent phone [] [] [] - [] [] [] - [] [] [] [] | Sales Agent ID |
| Beneficiary name (First and Last) | Beneficiary phone [] [] [] - [] [] [] - [] [] [] [] | Date of appointment MM - DD - YYYY |

Beneficiary address

| | |
|---------------------------|---|
| Initial method of contact | Plan(s) the Sales Agent will represent during the meeting |
|---------------------------|---|

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.



2025 Enrollment Request Form

☐ UHC Dual Complete VA-Y3 (HMO-POS D-SNP) H2445-005-000

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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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 _____

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- ☐ 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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| | |
|--|-------------------------|
| 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
Fax the front and back of each page

Enrollee name _____

Agent name/ID number _____

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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 VA-Y3 (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.

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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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

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits 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.

| | |
|--|--|
| Applicant 1: | Applicant 2 (if applicable): |
| 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 - H2445

For 2025, UnitedHealthcare - H2445 received the following Star Ratings from Medicare:

| | |
|-------------------------|-----------------------------|
| Overall Star Rating: | Plan too new to be measured |
| Health Services Rating: | Plan too new to be measured |
| Drug Services Rating: | Plan too new to be measured |

*Some plans do not have enough data to rate performance.
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 **844-368-7151** (toll-free) or **711** (TTY).

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** **UHC_Civil_Rights@uhc.com**
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyo ng ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Notes and doodles

Ready to use your extra benefits?

UHC Dual Complete VA-Y3 (HMO-POS D-SNP)

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



Call **1-844-368-7151**, 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



Prescription drug home delivery

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



Routine transportation

ModivCare®
1-866-418-9812
mymodivcare.com



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