

UNITEDHEALTHCARE COMMUNITY PLAN  
PO BOX 31349  
SALT LAKE CITY UT 84131

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**Your benefits start:**

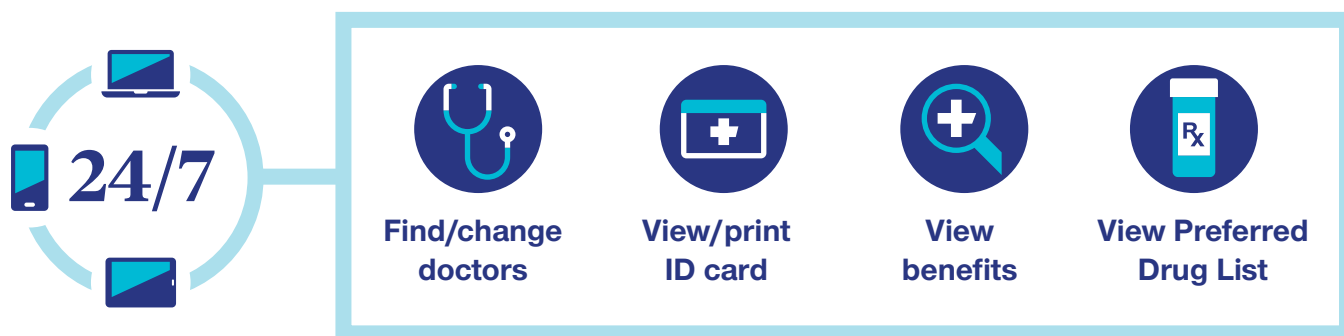
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# Welcome

Welcome to UnitedHealthcare Community Plan. Here is your new member ID card for Hoosier Care Connect. It gives you access to physical and behavioral health benefits. We're proud to have you as a member and look forward to making your health care experience as easy as possible, starting today.

## Get connected

Register now at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) for 24/7 web access to your health plan account. This fast, easy and secure website keeps all of your health information in one place. Use your computer, tablet or mobile phone to connect.



**Need more help? Call 1-800-832-4643, TTY 711, 8 a.m.–8 p.m. EST, Monday–Friday.** Member Services can answer questions about your coverage, help find a doctor or help with an appointment.

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CST35761 9/22



1-800-832-4643, TTY 711



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



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# Getting started



## Member Services

Welcome to UnitedHealthcare Community Plan. We are pleased to serve you as a Hoosier Care Connect (HCC) member. Every HCC member is assigned a Member Services Navigator who can help resolve issues, help you find providers, get materials sent out in the format you want and connect you with resources in your community. Call **1-800-832-4643**, TTY **711** to connect with your Navigator.



## Information on your plan

You can find a complete description of your benefits and services included in your plan in the UnitedHealthcare Community Plan Member Handbook. You can find the handbook online at **[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**. If you would like a copy of the Member Handbook mailed to you, call Member Services at **1-800-832-4643**, TTY **711** to request one.



## Complete your Health Needs Screening

A Health Needs Screening (HNS) is a short and easy survey that asks you simple questions about your lifestyle and health. It helps us to get to know you better and match you with benefits and services. You should complete your HNS within the first 90 days of becoming a member, or as soon as you can. It only takes a few minutes, and you **earn a \$35 gift card** for completing it. Instructions are on the form.



## Your member ID card

Always carry it with you. It includes important health plan information. The name and phone number of your Primary Medical Provider (PMP) is listed on the front of your card. Our phone number is listed on the back of your member ID card. You can also visit **[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)** to view a digital version or print a new card.



## Find a doctor

Your member ID card has an assigned Primary Medical Provider (PMP). You have the freedom to change your PMP at any time. You can find a doctor online at **[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)** or by calling Member Services at **1-800-832-4643**, TTY **711**.



1-800-832-4643, TTY 711



**[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**



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# Health needs screening (page 1 of 3)

**Complete this survey within the first 90 days of becoming a new member.  
You will earn a \$35 gift card.**

## **You may complete the survey in one of four (4) ways:**

1. Complete on paper: Fill out this three-page survey and return it to us in the prepaid envelope.
2. Complete online: Visit **myuhc.com/CommunityPlan/IN** and sign onto your portal account.
3. Complete and email: Fill out this survey and email pictures of both pages to **IN\_HPops@uhc.com**.
4. Complete by phone: **Call Member Services at 1-800-832-4643**, TTY/TDD users dial **711**.

**If you are not the member, please answer all questions on behalf of the new member.**

Full name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**1. Do you have any health concerns?** ☐ Yes ☐ No If yes, please check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADHD or ADD           | <input type="checkbox"/> Alcohol or drug problem        | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Autism/PDD/Asperger's | <input type="checkbox"/> Awaiting organ transplant      | <input type="checkbox"/> Blood disorder      |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Chronic pain                   | <input type="checkbox"/> COPD, emphysema     |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Depression                     | <input type="checkbox"/> Diabetes, type 1    |
| <input type="checkbox"/> Diabetes, type 2      | <input type="checkbox"/> Heart disease                  | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> HIV or AIDS           | <input type="checkbox"/> Kidney (renal) disease         | <input type="checkbox"/> Liver disease       |
| <input type="checkbox"/> Sickle cell disease   | <input type="checkbox"/> Schizophrenia                  | <input type="checkbox"/> OCD                 |
| <input type="checkbox"/> PTSD                  | <input type="checkbox"/> Special therapy (OT/PT/speech) | <input type="checkbox"/> Vision              |

Something not listed here: \_\_\_\_\_

**2. Do you need help with any of your health concerns?** ☐ Yes ☐ No

**3. Do you take any medications?** ☐ Yes ☐ No

Do you need assistance in obtaining your medications or refills? ☐ Yes ☐ No

**4. Have you been seen by a doctor in the last six months?** ☐ Yes ☐ No

If yes, why did you see a doctor? \_\_\_\_\_

What was that doctor's name? \_\_\_\_\_



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## Health needs screening (page 2 of 3)

5. **Have you been seen by a doctor in the emergency room in the last six months?** ☐ Yes ☐ No

How many times were you there and for what reason? \_\_\_\_\_

Have you seen your doctor since your last ER visit? ☐ Yes ☐ No

6. **Have you been a patient in the hospital in the last six months?** ☐ Yes ☐ No

Why were you in the hospital? \_\_\_\_\_

Have you seen your doctor since being discharged? ☐ Yes ☐ No

7. **Do you use or need anything to help you walk, talk, hear, see, bathe, toilet or eat?**

☐ Yes ☐ No If yes, please check all that apply:

- |                                  |   |  |                                      |                                   |
|----------------------------------|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cane    | <input type="checkbox"/> Wheelchair                     | <input type="checkbox"/> Walker                      | <input type="checkbox"/> Special bed | <input type="checkbox"/> Seeing   |
| <input type="checkbox"/> Oxygen  | <input type="checkbox"/> Sleeping machine/apnea monitor | <input type="checkbox"/> Breathing machine/nebulizer |                                      |                                   |
| <input type="checkbox"/> Eating  | <input type="checkbox"/> Toileting                      | <input type="checkbox"/> Walking                     | <input type="checkbox"/> Talking     | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Bathing                        | <input type="checkbox"/> Hearing                     |                                      |                                   |

8. **Do you feel down, anxious or have little interest in doing things?** ☐ Yes ☐ No

If yes:

Over the last 2 weeks, how often have you had little interest or pleasure in doing things?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Over the last 2 weeks, how often have you felt down, depressed or hopeless?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

9. **Do you use tobacco or vaping products of any kind?** ☐ Yes ☐ No

If yes, do you want help to quit? ☐ Yes ☐ No

Please contact 1-800-QUIT-NOW to stop smoking or vaping today.

10. **Do you worry about things like where you live? Getting food every day?**

**Getting to the grocery or doctor appointments? Feeling safe?** ☐ Yes ☐ No

If yes, please check all that apply:

☐ Groceries ☐ Housing ☐ Transportation ☐ Safety ☐ Education/work

11. **Have all children in the home been tested for lead poisoning?**

☐ Yes ☐ No ☐ Unsure ☐ No children younger than 6 years of age in the home

12. **(females only) Are you currently pregnant?** ☐ Yes ☐ No

If yes, due date: \_\_\_\_\_

13. **(females only) Have you had a baby in the last twelve months?** ☐ Yes ☐ No



## Health needs screening (page 3 of 3)

14. Have you seen a dentist in the past year? ☐ Yes ☐ No

15. Is there anything else you would like to let us know at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you currently receive SNAP benefits or have an EBT card? ☐ Yes ☐ No

17. How would you like to receive the materials we send to you? Check all that apply:

☐ Mail ☐ Email: List here \_\_\_\_\_ ☐ Text ☐ Large print ☐ Braille

18. To better understand those we serve, please share your race/ethnicity: \_\_\_\_\_

19. What is your primary language?

Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Will you need a translator when speaking with us? ☐ Yes ☐ No



# Your benefits

A general overview of your benefits is provided below. Full details can be found in your Member Handbook. You can find your Member Handbook online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You can also request a copy by calling Member Services at **1-800-832-4643**, TTY **711**, 8 a.m.–8 p.m. EST, Monday–Friday.



## Doctor visits

- Wellness Exams (adult and child)
- Primary Medical Provider visits
- Specialist visits
- Behavioral health services
- Immunizations



## Common services

- Emergency & urgent care
- Hospital services
- Laboratory and x-ray services
- Pregnancy care



## Other covered services

- Care management
- Diabetes supplies
- Family planning
- Hearing services
- Vision exams
- Dental exams

## Network doctors

Find a list of our network doctors, clinics, hospitals, specialists and pharmacists at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or you can call Member Services at **1-800-832-4643**, TTY **711**.

## If you get a bill for covered services

In most cases, doctors and hospitals cannot bill you for covered services. If you get a bill you believe we should pay, call Member Services at **1-800-832-4643**, TTY **711**.



1-800-832-4643, TTY 711



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



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# Getting care



## Make an appointment with your PMP

See your PMP for routine care including wellness exams, vaccinations, coordinating your care with a specialist or treatment of colds and flu. You can also talk to your PMP about any behavioral health concerns. Your PMP is listed on your ID card. You may change your PMP at any time.



## Behavioral health services

You can get many treatments and services for mental health and drug and alcohol misuse. You do not need a referral from your PMP. You can find a behavioral health doctor by searching the “Behavioral Health” tab at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan), or call Member Services at **1-800-832-4643**, TTY **711**.

If you are experiencing a mental health crisis it’s important to get help right away. A mental health crisis is a moment when someone’s behavior can put themselves or others in danger, especially if they don’t get help. The crisis line is available 24 hours a day/7 days a week at **1-800-832-4643**, TTY **711**. It is also important to get follow-up care after a crisis. This includes support after you have been hospitalized. Please contact us if you need us to help you make an appointment.



## Transportation

You get unlimited rides to doctor visits, WIC appointments, the food pantry and Medicaid eligibility appointments. Call Member Services at **1-800-832-4643**, TTY **711** to schedule.



## Prescriptions

The list of covered prescription drugs is called the PDL or preferred drug list. Medications on the PDL are covered. You might have a \$3 copayment. Some medications will require your doctor’s office to submit a prior authorization form. Be sure:

- Your prescription is included on the Preferred Drug List (PDL)
- You show your member ID card when you have it filled



## Additional services and benefits

UnitedHealthcare Community Plan offers many more benefits to help you stay healthy. You will find the full list in your Member Handbook or online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or you can call Member Services at **1-800-832-4643**, TTY **711**.



1-800-832-4643, TTY 711



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



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Contract services are funded under contract with the State of Indiana. UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**

You must send the complaint within 60 calendar days of when you found out about it. A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call Member Services at **1-800-832-4643**, TTY **711**, 8 a.m.–8 p.m. EST, Monday–Friday.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Complaint forms are available at

**<http://www.hhs.gov/ocr/office/file/index.html>**

**Phone:**

Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:**

U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

If you need help with your complaint, please call Member Services at **1-800-832-4643**, TTY **711**.

Services to help you communicate with us are provided at no cost to members, such as other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-832-4643**, TTY **711**, 8 a.m.–8 p.m. EST, Monday–Friday.



ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call **1-800-832-4643, TTY 711**.

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios de asistencia gratuitos en su idioma. Llame al **1-800-832-4643, TTY 711**.

注意：如果您說中文 (Chinese)，您可獲得免費語言協助服務。請致電 **1-800-832-4643，聽障專線 (TTY) 711**。

HINWEIS: Wenn du Deutsch (German) sprichst, stehen dir kostenlose Sprachdienste zur Verfügung. Anrufe unter **1-800-832-4643, TTY 711**.

Attention: Vann du Pennsylvania Deitsch (Pennsylvania Dutch) shvetsht, dann kansht du hilf greeya funn ebbah es deitsch shvetzt, un's kosht dich nix. **Call 1-800-832-4643, TTY 711**.

သတိမူရန်- သင်သည် မြန်မာ (Burmese) စကားပြောတတ်လျှင်၊ ဘာသာစကားအကူအညီအား အခမဲ့ရယူနိုင်ပါသည်။ ခေါ်ဆိုရန် **1-800-832-4643, TTY 711**.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فتنوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **2464-383-800-1**، الهاتف النصي **TTY 711**.

참고: 한국어(Korean)를 구사하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-832-4643(TTY는 711)번으로 문의하십시오.**

LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-800-832-4643, TTY 711**.

ATTENTION : si vous parlez français (French), vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-800-832-4643, TTY 711**.

注意：日本語 (Japanese) をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号 **1-800-832-4643、または TTY 711** までご連絡ください。

LET OP: Als u Nederlands (Dutch) spreekt, kunt u gratis gebruikmaken van taalhelpdiensten. Bel **1-800-832-4643, TTY 711**.

ATENSYON: Kung nagsasalita ka ng Tagalog (Tagalog), may magagamit kang mga serbisyo na pantulong sa wika na walang bayad. Tumawag sa **1-800-832-4643, TTY 711**.

ВНИМАНИЕ: Если Вы говорите по-русски (Russian), Вы можете бесплатно воспользоваться помощью переводчика. Позвоните: **1-800-832-4643, TTY 711**.

ਸਾਵਧਾਨ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। **1-800-832-4643, TTY 711 ਤੇ ਕਾਲ ਕਰੋ।**

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-832-4643, TTY 711 पर कॉल करें।**