

2024 Enrollment Guide

UHC Dual Complete KS-S001 (HMO-POS D-SNP)

H0169-004-000

Service area: Kansas - Allen, Anderson, Atchison, Barber, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Cowley, Crawford, Doniphan, Douglas, Elk, Ellsworth, Franklin, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Labette, Leavenworth, Lincoln, Linn, Lyon, Marion, McPherson, Miami, Mitchell, Montgomery, Morris, Nemaha, Neosho, Osage, Osborne, Ottawa, Republic, Russell, Sedgwick, Shawnee, Smith, Stafford, Sumner, Wabaunsee, Washington, Wilson, Woodson, Wyandotte counties



UnitedHealthcare Medicare Advantage plans are there for what matters to you, today and tomorrow



Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. Use your UnitedHealthcare UCard® as your member ID and so much more. Your UCard gives you access to a large network of providers. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you. In fact, 4 out of 5 members would recommend UnitedHealthcare Dual Special Needs plans to family and friends.¹



More for your Medicare dollar

Use your UnitedHealthcare UCard to buy healthy food, OTC products and pay utility bills. See why more people with Medicare and Medicaid choose a Dual Special Needs plan from UnitedHealthcare than from any other company.²



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.³ As a member, UnitedHealthcare 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.

¹Member recommendations based on Human8, May 2023.

²Most chosen based on total D-SNP plan enrollment from CMS Enrollment Data, May 2023

³Medicare 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.



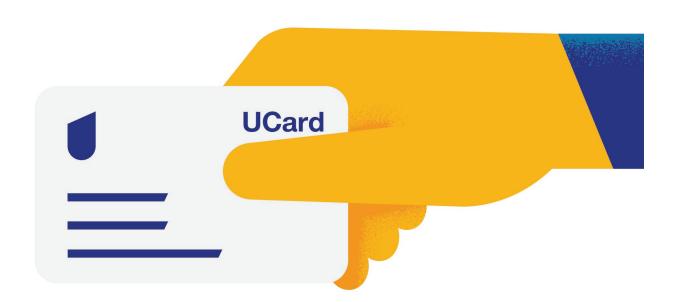
Spending your earned rewards

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 Renew Active® 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. You can also see out-of-network providers for certain covered services if they accept Medicare and the plan, but keep in mind your costs may be higher.

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



Get care from providers in the network or visit out-of-network
providers for certain covered 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 copays for preventive services when received in-network. See the Summary of Benefits in this book to find out what is covered and how much you could pay for covered services.



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



This plan has a maximum annual out-of-pocket amount. If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



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 **UHCCommunityPlan.com** 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 KS-S001 (HMO-POS D-SNP)

This is a short description of your 2024 plan benefits. The values shown in-network represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, 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 or are a Qualified Medicare Beneficiary, 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 with "Extra Help"	\$43.30 without "Extra Help"
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Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of- network	In-network	Out-of- network
Annual Medical Deductible	No deductible in network	n or out-of-	\$226 [†] combine network	ed in and out-of-
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0 In-network	\$0 out-of- network	\$8,850 In- network	Unlimited out- of-network

	With Medicaid Cost Share Assistance		Without Medica Assistance	aid Cost Share
	In-network	Out-of- network	In-network	Out-of- network
Doctor's office visit				
Primary care provider (PCP)	\$0 copay	No coverage	\$0 copay	No coverage
Specialist	\$0 copay (no referral needed)	No coverage	20% coinsurance (no referral needed)	No coverage
Virtual visits	\$0 copay to talk telehealth provid through live aud	der online	\$0 copay to talk telehealth provid through live auc	der online
Preventive services	\$0 copay	Flu, pneumonia, or Covid-19 vaccines: \$0 copay All other services: No coverage	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: No coverage
Inpatient hospital care	\$0 copay per stay for unlimited days	No coverage	\$1,775 copay per stay for unlimited days	No coverage
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	No coverage	\$0 copay per day: for days 1-20 \$200 [†] copay per day: days 21-100	No coverage
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$0 copay	No coverage	20% coinsurance	No coverage
Outpatient mental health				
Group therapy	\$0 copay	\$0 copay	20% coinsurance	40% coinsurance

Medical benefits				
	With Medicaid Assistance	Cost Share	Without Medic Assistance	aid Cost Share
	In-network	Out-of- network	In-network	Out-of- network
Individual therapy	\$0 copay	\$0 copay	20% coinsurance	40% coinsurance
Virtual visits	\$0 copay to tall telehealth provi through live au		\$0 copay to tall telehealth provi through live au	
Diabetes monitoring supplies	\$0 copay for covered brands	No coverage	\$0 copay for covered brands	No coverage
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	No coverage	20% coinsurance	No coverage
Diagnostic tests and procedures (non-radiological)	\$0 copay	No coverage	20% coinsurance	No coverage
Lab services	\$0 copay	No coverage	\$0 copay	No coverage
Outpatient x-rays	\$0 copay	No coverage	20% coinsurance	No coverage
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
Emergency care	\$0 copay (worldwide)		\$100 copay (\$0 emergency car United States)	e outside the
Urgently needed services	\$0 copay (worldwide)		\$40 copay (\$0 ourgently neede outside the Univisit	d services

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage. †These are the 2023 Medicare-defined amounts and may change for 2024

Benefits and services beyon	nd Original Medicare		
	In-network	Out-of-network	
Routine physical	\$0 copay, 1 per year	No coverage	
Routine eye exams	\$0 copay, 1 per year	No coverage	
Routine eyewear	\$0 copay Plan pays up to \$400 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.		
	Home delivered eyewear availa Vision (select products only). Yo costs from providers outside of network.	ou are responsible for all eyewear	
Dental - preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*	
Dental - comprehensive	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*	
Dental - benefit limit	\$4,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay		
Hearing - routine exam	\$0 copay, 1 per year	No coverage	
Hearing aids	Plan pays up to \$2,500 every ye UnitedHealthcare Hearing.	ear for 2 hearing aids through	
	Includes hearing aids delivered up care (select models).	directly to you with virtual follow-	
Fitness program	\$0 copay for Renew Active®, who membership, plus online fitness and 1 Fitbit® device.	.	
Routine transportation	\$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms, pharmacies, community centers and places of worship.	No coverage	
Personal emergency response system	\$0 copay for a personal emerge	ency response system (PERS)	

Benefits and services beyond Original Medicare				
	In-network	Out-of-network		
Foot care - routine	\$0 copay, 6 visits per year	No coverage		
Routine chiropractic care	\$0 copay, 20 visits per year	No coverage		
Food, over-the-counter (OTC) and utility bill credit		\$244 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies		
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.			
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.			
Prescription drugs				
Annual Prescription Deductible	\$0			
30-day or 100-day supply from retail or mail order network pharmacy				
All covered drugs	\$0 copay (Some covered drugs are limited to a 30-day supply)			



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.

Notes and doodles



Summary of Benefits 2024

UHC Dual Complete KS-S001 (HMO-POS D-SNP) H0169-004-000

Look inside to learn more about the plan and the health and drug services it covers. Call Customer Service or go online for more information about the plan.



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



UHCCommunityPlan.com

United Healthcare[®] **Dual Complete**

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at **myuhc.com/communityplan** or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

UHC Dual Complete KS-S001 (HMO-POS D-SNP)

Medical premium, deductible and limits			
	In-network	Out-of-network	
Monthly plan premium	\$43.30		
Annual medical deductible	You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2024 which will be set by CMS in the fall of 2023. This is the 2023 deductible amount and may change for 2024. Our plan will provide updated rates as soon a they are released. The 2023 Medicare Deductible amount is \$226.		
Maximum out-of-pocket amount (does not include prescription drugs)	\$8,850 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	Unlimited out-of-network	
	_	, you will still need to pay you of-pocket costs paid for your s are not included in this	

Medical premium, deductible and limits			
	In-network	Out-of-network	
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.	If you are a QMB or you have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.	

		In-network	Out-of-network
Inpatient hospital Our plan covers an days for an inpatien	unlimited number of	\$0 copay per stay, or; \$1,775 copay per stay	Not covered
hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise	Not covered
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise	Not covered
	Outpatient hospital observation services ²	\$0 copay or 20% coinsurance	Not covered
Doctor visits	Primary care provider	\$0 copay	Not covered
	Specialists ²	\$0 copay or 20% coinsurance	Not covered
	Virtual medical visits	\$0 copay to talk with a no online through live audio	etwork telehealth provider and video
Preventive	Routine physical	\$0 copay, 1 per year	Not covered
services	Medicare-covered	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: Not covered
	 Abdominal aori screening Alcohol misuse Annual wellnes Bone mass me Breast cancer s (mammogram) 	(bel counseling Car s visit Cer asurement screening	diovascular disease navioral therapy) diovascular screening vical and vaginal cancer eening

Medical benefits		
	In-network	Out-of-network
(colonor test, flex Depress Diabete monitor Hepatiti HIV scre Lung ca comput screenii Medical services Medical Program Any addition contract year	eening ancer with low dose eed tomography (LDCT) ng I nutrition therapy s re Diabetes Prevention n (MDPP) nal preventive services app ar will be covered.	 Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobaccorelated disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 "Welcome to Medicare" preventive visit (one-time)
Emergency care	care outside the l admitted to the ho inpatient hospital	copay (\$0 copay for emergency United States) per visit. If you are ospital within 24 hours, you pay the copay instead of the Emergency
Urgently needed services	of this booklet for \$0 copay or \$40 c	the "Inpatient Hospital Care" section other costs. copay (\$0 copay for urgently needed the United States) per visit

Medical benefits			
		In-network	Out-of-network
Diagnostic tests, lab and radiology services, and X- rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$0 copay or 20% coinsurance otherwise	Not covered
	Lab services ²	\$0 copay	Not covered
	Diagnostic tests and procedures ²	\$0 copay or 20% coinsurance	Not covered
	Therapeutic radiology ²	\$0 copay or 20% coinsurance	Not covered
	Outpatient X-rays ²	\$0 copay or 20% coinsurance	Not covered
Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	Not covered
	Routine hearing exam	\$0 copay, 1 per year	Not covered
	Hearing aids ²	\$2,500 allowance for a broad selection of OTC and brand-name prescription hearing aids	
		 Access to one of the largest national networks of hearing professionals with more than 7,000 locations Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 	

Medical benefits			
		In-network	Out-of-network
Routine dental benefits	Preventive and comprehensive ²	\$0 copay for covered preservices like cleanings, for No annual deductible Medicare Advantage network Freedom to see any If you choose to see	le e's largest national dental
Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	Not covered
	Eyewear after cataract surgery	\$0 copay	Not covered
	Routine eye exam	\$0 copay, 1 per year	Not covered
	Routine eyewear	national networks of network • Free standard presc single vision, bifocal (standard) progressi coating • Savings when upgra UV/anti-reflective collenses • Eyewear available from	es or contacts edicare Advantage's largest f vision provider and retail eription lenses including ls, trifocals and Tier I ives—all with scratch-resistant ading lenses including tinting, eating and polycarbonate om many online providers, rker, GlassesUSA and more

Medical benefits			
		In-network	Out-of-network
Mental health	Inpatient visit ²	\$0 copay per stay, or;	40% coinsurance per
	Our plan covers 90 days for an inpatient hospital stay	\$1,775 copay per stay	stay
	Outpatient group therapy visit ²	\$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit ²	\$0 copay or 20% coinsurance	40% coinsurance
	Virtual mental health visits	\$0 copay to talk with a netwonline through live audio a	-
Skilled nursing facility (SNF) ² (Stay must meet Medicare coverage criteria)		\$0 copay per day: days 1-100, or; You pay the Original Medicare cost sharing	Not covered
Our plan covers up to 100 days in a SNF.		amount for 2024 which will be set by CMS in the fall of 2023. These are 2023 cost sharing amounts and may change for 2024. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$200 copay per day: days 21-100	

		In-network	Out-of-network
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$0 copay or 20% coinsurance	Not covered
	Occupational Therapy Visit ²	\$0 copay or 20% coinsurance	Not covered
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance ² Your provider must authorization for no cransportation.	•	\$0 copay or 20% coinsurance for ground \$0 copay or 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine transporta	ition	\$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms, pharmacies, community centers and places of worship.	Not covered
ledicare Part B rescription rugs	Chemotherapy drugs ²	\$0 copay or 20% coinsurance	Not covered
n-network cost haring shown is he maximum you	Part B covered insulin ²	\$0 copay or 20% coinsurance, up to \$35	Not covered
will pay for Part B prescription drugs. You may pay less for certain drugs.	Other Part B drugs ²	\$0 copay or 20% coinsurance	Not covered
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

Prescription drugs

Annual \$0

Prescription **Deductible**

30-day[^] or 100-day supply from a retail or mail order network pharmacy

All covered drugs \$0 copay

(Some covered drugs are limited to a 30-day supply)

[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

		In-network	Out-of-network
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay or 20% coinsurance	Not covered
	Routine chiropractic care	\$0 copay, 20 visits per year	Not covered
Diabetes management	Diabetes monitoring supplies ²	\$0 copay We only cover Accu- Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	Not covered
	Diabetes self- management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	\$0 copay or 20% coinsurance	Not covered

		In-network	Out-of-network
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	\$0 copay or 20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay or 20% coinsurance	Not covered
Fitness program		 \$0 copay for Renew Active® A free gym membership at a gym near you Access to the largest national network of gyms and fitness locations Access to many premium gyms and fitness locations An annual personalized fitness plan Members who need help can bring a workout assistant to the gym Access to thousands of on-demand workout videos and live streaming fitness classes Social activities at local health and wellness classes, clubs and events Online Fitbit® Community for Renew Active — no Fitbit device needed Access to the AARP® Staying Sharp® App Free Fitbit® to help you reach your health and fitness goals 	
Foot care (podiatry services)	Foot exams and	\$0 copay or 20%	ALC: 1
	treatment ²	coinsurance	Not covered
			Not covered Not covered
	treatment ²	\$0 copay, 6 visits per year \$0 copay for 28 home-de	
(podiatry services)	Routine foot care	\$0 copay, 6 visits per year \$0 copay for 28 home-de after an inpatient hospita	Not covered
(podiatry services) Meal benefit ²	Routine foot care	\$0 copay, 6 visits per year \$0 copay for 28 home-de after an inpatient hospita facility (SNF) stay. \$0 copay You pay nothing for hosp approved hospice. You result to the second state of the second state	Not covered elivered meals immediately elization or skilled nursing Not covered Dice care from any Medicare- may have to pay part of the lite care. Hospice is covered
(podiatry services) Meal benefit ² Home health care ²	Routine foot care	\$0 copay, 6 visits per year \$0 copay for 28 home-deafter an inpatient hospital facility (SNF) stay. \$0 copay You pay nothing for hosp approved hospice. You need to costs for drugs and respirate to the costs for drugs and drugs for drugs for drugs for drugs for drugs and drugs for	Not covered elivered meals immediately elization or skilled nursing Not covered Dice care from any Medicare- may have to pay part of the lite care. Hospice is covered

Additional benefits	;		
		In-network	Out-of-network
Outpatient substance abuse	Outpatient group therapy visit ²	\$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit ²	\$0 copay or 20% coinsurance	40% coinsurance
Food, Over-the-Counter (OTC) and Utility Bill Credit		\$244 credit every month products and utility bills	to pay for healthy food, OTC
		Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water	
			ands of OTC products, like bladder control pads and
		Pay home utility bills and internet	like electricity, heat, water
		·	of participating stores, Valgreens, Kroger and CVS, stores near you
Personal emergency response system		(PERS). Help is only a bu	emergency response system atton press away. A PERS ect you to the help you need, uation.
Renal Dialysis ²		\$0 copay or 20% coinsurance	Not covered out-of- network (except in emergency situations).

² May require your provider to get prior authorization from the plan for in-network benefits.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is the 2024 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2023 Medicare deductible amount is \$226. The 2024 amount will be set by CMS in the fall of 2023. Our plan will provide updated rates as soon as they are released. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

- 1. You pay your plan's deductible in full; then,
- 2. You pay your copay or coinsurance; finally,
- 3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network	Out-of-network
List of applicable services	List of applicable services
Mental health	Mental health
☐ Outpatient group therapy visit	 Outpatient group therapy visit
☐ Outpatient individual therapy visit	☐ Outpatient individual therapy visit
Ambulance	Ambulance
Outpatient substance abuse	Outpatient substance abuse
☐ Outpatient group therapy visit	☐ Outpatient group therapy visit
☐ Outpatient individual therapy visit	☐ Outpatient individual therapy visit
Outpatient hospital	
☐ Ambulatory surgical center (ASC), excluding	
diagnostic colonoscopy	
 Outpatient hospital, including surgery, 	
excluding diagnostic colonoscopy	
☐ Outpatient hospital observation services	
Doctor visits	_
□ Primary	
□ Specialists	
Diagnostic tests, lab and radiology services, and X-rays	_

 □ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram □ Lab services □ Diagnostic tests and procedures □ Therapeutic radiology
☐ Outpatient X-rays
Hearing services Exam to diagnose and treat hearing and balance issues
Vision services ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery
Physical therapy and speech and language therapy visit
Medicare Part B drugs ☐ Chemotherapy drugs ☐ Other Part B drugs
Chiropractic care ☐ Manual manipulation of the spine to correct subluxation
Diabetes management ☐ Diabetes monitoring supplies ☐ Therapeutic shoes or inserts
Durable medical equipment (DME) and related supplies □ Durable medical equipment (e.g. wheelchairs, oxygen) □ Prosthetics (e.g., braces, artificial limbs)
Foot care ☐ Foot exams and treatment
Occupational therapy visit
Opioid treatment program services
Renal dialysis

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Kansas Dept. of Health and Environment covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call KanCare (Kansas Department of Health and Environment), 1-800-792-4884.

Benefits		
	Medicaid	UHC Dual Complete KS- S001 (HMO-POS D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered

Benefits		
	Medicaid	UHC Dual Complete KS- S001 (HMO-POS D-SNP)
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete KS-S001 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Overlifted Medicare Depositions Diversity Novement Medicard according to Medicare

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
Specified Low-Income Medicare Beneficiary (SLMB+): Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
Full Benefits Dual Eligible (FBDE) : Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Kansas: Allen, Anderson, Atchison, Barber, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Cowley, Crawford, Doniphan, Douglas, Elk, Ellsworth, Franklin, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Labette, Leavenworth, Lincoln, Linn, Lyon, Marion, McPherson, Miami, Mitchell, Montgomery, Morris, Nemaha, Neosho, Osage, Osborne, Ottawa, Republic, Russell, Sedgwick, Shawnee, Smith, Stafford, Sumner, Wabaunsee, Washington, Wilson, Woodson, Wyandotte.

Use network providers and pharmacies

UHC Dual Complete KS-S001 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHCCommunityPlan.com** 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.

Required Information

UHC Dual Complete KS-S001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-262-9947 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-262-9947, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

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. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 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 Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access 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.

Choose one Fitbit device from approved select models every 2 years. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

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.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

Civil Rights Notice

The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

• Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance

P.O. Box 30608

Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

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 services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

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 listed on the front 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 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,请使用宣传册前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,請撥打本手冊正面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 numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong 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. 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 sức khoẻ hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). 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 der Vorderseite 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, 책자 앞면에 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 лицевой стороне брошюры. 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، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान केबारे में आपकेकिसी भी परश्न का उत्तर देने केलिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने केलिए, कृपया इस बुकलेट केसामने वाले भाग में सूचीबद्ध टोल- री नंबर का उपयोग करकेहमें 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 nella parte anteriore 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 indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudálo(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 gratis pou apèl ki sou lis devan livrè an. 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 pierwszej stronie 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、本冊子の表面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。

Important information: 2023 Medicare star ratings





UnitedHealthcare - H0169

For 2023, UnitedHealthcare - H0169 received the following Star Ratings from Medicare:

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

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

Why Star Ratings are Important

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

Star Ratings are based on factors that include:

better care and better, faster customer service.

☐ 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

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at 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 Sunday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **866-262-9947** (toll-free) or **711** (TTY).

The number of stars shows how well a plan performs.

* * * EXCELLENT **ABOVE**

AVERAGE AVERAGE

BELOW AVERAGE

POOR

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs
Amitiza	Linzess Lubiprostone Movantik Motegrity Trulance
Basaglar	Lantus Levemir Toujeo Tresiba
Bystolic	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release Doxazosin Tamsulosin
Cyclosporine Ophthalmic	Restasis Tyrvaya
Icosapent Cap	Vascepa
Latuda	Lurasidone
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR)
Novolin	Humulin
Novolog	Humalog Insulin Lispro Lyumjev
Nucynta ER	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
OxyContin	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets

Drugs not covered by the plan	Alternative covered drugs
Pradaxa	Eliquis Xarelto
Proair	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule
Victoza	Trulicity Mounjaro Ozempic Bydureon
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release Belsomra

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

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 711, 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



If you are a veteran or Dual Special Needs Plan member, 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. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

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 the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at **UHCCommunityPlan.com**.





Did you check the online Drug List to make sure your prescription drugs are covered?



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

This plan includes a network of quality doctors, hospitals, and other providers, designed to help you get the care you need.



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 see how much you'll pay for medical services and prescription drugs?

If you want more information, the Evidence of Coverage includes a complete list of coverage, benefits and plan rules.

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



Are enrolled in Original Medicare Parts A and B



Receive state Medicaid benefits



Live in the plan's service area

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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 all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare plan.



Manage your plan online

If you haven't done so already, use your member ID number and email address to create an account 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
- Review UnitedHealthcare UCard balances

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

Benefits and costs may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

Thank you for choosing UnitedHealthcare

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

Scan this code to access the member site using your member ID number



How to enroll

You can enroll by phone, online, mail or fax. Simply choose the way that's easiest for you and follow the directions below.



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 a face-to-face appointment with an agent in your area.



Online

Go to **UHCCommunityPlan.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:

UnitedHealthcare

P.O. Box 30769

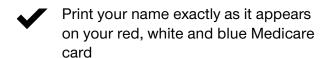
Salt Lake City, UT 84130-0769

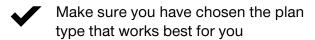


By fax

Fill out the Enrollment Request Form and fax the front and back of each page to: 1-888-950-1169

Enrollment Request Form checkpoints





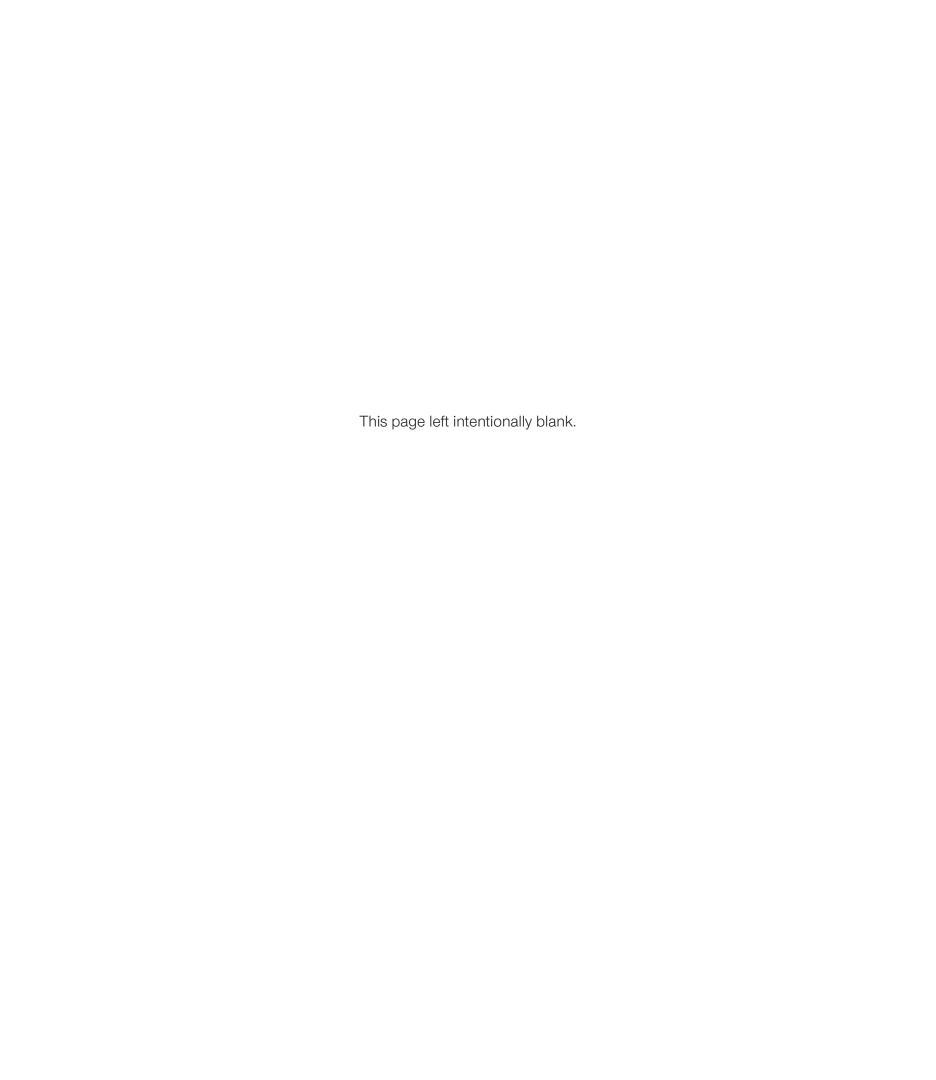
Make sure your permanent address is correct

Sign and date where indicated

Verify your date of birth

Verify your providers accept the plan you are choosing

Provide the name of your primary care provider (PCP)



Scope of Appointment Confirmation Form

Before meeting with a Med that Sales Agents use this products you are intereste Please check what you w definitions):	form to ensu d in. A sepa	ure yo	our appointment to	foci sed	uses only on th for each Medi	ne type of plan and care beneficiary.
 ☐ Medicare Advantage plans (Part C) and cost plans ☐ Stand-alone Medicare prescription drug (Part D) plan ☐ 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 a Medicare plan or obligate confidential.	•					
Beneficiary or author	rized repr	eseı	ntative signatu	ire	and signatu	ıre date:
Signature of beneficiary,	/authorized	repr	esentative		To	oday's date
					IV	IM-DD-YYYY
If you are the authorized re	epresentative	e, ple	ease sign above a	ınd	print clearly ar	nd legibly below:
Name (First and Last)			Relationship to b	oen	eficiary	
To be completed by lice	nsed sales	repr	esentative (pleas	ер	rint clearly and	l legibly)
Sales Agent name (First an	d Last)	Sale	es Agent phone			Sales Agent ID
Beneficiary name (First and Last) Beneficiary phone Date of appointment MM - DD - YYY						
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 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. 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 stand-alone 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.



2024 Enrollment Request Form

 \Box UHC Dual Complete KS-S001 (HMO-POS D-SNP) H0169-004-000 - B9M

Information about you	(Please	e type or print in	black or blu	ue ink)		
Last name		First name			Middle in	itial
Birth date		Sex □ Male □ Female				
Home phone number () -			Mobile phone number () -			
Social Security number (Required for people who a	re enrol	ling in D-SNP pla	ans):	-	-	
Medicare number						
Permanent residence street	t addres	ss (P.O. box is n	ot allowed))		
City	Co	unty		State	ZIP	code
Mailing address (Only if it's	differe	ent from above.	You can gi	ve a P.O. l	oox.)	
City				State	ZIP	code
Email address (optional)						
Do you have other insuranc	e that v	will cover your p	prescription	n drugs?		∕es □ No
(Examples: Other private insprograms.) If yes, what is it?	urance,	TRICARE, feder	al employe	e coverage	e, VA benet	its or state
Name of other insurance						
Member number	Gr	oup number	1	RxBin	RxPC	CN (optional)
Answering these questions is them out.	s your c	hoice. You can't	be denied	coverage I	because yo	ou don't fill
Enrollee name						
Agent name/ID number Y0066 ERFMA 2024 C						24HP0133578(

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/////

Please check what you'd like: ☐ Spanish ☐ Braille ☐ Other	
If you don't see the language or format you want, please call us toll-free at 711, 8 a.m8 p.m. local time, 7 days a week. Or visit UHCCommunityPlan .	
2.Are you enrolled in your state Medicaid program?	☐ Yes ☐ No
If yes, please give us your Medicaid number:	

Enrollee name	
Agent name/ID number	

3. Are you Hispanic, Latino/a, or Spanish ori						
No, not of Hispanic, Latino/a, or Spar	· ·					
Yes, Mexican, Mexican American, or Chicano/a						
Yes, Puerto Rican Yes, Cuban						
I choose not to answer						
4. What's your race? Select all that apply.						
White Black	c or African American					
American Indian or Alaska Native						
Asian Indian Chine	ese Filipino					
Japanese Korea	an Vietnamese					
Other Asian Nativ	e Hawaiian Samoan					
Guamanian or Chamorro Othe	r Pacific Islander					
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 insu	rance 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						
6. Please give us the name of your primary c	are provider (PCP), clinic or health center.					
You can find a list on the plan website or in t	he 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 see	n this provider? ☐ Yes ☐ No					
Providing your email address above automat your plan communications.	ically enrolls you in paperless delivery for some of					
Enrollee name						
Agent name/ID number						
Y0066_ERFMA_2024_C	CSKS24HP0133578_000					

CSKS24HP0133578_000

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

Agent name/ID number ___

Y0066_ERFMA_2024_C

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).
☐ 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.
☐ I give consent for all entities under UnitedHealthcare and its affiliates and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.
 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.
nrollee name

CSKS24HP0133578_000

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

Y0066_ERFMA_2024_C

If you are the authorized represe information below	ntative, please sign at	oove and complete the
*Not a Sales Agent		
Last name	First name	
Address		
City	State	ZIP code
Phone number () –	Relationship to	applicant

For Licensed Sales	Representative/age	ncy use only	7		
Licensed Sales Represe	Initial receipt date				
Licensed Sales Representative/agent name Proposed effective date					
Employer group name					
Employer group ID		Branch II			
Agent must complete					
☐ IEP (MA-PD enrollees)	☐ ICEP (MA enrollees)	☐ IEP (MA-PD enrollees eligi 2nd IEP)		☐ OEP (Jan 1 - Mar 31)	
☐ OEP (Newly eligible) ☐ SEP (Chronic)	☐ SEP (Dual LIS change of status) ☐ SEP (Dual LIS maintaining)	☐ SEP (Changeresidence) ☐ AEP (October 7)		☐ SEP (Loss of EGHP coverage) ☐ OEPI	
☐ SEP (SEP reason)					
Licensed Sales Repres	sentative signature (opti	onal)	Da	te	

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		

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 KS-S001 (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.

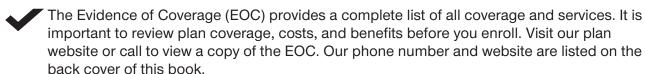
Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

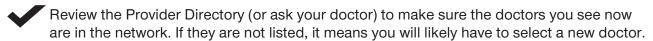
OMB No. 0938-1378 Expires: 7/31/2024 Y0066 ERFMA 2024 C

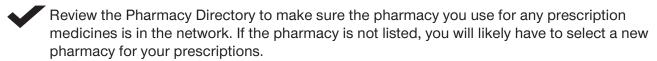
Enrollment checklist

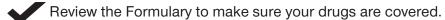
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the benefits

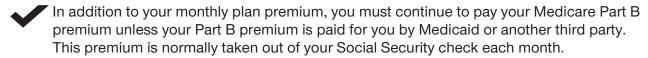


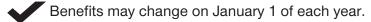


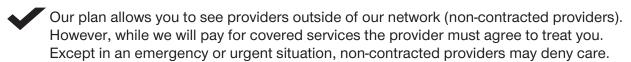


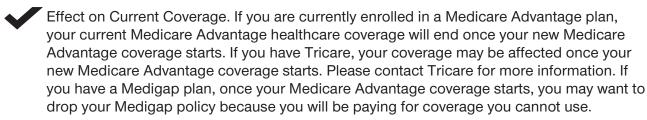


Understanding important rules









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.

2024 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 ap	pplicable):		
Name	Name			
Application date	Application date	tion date		
Proposed effective date	Proposed effective	re date		
Plan name	Plan name			
Plan type	Plan type			
Health plan/PBP number	Health plan/PBP number			
Enrollment tracking number (if applicable)	nt tracking number (if applicable) Enrollment tracking			
Call your Licensed Sales Representative if yo questions:	ou have any	RxBIN: 610097		
Representative name and ID number		Rx PCN: 9999		
		RxGRP: MPDCSP		
Representative phone number				

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.



Ready to use your extra benefits?

UHC Dual Complete KS-S001 (HMO-POS D-SNP)

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



Call **1-866-262-9947**, 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
- □ Routine dental benefits
- ☐ Fitness program: Renew Active®



Hearing aids

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



Routine chiropractic services

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



Prescription drug home delivery

Optum Home Delivery, a service of OptumRx
1-877-889-6358
OptumRx.com



Transportation

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



Food, Over-the-Counter (OTC) and Utility Bill Credit

Solutran 1-833-853-8587 myuhc.com/communityplan



Personal emergency response system

Lifeline 1-855-596-7612 lifeline.com/UHCMedicare



Fitness wearables

Fitbit® 1-844-534-8248 fitbit.com/global/us/store/UHC



Nurse Hotline

1-877-440-9407



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

We're happy to help



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



UHCCommunityPlan.com



Download the UnitedHealthcare app

Important plan information

Scan this code to download the UnitedHealthcare app

