




Annual Notice of Changes 2025

UHC Dual Choice DC-Y001 (HMO D-SNP)

 myuhc.com/CommunityPlan

 Toll-free **1-866-242-7726**, TTY **711**
8 a.m.–8 p.m., 7 days a week, October–March;
8 a.m.–5:30 p.m., Monday–Friday, April–September

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

United
Healthcare®

Y0066_ANOC_H7464_010_000_2025_M



Here for you every step of the way

With more than 45 years of experience, we understand Medicare coverage is personal and changes to your coverage can affect your life. As America's most chosen Medicare Advantage brand, we're committed to delivering a 2025 plan that fits your needs, especially as some regulations change across the Medicare industry.

This Annual Notice of Changes will tell you what you need to know about your plan benefits, including what's new for 2025 and what's staying the same. You can continue to count on your easy-to-use UCard®, only from UnitedHealthcare, to open doors for your care, rewards and so much more.

The Annual Enrollment Period (AEP) is October 15–December 7.

It's an opportunity to reflect on your health plan needs. And if your needs have changed, you can explore other plan options. With plans designed for all budgets, stages and ages, UnitedHealthcare has coverage you can count on for your whole life ahead.

A few important reminders:

1. You'll be automatically enrolled in this 2025 plan unless you take action during AEP
2. Your 2025 benefits will be effective January 1, whether you stay in your current plan or switch
3. Your current plan benefits end December 31, take advantage before it's too late



Expert guidance to support you

Questions? Contact your local licensed sales agent or call Enrollee Service at **1-866-242-7726, TTY 711, 8:00 a.m.-8:00 p.m.:** 7 days a week, October–March; 8:00 a.m.–5:30 p.m., Monday–Friday, April–September



Visit uhc.care/next-year or scan the QR code to:

- Learn about Medicare industry changes
- View your 2025 Annual Notice of Changes online
- Review current year benefit usage

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Medicare Plan Expert is a licensed insurance sales agent/producer. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. © 2024 United HealthCare Services, Inc. All Rights Reserved.

**United
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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to myuhc.com/communityplan to review the details online. All of the below documents will be available online by **October 15, 2024**.

Provider Directory

Review the 2025 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2025 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Enrollee Handbook

Review your 2025 **Enrollee Handbook** for details about plan costs and benefits. The **Enrollee Handbook** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as an enrollee.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Enrollee Services at **1-866-242-7726** (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September.

Reduce the clutter and get plan documents faster.

Visit myuhc.com/communityplan to sign up for paperless delivery.

Annual Notice of Changes for 2025

Introduction



You are currently enrolled as an enrollee of our plan.

Next year, there will be some changes to our benefits, coverage, costs, and rules. This document tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Enrollee Handbook**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of your **Enrollee Handbook**.

Additional resources

- This document is available for free in Spanish and Amharic.
- 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. For more information, please call us toll-free at the number on your enrollee ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-242-7726**, TTY **711**. Someone that speaks your preferred language can help you. This is a free service.
- Our Enrollees can request their preferred language other than English and/or alternate format, by contacting Enrollee Services number at the bottom of this page. Enrollee's information will be noted as a standing request for future mailings and communications, so Enrollees do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, Enrollees can contact Enrollee Services to have their preference updated for future communications.

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

The company complies with applicable Federal and State civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of any of the following:

- Race or Ancestry
- Color
- Creed
- Religion
- Age
- National origin
- Language
- Marital status
- Sex (including sexual orientation and gender identity)
- Medical Condition or Disability (including physical or mental impairment)
- Pregnancy
- Family Responsibilities
- Source of Income
- Place of Residence
- Political Affiliation
- Personal appearance

If you believe you were treated in a discriminatory way, 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

If you need help with your complaint, please call Enrollee Services at **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March.

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, DC 20201

We can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call Enrollee Services at **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March.

If you need any other assistance, please contact the Office of Health Care Ombudsman at 202-724-7491.

English

If you do not speak and/or read English, please call **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. EST, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. EST, 7 days a week, months October–March. A representative will assist you.

Spanish

Si no habla ni lee en inglés, llame al **1-866-242-7726**, TTY **711**, de lunes a viernes, de 8:00 a.m. a 5:30 p.m. hora del este, de abril a septiembre; y los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora del este, de octubre a marzo. Un representante le brindará asistencia.

Amharic

እንግሊዘኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከቀኑ 8:00am - 5:30pm EST፣ ከሰኞ - አርብ፣ ወራት ከኤፕሪል - ሴፕቴምበር፣ 8:00am - 8:00pm EST፣ በሰኞንት 7 ቀናት፣ ወራት ከኦክቶበር - ማርች። አንድ ተወካይ ይረዳዎታል።

Vietnamese

Nếu quý vị không nói và/hoặc đọc được tiếng Anh, vui lòng gọi đến số 1-866-242-7726, TTY (Thoại văn bản) 711, từ 8:00 sa – 5:30 ch, giờ Chuẩn Miền Đông (EST), từ thứ Hai – thứ Sáu trong tháng Tư – tháng Chín; 8:00 sa – 8:00 tối, giờ Chuẩn Miền Đông (EST), 7 ngày một tuần trong tháng Mười – tháng Ba. Một nhân viên sẽ hỗ trợ cho quý vị.

Korean

영어로 말하거나 읽지 못하는 경우, 4월~9월에는 월요일~금요일 오전 8시~오후 5시 30분(동부 표준시), 10월~3월에는 주 7일 오전 8시~오후 8시(동부 표준시)에 1-866-242-7726, TTY 711로 전화하십시오. 담당자가 도움을 드릴 것입니다.

French

Si vous ne savez pas parler et/ou lire l'anglais, veuillez composer le numéro 1-866-242-7726, téléscripateur 711, de 8:00 à 17:30 (heure normale de l'Est), du lundi au vendredi, d'avril à septembre ; de 8:00 à 20:00 (heure normale de l'Est), 7 jours sur 7, d'octobre à mars. Un représentant vous aidera.

Arabic

إذا كنت لا تتحدث الإنجليزية و/أو لا تجيد قراءتها، فيرجى الاتصال على 1-866-242-7726، الهاتف النصي 711، بين 8:00 صباحًا و5:30 مساءً بتوقيت شرق الولايات المتحدة، من الإثنين إلى الجمعة، من أبريل إلى سبتمبر؛ ومن 8:00 صباحًا إلى 8:00 مساءً بتوقيت شرق الولايات المتحدة، 7 أيام في الأسبوع، من أكتوبر إلى مارس. وسيساعدك أحد ممثلي الخدمة.

Mandarin

如果您不会说和/或阅读英语，请在四月至九月之间，于周一至周五，上午 8:00 至下午 5:30（美国东部标准时间）；在十月至三月之间，每周 7 天，上午 8:00 至晚上 8:00（美国东部标准时间），致电 1-866-242-7726，听障专线 (TTY) 711。一位代表将为您提供帮助。

Russian

Если вы не говорите и/или не читаете по-английски, позвоните по телефону 1-866-242-7726, TTY 711, 08:00 – 17:30 по восточному поясному времени, с понедельника по пятницу, с апреля по сентябрь; 08:00 – 20:00 по восточному поясному времени, 7 дней в неделю, с октября по март. Наш представитель поможет Вам.

Burmese

သင်အင်္ဂလိပ်စကား မပြောလျှင် နှင့်/သို့မဟုတ် အင်္ဂလိပ်ဘာသာစကားကို မဖတ်တတ်လျှင်၊ ဧပြီလမှ စက်တင်ဘာလအတွင်းဖြစ်ပါက၊ တနင်္လာနေ့မှ သောကြာနေ့၊ အရှေ့ပိုင်းစံတော်ချိန် နံနက် 8:00 နာရီမှ ညနေ 5:30 အတွင်းနှင့် အောက်တိုဘာလမှ မတ်လအတွင်းဖြစ်ပါက၊ တစ်ပတ်လျှင် 7 ရက်လုံး၊ အရှေ့ပိုင်းစံတော်ချိန်၊ နံနက် 8:00 နာရီမှ ည 8:00 နာရီအတွင်း 1-866-242-7726၊ TTY 711 ကို ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်အား အကူအညီပေးသွားပါမည်။

Cantonese

如果您不會說和/或閱讀英語，請在美國東部標準時間週一至週五、四月至九月的上午 8:00 至下午 5:30 之間致電 1-866-242-7726，聽障專線 (TTY) 711；美國東部標準時間上午 8:00 至晚上 8:00，每週 7 天，十月至三月。代表將為您提供協助。

Farsi

اگر به زبان انگلیسی صحبت نمی‌کنید و یا متن نمی‌خوانید، لطفاً از ساعت 8:00 صبح تا 5:30 عصر EST، از دوشنبه تا جمعه، ماههای آوریل تا سپتامبر؛ 8:00 صبح تا 8:00 شب EST، 7 روز هفته، ماههای اکتبر تا مارس با TTY 711، 1-866-242-7726 تماس بگیرید. یکی از نمایندگان به شما کمک خواهد کرد.

Polish

Jeśli nie mówisz i/lub nie czytasz po angielsku, prosimy o kontakt pod numerem 1-866-242-7726, TTY 711, w godzinach 8:00 – 7:30 EST, od poniedziałku do piątku, w miesiącach kwiecień – wrzesień; 8:00 – 20:00 EST, 7 dni w tygodniu, w miesiącach październik – marzec. Przedstawiciel firmy udzieli Ci pomocy.

Portuguese

Se não fala e/ou não lê inglês, ligue para o 1-866-242-7726, TTY 711, entre as 8:00h - 17:30h EST, de segunda a sexta-feira, nos meses de abril - setembro; 8:00h - 20:00h EST, 7 dias por semana, nos meses de outubro – março. Um representante irá ajudá-lo(a).

Punjabi

ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਨਹੀਂ ਪੜ੍ਹਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-866-242-7726, TTY 711 ਨੂੰ, ਅਪ੍ਰੈਲ - ਸਤੰਬਰ ਮਹੀਨੇ ਲਈ ਸੋਮਵਾਰ - ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ EST; ਅਕਤੂਬਰ - ਮਾਰਚ ਮਹੀਨੇ ਲਈ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ EST ਦੇ ਵਿਚਕਾਰ ਕਾਲ ਕਰੋ। ਇੱਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Haitian Creole

Si ou pa pale ak/oswa li anglè, tanpri rele 1-866-242-7726, TTY 711, ant 8:00am – 5:30pm EST, lendi – vandredi, pou mwa avril – septanm; 8:00am – 8:00pm EST, 7 jou nan yon semèn, pou mwa oktòb – mas. Yon reprezantan pral ede ou.

Hindi

यदि आप अंग्रेज़ी बोल और/या पढ़ नहीं पाते हैं, तो कृपया 1-866-242-7726, TTY 711 पर, सुबह 8:00 – शाम 5:30 EST, सोमवार – शुक्रवार, महीने अप्रैल – सितम्बर; सुबह 8:00 – शाम 8:00 EST, 7 दिन प्रति सप्ताह, महीने अक्टूबर – मार्च संपर्क करें। एक प्रतिनिधि आपकी सहायता करेगा।

Somali

Haddii aadan ku hadlin iyo/ama akhrin Ingiriisi, fadlan wac 1-866-242-7726, TTY 711, inta u dhexaysa 8:00 subaxnimo – 5:30 galabnimo EST, Isniinta – Jimcaha, billaha Abriil – Sitembar; 8:00 subaxnimo – 8:00 galabnimo EST, 7 maalin isbuucii, billaha Oktoobar – Maarso. Wakiil ayaa ku caawin doona.

Hmong

Yog koj hais lus As Kiv tsis tau thiab/los sis nyeem ntawv As Kiv tsis tau, ces hu rau 1-866-242-7726, TTY 711, thaj tsam thaum 8:00 teev sawv ntxov – 5:30 teev yav tsaus ntuj EST, hnuv Monday – Friday, lub Plaub Hlis Ntuj – Cuaj Hli Ntuj; 8:00 teev sawv ntxov – 8:00 teev tsaus ntuj EST, 7 hnuv hauv ib lub vij, Lub Kaum Hli Ntuj – Peb Hlis Ntuj. Ib tug neeg sawv cev yuav los pab koj.

Italian

Se non si parla e/o legge in lingua inglese, si prega di chiamare il numero +1 866 242 7726, TTY 711, dalle 8:00 alle 17:30 ora standard orientale, da lunedì a venerdì, nei mesi da aprile a settembre; e dalle 8:00 alle 20:00 ora standard orientale, 7 giorni su 7, nei mesi da ottobre a marzo. Si riceverà assistenza da un rappresentante.

Tagalog

Kung hindi ka nagsasalita at/o nagbabasa ng English, pakitawagan ang 1-866-242-7726, TTY 711, sa pagitan ng 8:00am – 5:30pm EST, Lunes – Biyernes, mga buwan ng Abril – Setyembre; 8:00am – 8:00pm EST, 7 araw sa isang linggo, mga buwan ng Oktubre – Marso. Tutulungan ka ng isang kinatawan.

Japanese

英語を話したり読んだりできない場合は、以下の時間帯に電話(1-866-242-7726、TTY 711)でお問合せください。4月～9月、午前8:00～午後5:30(東部標準時)、月曜日～金曜日。10月～3月、午前8:00～午後8:00(東部標準時)、週7日間。担当者がお手伝いいたします。

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If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

A. Disclaimers

UHC Dual Choice DC-Y001 (HMO 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 District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and with District Medicaid.

The plan also has a written agreement with the District of Columbia Medicaid program to coordinate your Medicaid benefits.

B. Reviewing your Medicare and DC Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and DC Medicaid programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- DC Medicaid options and services in **Section F2**.

B1. Information about UHC Dual Choice DC-Y001 (HMO D-SNP)

- UHC Dual Choice DC-Y001 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to enrollees.
- **Coverage under UHC Dual Choice DC-Y001 (HMO D-SNP) is qualifying health coverage** called "minimum essential coverage". It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this **Annual Notice of Changes** says "we," "us," "our," or "our plan," it means UHC Dual Choice DC-Y001 (HMO D-SNP).



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with 2025 UHC Dual Choice DC-Y001 (HMO D-SNP)	If you decide to change plans:
<p>If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in 2025 UHC Dual Choice DC-Y001 (HMO D-SNP).</p>	<p>If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.</p>

? **If you have questions**, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at myuhc.com/communityplan. You may also call Enrollee Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Enrollee Handbook**.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

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

	2024 (this year)	2025 (next year)
Fitness program	<p>You have access to a fitness program.</p> <p>With this benefit, you can also get 1 Fitbit® device every 2 years at no additional cost.</p> <p>You must use network providers to access this benefit.</p>	<p>You have access to a fitness program.</p> <p>Fitbit® device is not covered. You must use network providers to access this benefit.</p>



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

	2024 (this year)	2025 (next year)
Food, utility bills, over-the-counter (OTC) and home and bath safety devices credit – Value-Based Insurance Design (VBID) Model	<p>\$209 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills. The healthy food and utility bills options are only available to qualifying enrollees. Your credit amount expires at the end of each month.</p>	<p>\$177 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills. The healthy food and utility bills options are only available to qualifying enrollees. Your credit amount expires at the end of each month.</p> <p>Use your UCard online or in-store to access your benefits.</p> <p>See your Enrollee Handbook for more information.</p>



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

	2024 (this year)	2025 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include:</p> <p>OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment (in-network)..</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include:</p> <p>OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand. You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.</p>
Personal emergency response system	Covered.	Not covered.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

	2024 (this year)	2025 (next year)
NurseLine	Covered	<p>NurseLine is not covered.</p> <p>Your plan offers virtual care at no additional cost. You can talk to a network telehealth provider online through live audio and video.</p> <ul style="list-style-type: none"> • \$0 virtual visits from any network provider that offers virtual care • \$0 virtual visits with Amwell, including 24/7 urgent care <p>Access virtual care through the UnitedHealthcare app or MyUHC.com/CommunityPlan.</p>



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at myuhc.com/CommunityPlan. You may also call Enrollee Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

The **List of Covered Drugs** is also called the **Drug List**.

We made changes to our **Drug List**, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the **Drug List** to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the District that will affect you during the plan year. We update our online **Drug List** at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Enrollee Services at the numbers at the bottom of the page or contact your care management team to ask for a **List of Covered Drugs** that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Enrollee Handbook**.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

E. Administrative Changes

	2024 (this year)	2025 (next year)
Rewards administration	No details on rewards expiring after your plan ends.	Rewards expire 1 month after your plan ends.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan enrollee. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as an enrollee of our plan for 2025.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have DC Medicaid, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- You moved out of our service area,
- Your eligibility for DC Medicaid or Extra Help changed, **or**
- You recently moved into or are currently getting care in, an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Your Medicare services

You have two options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:

Original Medicare with a separate Medicare prescription drug plan

NOTE: If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-727-8370**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m. For more information or to find a local SHIP office in your area, please visit dacl.dc.gov/service/health-insurance-counseling.

OR

Enroll in a new Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

2. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the DC State Health Insurance Assistance Program (SHIP), **202-727-8370**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-727-8370**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

3. You can change to:

Any Medicare health plan during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**.

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), **1-202-727-8370**, TTY **711**, Monday–Friday, 9:30 a.m.–4:30 p.m., **dacl.dc.gov/service/health-insurance-counseling**.

OR

Enroll in a new Medicare plan.

You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.

Your DC Medicaid services

For questions about how to get your DC Medicaid services after you leave our plan, contact Dual Choice support, **1-202-442-9533**, TTY **711**, 9 a.m.–4:45 p.m., Monday–Friday, **dhcf.dc.gov/**. Ask how joining another plan or returning to Original Medicare affects how you get your DC Medicaid coverage.

G. Getting help**G1. Our plan**

We're here to help if you have any questions. Call Enrollee Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your Enrollee Handbook

Your **Enrollee Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The **Enrollee Handbook** for 2025 will be available by October 15. You can also review the **Enrollee Handbook** to find out if other benefit or cost changes affect you. An up-to-date copy of the Enrollee Handbook is available on our website at **myuhc.com/CommunityPlan**. You may also call Enrollee Services at the numbers at the bottom of the page to ask us to mail you a **Enrollee Handbook for 2025**.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

Our website

You can visit our website at myuhc.com/CommunityPlan. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **Drug List (List of Covered Drugs)**.

G2. DC State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In the District the SHIP is called the DC State Health Insurance Assistance Program (SHIP). The DC SHIP can help you understand your plan choices and answer questions about switching plans. The DC SHIP is not connected with us or with any insurance company or health plan. The DC SHIP has trained counselors who serve the entire District and services are free. The DC SHIP phone number is **1-202-727-8370**, TTY **711**. For more information or to find a local DC SHIP office in your area, please visit dacl.dc.gov/service/health-insurance-counseling.

G3. Office of Health Care Ombudsman and Bill of Rights

The Office of Health Care Ombudsman and Bill of Rights can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Care Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Health Care Ombudsman Program is **1-202-724-7491**.

G4. Medicare

To get information directly from Medicare, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's website

You can visit the Medicare website ([medicare.gov](https://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [medicare.gov](https://www.medicare.gov) and click on "Find plans.")



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Medicare & You 2025

You can read the **Medicare & You 2025** handbook. Every year in the fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Quality Improvement Organization

There is a designated Quality Improvement Organization serving Medicare beneficiaries in each state. For the District, the Quality Improvement Organization is called Livanta BFCC-QIO Program.

The District's Quality Improvement Organization has a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. The District's Quality Improvement Organization is an independent organization. It is not connected with our plan.

You should contact the District's Quality Improvement Organization at **1-888-396-4646** or TTY **1-888-985-2660** in any of these situations:

- You have a complaint about the quality of care you have received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.

G5. DC Medicaid

Medicaid is a joint Federal and District government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. Some people are eligible for Medicaid but not Medicare. In the District of Columbia, Medicaid may pay for personal care, homemaker and other services that are not covered by Medicare. Medicaid also has programs that can help pay for your Medicare premiums and other costs if you are eligible for Medicare and qualify. If you have questions about the assistance you get from Medicaid, contact Dual Choice support at **1-202-442-9533**, TTY **711**, Monday–Friday, 9 a.m.–4:45 p.m.

UHC Dual Choice DC-Y001 (HMO D-SNP) has a contract with the DC Department of Health Care Finance (DHCF) to provide all your benefits under Medicaid as well as Medicare.



If you have questions, please call UHC Dual Choice DC-Y001 (HMO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

UHC Dual Choice DC-Y001 (HMO D-SNP) Enrollee Services

 myuhc.com/CommunityPlan



Call **1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March;
8 a.m.–5:30 p.m., Monday–Friday, April–September. Enrollee Services also has free
language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free.

8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday,
April–September



Write **P.O. Box 30769**

Salt Lake City, UT 84130-0769