



# Annual Notice of Changes 2025

**UHC Dual Complete TN-S001 (HMO-POS D-SNP)**

 **MyUHC.com/CommunityPlan**

 Toll-free **1-800-690-1606**, TTY **711**  
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

**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®**



# 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 Customer Service at **1-800-690-1606, TTY 711, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept**



**Visit [uhc.care/next-year](https://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.

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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.

### **Evidence of Coverage (EOC)**

Review your 2025 EOC for details about plan costs and benefits. The EOC 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 a member.

### **Reduce the clutter and get plan documents faster.**

Visit **MyUHC.com/CommunityPlan** to sign up for paperless delivery.

### **Would you rather get paper copies?**

If you want a paper copy of what is listed above, please contact our Customer Service at 1-800-690-1606 (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

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**UHC Dual Complete TN-S001 (HMO-POS D-SNP) offered by UnitedHealthcare**

# Annual Notice of Changes for 2025



**You are currently enrolled as a member of UHC Dual Complete TN-S001 (HMO-POS D-SNP).**

Next year, there will be changes to the plan's costs and benefits. Please see page 8 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at **UHC.com/CommunityPlan**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

## What to do now

### 1. **Ask:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

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- Think about whether you are happy with our plan.

**2. Compare:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. Choose:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will be enrolled in UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- Look in Section 3 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- 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. For more information, please call us toll-free at the number on your member ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen 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.
- Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About UHC Dual Complete TN-S001 (HMO-POS D-SNP)**

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- The plan also has a written agreement with the Tennessee Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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## Summary of important costs for 2025

The table below compares the 2024 costs and 2025 costs for UHC Dual Complete TN-S001 (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher than this amount. (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From network providers: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
<b>Doctor office visits</b>	Primary care visits: You pay a \$0 copayment per visit.  Specialist visits: You pay a \$0 copayment per visit.	Primary care visits: You pay a \$0 copayment per visit.  Specialist visits: You pay a \$0 copayment per visit.
<b>Inpatient hospital stays</b>	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	<b>If you do qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b>	



**Questions?** Call Customer Service at **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept



Cost	2024 (this year)	2025 (next year)
	<p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <p>Deductible:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0</li> </ul> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$8,000, the plan will pay the full cost for your Medicare-covered Part D drugs. You will pay nothing.</p>	<p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <p>Deductible:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0</li> </ul> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.60 copayment or</li> <li><input type="checkbox"/> \$4.90 copayment</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$4.80 copayment or</li> <li><input type="checkbox"/> \$12.15 copayment</li> </ul> <p>If the total amount you pay for copayments and coinsurance reaches \$2,000, the plan will pay the full cost for your Medicare-covered Part D drugs. You will pay nothing.</p>



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Cost	2024 (this year)	2025 (next year)
	<b>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b>	
	<p>Deductible: \$545, except for covered insulin products and most adult Part D vaccines You pay 25% of the total cost.<sup>1</sup></p> <p>Catastrophic Coverage:</p> <p><input type="checkbox"/> During this payment stage, the plan pays the full cost for your Medicare-covered Part D drugs. You pay nothing.</p>	<p>Deductible: \$590, except for covered insulin products and most adult Part D vaccines You pay 25% of the total cost.<sup>1</sup></p> <p>Catastrophic Coverage:</p> <p><input type="checkbox"/> During this payment stage, you pay nothing for your Medicare-covered Part D drugs.</p>

<sup>1</sup> You will pay a maximum of \$35 in 2024 and 2025 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the 2025 Catastrophic drug payment stage, where you pay \$0.



**Questions?** Call Customer Service at **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

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## Section 1 Changes to Benefits and Costs for Next Year

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### Section 1.1 Changes to the Monthly Premium

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Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0
<b>Monthly Medicare Part B premium reduction</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	<b>\$0.60</b> If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

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Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.  Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Cost	2024 (this year)	2025 (next year)
toward your maximum out-of-pocket amount.		

**Section 1.3 Changes to the Provider and Pharmacy Networks**

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory ([MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory ([MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan)) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

**Section 1.4 Changes to Benefits and Costs for Medical Services**

Please note that the **Annual Notice of Changes** only tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Depending on your level of Medicaid eligibility, for Medicare-covered services:

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your Medicare cost sharing.

If you are not a QMB or you do not have full Medicaid benefits, you must pay your Medicare cost sharing.

Medicare cost sharing includes copayment, coinsurance, and deductibles. If you do not have Extra Help, you are responsible for all Part D cost sharing amounts. Please contact Division of TennCare (Medicaid) at 1-800-342-3145 for more details.

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

Cost	2024 (this year)	2025 (next year)
<p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></p>	<p>You pay a \$0 copayment.</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: 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.</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: 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.</p>
<p><b>Fitness program</b></p>	<p>You have access to a fitness program.</p>	<p>You have access to a fitness program.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2024 (this year)	2025 (next year)
	<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>Fitbit® device is not covered. Fitness trackers will be available through a member discount. See your member site for details.</p> <p>You must use network providers to access this benefit.</p>
<p><b>Hearing services</b> Hearing aids</p>	<p>You receive a \$3,600 allowance for up to 2 OTC or prescription hearing aids every year.</p> <p>Home-delivered hearing aids are available nationwide through network providers (select products only).</p> <p>You must use network providers to access this benefit.</p>	<p>You receive a \$3,200 allowance for up to 2 OTC or prescription hearing aids every year.</p> <p>Home-delivered hearing aids are available nationwide through network providers (select products only).</p> <p>You must use network providers to access this benefit.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2024 (this year)	2025 (next year)
<b>Nurse Hotline</b>	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"> <li><input type="checkbox"/> \$0 virtual visits from any network provider that offers virtual care</li> <li><input type="checkbox"/> \$0 virtual visits with Amwell, including 24/7 urgent care</li> </ul> <p>Access virtual care through the UnitedHealthcare app or MyUHC.com/CommunityPlan.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Cost	2024 (this year)	2025 (next year)
<p><b>Food, over-the-counter (OTC) and home and bath safety devices credit - Special supplemental benefits for the chronically ill</b></p>	<p>\$248 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills.</p> <p>The healthy food and utility bills options are only available to qualifying members through the Value-Based Insurance Design (VBID) Model.</p> <p>Your credit amount expires at the end of each month.</p>	<p>\$290 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices and healthy food.</p> <p>The healthy food option is only available to qualifying members through the Special Supplemental Benefits for the Chronically Ill (SSBCI). Utility bills are not covered by the credit.</p> <p>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 Evidence of Coverage for more information.</p>
<p><b>Personal emergency response system</b></p>	<p>Covered.</p>	<p>Not covered.</p> <p>Similar service will be available through a member discount. See your member site for details.</p>

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.



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## Section 1.5 Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website ([MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan)).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules 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 your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately add new restrictions.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this chapter, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also

called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” you will receive a LIS Rider. If you don’t receive it, please call Customer Service and ask for the "LIS Rider" to be sent to you.

This plan will stop using the CMS Value-Based Insurance Design (VBID) for Medicare Part D prescription drugs in 2025. Depending on your Medicaid eligibility, you may have to pay a cost share for covered Part D drugs.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly (Part D) Deductible stage</b>                      During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>Your deductible amount is \$0.                      (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> <p>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs, your deductible is \$545.</p>	<p>Your deductible amount is \$0.                      (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> <p>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs, your deductible is \$590.</p>

**Changes to Your Cost-sharing in the Initial Coverage Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage stage</b>                      Once you pay the yearly deductible, you move to the Initial Coverage stage. During this stage, the plan pays its</p>	<p><b>If you do qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b></p> <p>Your cost for a one-month (30-day) supply filled at a</p>	<p>Your cost for a one-month (30-day) supply filled at a</p>

Stage	2024 (this year)	2025 (next year)
<p>share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <b>Evidence of Coverage.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>network pharmacy with standard cost-sharing:</p> <p><b>Generic drugs (including brand drugs treated as generic):</b></p> <p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment</li> </ul> <p><b>For all other covered drugs:</b></p> <p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$0 copayment</li> </ul>	<p>network pharmacy with standard cost-sharing:</p> <p><b>Generic drugs (including brand drugs treated as generic):</b></p> <p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$1.60 copayment or</li> <li><input type="checkbox"/> \$4.90 copayment</li> </ul> <p><b>For all other covered drugs:</b></p> <p>If you are enrolled in Medicare A and B and receive full Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 copayment or</li> <li><input type="checkbox"/> \$4.80 copayment or</li> <li><input type="checkbox"/> \$12.15 copayment</li> </ul>
	<p><b>If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs</b></p>	
	<p><b>For all covered drugs:</b></p>	<p><b>For all covered drugs:</b></p>

Stage	2024 (this year)	2025 (next year)
	<p>You pay 25% of the total cost.<sup>1</sup></p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap stage).</p>	<p>You pay 25% of the total cost.<sup>1</sup></p> <hr/> <p>Once you have paid \$2,000 out-of-pocket for Medicare-covered Part D drugs, you will move to the next stage (the Catastrophic Coverage stage).</p>

<sup>1</sup> You will pay a maximum of \$35 in 2024 and 2025 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the 2025 Catastrophic drug payment stage, where you pay \$0.

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your **Evidence of Coverage**.

**Section 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year (January – December)</b>.</p> <p>To learn more about this payment option, please contact us at 1-800-690-1606 or visit Medicare.gov.</p>
<b>Rewards administration</b>	Rewards did not expire 1 month after your plan ended.	Rewards expire 1 month after your plan ends.

**Section 3 Deciding Which Plan to Choose**

**Section 3.1 If You Want to Stay in UHC Dual Complete TN-S001 (HMO-POS D-SNP)**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UHC Dual Complete TN-S001 (HMO-POS D-SNP).

**Section 3.2 If You Want to Change Plans**

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,

- **OR**– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the **Medicare & You 2025 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a **reminder**, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UHC Dual Complete TN-S001 (HMO-POS D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - **or** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 have opted out of automatic enrollment.

## Section 4                      Deadline for Changing Plans

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 to December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Division of TennCare, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or

- 
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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## Section 5                      Programs That Offer Free Counseling about Medicare and Medicaid

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The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Tennessee, the SHIP is called Tennessee Commission on Aging & Disability - TN SHIP.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Tennessee Commission on Aging & Disability - TN SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Tennessee Commission on Aging & Disability - TN SHIP at 1-877-801-0044.

For questions about your Division of TennCare benefits, contact Division of TennCare, at 1-800-342-3145, 8 a.m. - 4:30 p.m. CT, Monday - Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Division of TennCare coverage.

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## Section 6                      Programs That Help Pay for Prescription Drugs

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You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- “Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help”, also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please contact the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-690-1606 or visit Medicare.gov.

## Section 7 Questions?

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### Section 7.1 Getting Help from UHC Dual Complete TN-S001 (HMO-POS D-SNP)

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Questions? We're here to help. Please call Customer Service at 1-800-690-1606. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 **Evidence of Coverage** for UHC Dual Complete TN-S001 (HMO-POS D-SNP). The **Evidence of Coverage** 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. A copy of the Evidence of Coverage is located on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.



**Visit our Website**

You can also visit our website at **MyUHC.com/CommunityPlan**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

**Section 7.2                      Getting Help from Medicare**

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To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

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

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read Medicare & You 2025**

Read the **Medicare & You 2025** handbook. Every 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. 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](http://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.

**Section 7.3                      Getting Help from Medicaid**

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To get information from Division of TennCare (Medicaid), you can call Division of TennCare (Medicaid) at 1-800-342-3145. TTY users should call 711.

## Do you need free help with this letter?

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

### Spanish: Español

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

### Kurdish: کوردی

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

### Arabic: ربيّة عا

وظة حلم: اذا ملكتتة غللا ربيّة عا اتمدخدة عاسملا وبة غللا رة فوتم كة انجام. اتصل مقبر: 1-800-690-1606 (TTY: 711) مقرر فتاه صملا و مكللا

### Chinese: 繁體中文

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

### Vietnamese: Tiếng Việt

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

### Korean: 한국어

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

### French: Français

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

### Amharic: አማርኛ

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

### Gujarati: ગુજરાતી

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

**Laotian: ພາສາລາວ**

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

**German: Deutsch**

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

**Tagalog: Tagalog**

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

**Hindi: हिंदी**

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

**Serbo-Croatian: Srpsko-hrvatski**

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

**Russian: Русский**

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

**Nepali: नेपाली**

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

**Persian: فارسی**

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

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

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

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

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

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

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: [HCFA.Fairtreatment@tn.gov](mailto:HCFA.Fairtreatment@tn.gov)

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

You can get a complaint form online at:

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

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

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

Email: [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Phone: 1-800-690-1606

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

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

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

You can get a complaint form online at: <http://www.hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

For more information, please call customer service at:

## UHC Dual Complete TN-S001 (HMO-POS D-SNP) Customer Service:



Call **1-800-690-1606**

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

**TTY 711**

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



Write: **P.O. Box 30769**  
**Salt Lake City, UT 84130-0769**



**MyUHC.com/CommunityPlan**