



# 2025 Enrollment Guide

**UHC Dual Choice DC-Q001 (PPO D-SNP)**

H2406-099-000

**Service area:** District of Columbia - District of Columbia

United  
Healthcare®

# UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



## Simplify your day with benefits built to be used

Your UCard®, only from UnitedHealthcare, is more than just your member ID card. It gives you access to a large network of Medicare Advantage providers, including doctors and specialists. Plus, use it to help pay for OTC and healthy food, and shop approved products from brands you know like Walmart, Walgreens and more with your earned rewards. Access your UCard and health information with the easy-to use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



## Get more for your Medicare dollar

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with UnitedHealthcare.



## Expert guidance for today and as your needs change

Count on UnitedHealthcare to be there every step of the way with easy-to-understand Medicare resources, useful online tools, and trusted Medicare Plan Experts<sup>1</sup> to guide you. And with our Right Plan Promise<sup>®2</sup>, only from UnitedHealthcare, you can rely on our 45 years of Medicare experience to help you find the right UnitedHealthcare plan for your needs and budget.

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

<sup>2</sup>The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

# UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail. Reach for your UCard when:



## Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



## Buying healthy food, OTC products or paying utility bills

Use the credit loaded on your UCard as payment in-store or online.



## Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



# Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan.



## Here's how this PPO D-SNP plan works



**Select a primary care provider to oversee and help manage your care.** You're not limited to this PCP, but it's beneficial for your long term health and well-being.



**Emergency and urgently needed services are covered anywhere in the world.**



**\$0 covered services when received in-network.** Look at the Summary of Benefits in this book to find out what services are covered.



**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.



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

Go to [UHC.com/CommunityPlan](https://UHC.com/CommunityPlan) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



# Benefit Highlights

## UHC Dual Choice DC-Q001 (PPO D-SNP)

This is a short description of your 2025 plan benefits for those who get coverage of only Medicare cost-sharing. Medicaid pays your Medicare Part A and Part B deductibles, coinsurance, and copayment amounts only for Medicaid covered services. You pay nothing, except for Part D prescription drug copays (if applicable). This information is not a complete description of benefits. Refer to your **Summary of Benefits** or **Enrollee Handbook**. Limitations, exclusions, and restrictions may apply. Please call Enrollee Services: **1-866-242-7726**, TTY **711** for additional assistance.

**If you are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare covered services that are also covered by Medicaid.** If your eligibility for Medicaid or Extra Help changes, your cost sharing and premium may change.

### Plan costs

<b>Monthly plan premium</b>	\$0 with full Extra Help	\$46.30, depending on if you receive Extra Help
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### Medical benefits

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

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual medical deductible</b>	No deductible		\$257	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$0 In-network	\$0 combined in and out-of-network	\$9,350 In-network	\$14,000 combined in and out-of-network
<b>Doctor's office visit</b>				
Primary care provider (PCP)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)	20% coinsurance (no referral needed)	30% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	

## Medical benefits

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

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Preventive services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay–30% coinsurance (depending on the service)
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days	\$1,695 copay per stay for unlimited days	30% coinsurance per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1–100	\$0 copay per day: days 1–100	\$0 copay per day: for days 1–20 \$204 copay per day: days 21–100	30% coinsurance per stay, up to 100 days
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Outpatient mental health</b> Group therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Individual therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	\$0 copay	\$0 copay for covered brands	30% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

## Medical benefits

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

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
<b>Outpatient X-rays</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Ambulance</b>	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)		\$110 copay (\$0 copay for emergency care outside the United States) per visit	
<b>Urgently needed services</b>	\$0 copay (worldwide)		\$45 copay (\$0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

## Benefits and services beyond Original Medicare

	In-network	Out-of-network
<b>Routine physical</b>	\$0 copay, 1 per plan year*	30% coinsurance, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per plan year*	30% coinsurance, 1 per year*
<b>Routine eyewear</b>	\$0 copay Annual routine eye exam and \$250 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal [or standard progressive]) lenses covered in full every year.* Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.	
<b>Dental – preventive</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental – comprehensive</b>	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
<b>Dental – benefit limit</b>	\$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay. Network size varies by local market.	

## Benefits and services beyond Original Medicare

	In-network	Out-of-network
<b>Hearing – routine exam</b>	\$0 copay, 1 exam per plan year*	30% coinsurance, 1 per year*
<b>Hearing aids</b>	Plan pays up to \$1,500 every year for 2 hearing aids from network providers.* Includes hearing aids delivered directly to you (OTC hearing aids only).	
<b>Routine transportation</b>	\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies. Routine transportation not for use in emergencies.*	75% coinsurance*
<b>Foot care – routine</b>	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$88 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Reward</b>	Earn up to \$165 in rewards when you get started in January* \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot.  Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply.	

\*Benefits are combined in and out-of-network.

## Prescription drugs

**Annual prescription (Part D) deductible**      \$0

### 30-day or 100-day supply from retail network pharmacy

**All covered drugs<sup>1</sup>**      \$0 copay  
Some covered drugs limited to a 30-day supply

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





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

\*Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms.

Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

Premiums, copays, coinsurance, and deductibles may vary based on if you receive Extra Help. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

You can see any doctor who accepts Medicare and your plan but costs may be lower with a network doctor. Out-of-network/non-contracted providers are under no obligation to treat Plan enrollees, except in emergency situations. Please call our Enrollee Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.

Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.

A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

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 District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.



# Summary of Benefits 2025

**UHC Dual Choice DC-Q001 (PPO D-SNP)**

Look inside to learn more about the plan and the health and drug services it covers.  
Contact us for more information about the plan.



**UHCCommunityPlan.com**



Toll-free **1-800-514-4944**, TTY **711**  
8 a.m.–8 p.m. local time, 7 days a week

**United  
Healthcare®**

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## Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Choice DC-Q001 (PPO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as an enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Enrollee Handbook**.

## Table of Contents

A.	Disclaimers.....	3
B.	Frequently asked questions (FAQ) .....	10
C.	List of covered services .....	13
D.	Benefits covered outside of UHC Dual Choice DC-Q001 (PPO D-SNP) .....	21
E.	Services that UHC Dual Choice DC-Q001 (PPO D-SNP), Medicare, and DC Medicaid do not cover .....	22
F.	Your rights as an enrollee of the plan .....	23
G.	How to file a complaint or appeal a denied service.....	24
H.	What to do if you suspect fraud .....	25



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](http://myuhc.com/communityplan).

## A. Disclaimers



This is a summary of health services covered by UHC Dual Choice DC-Q001 (PPO D-SNP) for January 1, 2025 to December 31, 2025. This is only a summary. Please read the Enrollee Handbook for the full list of benefits.

- ❖ UHC Dual Choice DC-Q001 (PPO 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 District Medicaid.
- ❖ For more information about Medicare, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- ❖ For more information about UHC Dual Choice DC-Q001 (PPO D-SNP), you can check the DC Department of Health Care Finance website at [dhcf.dc.gov/page/district-dual-choice-d-snps](http://dhcf.dc.gov/page/district-dual-choice-d-snps), contact the DC Office of Health Care Ombudsman and Bill of Rights at **202-724-7491**, TTY **711**, Monday-Friday 9 a.m.-4:45 p.m., or contact the DC State Health Insurance Assistance Program (SHIP) at **202-727-8370**, TTY **711**, Monday-Friday, 9:30 a.m.-4:30 p.m.
- ❖ UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- ❖ UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at **1-866-547-0772** for additional information (TTY users should call **711**). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.
- ❖ UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al **1-866-547-0772**, para obtener información adicional (los usuarios de TTY deben comunicarse al **711**). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- ❖ Benefits, features, and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **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.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](http://myuhc.com/communityplan).

- This document is available for free in Spanish and Amharic.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the number at the bottom of this page.

### **Hearing aids**

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### **Routine dental benefits**

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### **Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

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

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare enrollees, except in emergency situations. Please call our customer service number or see your **Enrollee Handbook** for more information, including the cost-sharing that applies to out-of-network services.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).

## Rewards Program

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



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://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፣ በሰኞንቲ 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。

## B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions	Answers
<p><b>What is a UHC Dual Choice D-SNP?</b></p>	<p>A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and DC Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs for which you are eligible under the DC Medicaid program.</p>
<p><b>Will I get the same Medicare and DC Medicaid benefits in UHC Dual Choice DC-Q001 (PPO D-SNP) that I get now?</b></p>	<p>You will get most of your covered Medicare and DC Medicaid benefits directly from UHC Dual Choice DC-Q001 (PPO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a District agency or specialty mental health and substance use disorder services.</p> <p>When you enroll in UHC Dual Choice DC-Q001 (PPO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that UHC Dual Choice DC-Q001 (PPO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC Dual Choice DC-Q001 (PPO D-SNP) to cover your drug if medically necessary. For more information, call Enrollee Services at the numbers listed at the bottom of this page.</p>

 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).

Frequently asked questions	Answers
<p><b>Can I go to the same doctors I use now?</b></p>	<p>Yes, you can continue to go to the doctor you use now. If you are currently under treatment with a provider that is out of UHC Dual Choice DC-Q001 (PPO D-SNP)'s network, you may choose to continue this treatment, regardless of whether this provider is in UHC Dual Choice DC-Q001 (PPO D-SNP)'s provider network.</p> <p>Medicaid services may require prior authorization for out-of-network providers.</p> <p>To find out if your providers are in the plan's network, call Enrollee Services at the numbers listed at the bottom of this page or read UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>Provider and Pharmacy Directory</b> on the plan's website at <a href="http://myuhc.com/communityplan">myuhc.com/communityplan</a>.</p> <p>If UHC Dual Choice DC-Q001 (PPO D-SNP) is new for you, we will work with you to develop: an Individualized Plan of Care to address your needs.</p>
<p><b>What is a UHC Dual Choice DC-Q001 (PPO D-SNP) care navigator?</b></p>	<p>A UHC Dual Choice DC-Q001 (PPO D-SNP) care navigator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care navigator or care team will work with that agency.</p>
<p><b>What happens if I need a service but no one in UHC Dual Choice DC-Q001 (PPO D-SNP)'s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Choice DC-Q001 (PPO D-SNP) will pay for the cost of an out-of-network provider.</p>
<p><b>Where is UHC Dual Choice DC-Q001 (PPO D-SNP) available?</b></p>	<p>The service area for this plan includes: Washington, DC. You must live in this area to join the plan.</p> <p>*Call Enrollee Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>

**?** If you have questions, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](http://myuhc.com/communityplan).

Frequently asked questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from UHC Dual Choice DC-Q001 (PPO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UHC Dual Choice DC-Q001 (PPO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC Dual Choice DC-Q001 (PPO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Choice DC-Q001 (PPO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <b>Enrollee Handbook</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Enrollee Handbook</b> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Enrollee Services at the numbers listed at the bottom of this page for help.</p>
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Choice DC-Q001 (PPO D-SNP)?</b>	No. Because you have DC Medicaid you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP)?</b>	No. You do not pay deductibles in UHC Dual Choice DC-Q001 (PPO D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP)?</b>	There is no cost sharing for medical services in UHC Dual Choice DC-Q001 (PPO D-SNP), so your annual out-of-pocket costs will be \$0.

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	1 per year
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	
<b>You need emergency care</b>	Emergency room services	\$0	\$0 copay (worldwide) per visit. For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	Urgent care	\$0	\$0 copay (worldwide) per visit.

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**For more information**, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	1 per year
	Hearing aids	\$0	\$1,500 allowance every year for 2 hearing aids* <ul style="list-style-type: none"> <li>• A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>

**?** **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](http://myuhc.com/communityplan).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	\$1,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Access to one of the largest national dental networks</li> <li>• Freedom to see any dentist</li> </ul>
	Restorative and emergency dental care	\$0	
<b>You need eye care</b>	Eye exams	\$0	1 per year
	Glasses or contact lenses	\$0	Plan pays up to \$250 every year for lenses/frames and contacts* Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.
	Other vision care	\$0	
<b>You need behavioral health services</b>	Behavioral health services	\$0	
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	
<b>You need help getting to health services</b>	Ambulance services	\$0	Your provider must obtain prior authorization for non-emergency transportation
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	36 one-way trips to or from approved medically related appointments and pharmacies*

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Enrollee Handbook</b> for more information on these drugs.
	Medicare Part D prescription drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information. <sup>1</sup>  An extended day supply is only available at a subset of the retail or mail order network pharmacy.  Contact the plan for details.
	Over-the-counter (OTC) drugs		There may be limitations on the types of drugs covered. Please refer to UHC Dual Choice DC-Q001 (PPO D-SNP)'s <b>List of Covered Drugs (Drug List)</b> for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	4 visits per year
	Orthotic services	\$0	



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Enrollee Services or refer to <b>Chapter 4</b> of the <b>Enrollee Handbook</b>.</p>	Wheelchairs, crutches, and walkers	\$0	
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	
<p><b>Additional services (continued on next page)</b></p>	Chiropractic services	\$0	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)
	Diabetes supplies and services	\$0	<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.</p>
	Prosthetic services	\$0	
	Radiation therapy	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Services to help manage your disease	\$0	
	Over-the-counter (OTC) and utility bill credit		<p>\$88 credit every month to pay for OTC products, healthy food and utility bills for qualifying enrollees</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li>• Pay home utility bills like electricity, heat, water and internet</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>
	Meal benefit		<p>Up to 28 meals over 14 days; unlimited times per year. Enrollees can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge. Please check the <b>Enrollee Handbook</b> for additional details.</p>

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The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Choice DC-Q001 (PPO D-SNP) **Enrollee Handbook**. If you don't have an **Enrollee Handbook**, call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Enrollee Services or visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

\*Benefits are combined in and out-of-network

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



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).


20

## D. Benefits covered outside of UHC Dual Choice DC-Q001 (PPO D-SNP)

There are some services that you can get that are not covered by UHC Dual Choice DC-Q001 (PPO D-SNP) but are covered by Medicare, DC Medicaid, or a District agency. This is not a complete list. Call Enrollee Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Certain hospice care services covered outside of UHC Dual Choice DC-Q001 (PPO D-SNP)	\$0 You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

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 **If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).

## E. Services that UHC Dual Choice DC-Q001 (PPO D-SNP), Medicare, and DC Medicaid do not cover

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

### Services UHC Dual Choice DC-Q001 (PPO D-SNP), Medicare, and DC Medicaid do not cover

Services considered not “reasonable and medically necessary”, according to Medicare and DC Medicaid standards, unless we list these as covered services	Elective or voluntary enhancement procedures
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study	Cosmetic surgery or other cosmetic work unless required criteria are met
Surgical treatment for morbid obesity except when medically necessary	LASIK surgery



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](http://myuhc.com/communityplan).

## F. Your rights as an enrollee of the plan

As an enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Enrollee Handbook**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care navigator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women’s health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UHC Dual Choice DC-Q001 (PPO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).



- Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with the DC Department of Health Care Finance (DHCF) at **202-442-9533, TTY 711**
  - Ask for an IMR of DC Medicaid services or items that are medical in nature
  - Appeal certain decisions made by DHCF or our providers
  - Ask for a District Fair Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Enrollee Handbook**. If you have questions, you can call UHC Dual Choice

DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.

You can also call the contact the DC Office of Health Care Ombudsman and Bill of Rights at **202-724-7491, TTY 711**, Monday–Friday 9 a.m.–4:45 p.m.

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

If you have a complaint or think UHC Dual Choice DC-Q001 (PPO D-SNP) should cover something we denied, call Enrollee Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Enrollee Handbook**. You can also call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services at the numbers listed at the bottom of this page.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and **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](http://myuhc.com/communityplan).

**For complaints/grievances or medical appeals:**

UnitedHealthcare Appeals and Grievance Department  
P.O. Box 6103, MS CA120-0360  
Cypress, CA 90630-0023

**For Part D or Medicaid drug appeals only:**

UnitedHealthcare Part D Appeal and Grievance Department  
P.O. Box 6103, MS CA120-0368  
Cypress, CA 90630-0023

## **H. What to do if you suspect fraud**

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

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

- Call us at UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services. Phone numbers are listed at the bottom of this page.
- Or, call DC Medicaid Customer Service Center at **202-442-9533**. TTY users may call **711**.
- Or, call DC Medicaid's Fraud Hotline at **1-877-632-2873**. TTY users may call **711**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.



**If you have questions**, please call UHC Dual Choice DC-Q001 (PPO D-SNP) at **1-866-242-7726** and 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](https://myuhc.com/communityplan).

**If you have general questions or questions about our plan, services, service area, billing, or Enrollee ID Cards,**

**please call UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services:**

**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.

**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.

**If you need immediate behavioral health care, please call the Optum Mental Health:**

**1-866-242-7726**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. UHC Dual Choice DC-Q001 (PPO D-SNP) also has free language interpreter services available for non-English speakers.

**711**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week

# Helpful resources

## You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- DC Department of Health Care Finance at **202-442-5988** or visit **dhcf.dc.gov**

## Resources for Caregivers

UnitedHealthcare offers resources and support for our enrollees and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

## We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

### Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



**MedicareMadeClear.com**

# Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find plan documents at [UHC.com/CommunityPlan](https://UHC.com/CommunityPlan).



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

Drugs not covered by the plan may have alternative drugs that can be used instead.



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

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



## Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



## Did you look through the Summary of Benefits in this booklet to review your medical services and prescription drugs?

You can find a complete list of coverage, benefits and plan rules in the Evidence of Coverage online.



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



Are enrolled in Original Medicare Parts A and B



Receive Medicaid benefits



Live in the plan's service area

# How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



## Online

Visit **UHC.com/CommunityPlan** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Look for the **UHC Dual Choice DC-Q001 (PPO D-SNP)** plan and select the Enroll button
- 3 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



## By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to  
complete your  
enrollment online



# What to expect after you enroll

Once you're an enrollee, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your enrollee site. And our UnitedHealthcare UCard® makes it easier than ever to unlock more from your health plan.



**You are here**  
Enrollment  
submitted



Download the app  
or create your  
account online



UCard arrives in  
the mail – be sure  
to activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your Medicare ID or enrollee ID number and email address to create an account on the app or at [MyUHC.com/CommunityPlan](https://MyUHC.com/CommunityPlan). Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment

## Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to an annual in-home UnitedHealthcare® HouseCalls visit and personalized care coordination from a Care Navigator as part of your health plan
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- Review UnitedHealthcare UCard credit balances

## Thank you for choosing UnitedHealthcare

If you have questions, call Enrollee Services toll-free at **1-866-242-7726**, TTY **711**.

Scan this code to  
download the  
UnitedHealthcare app



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# Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

**Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):**

- Medicare Advantage (Part C) plans and cost plans
- Standalone Medicare prescription drug (Part D) plans
- Medicare Supplement (Medigap) products
- Dental, vision, hearing products
- Hospital indemnity products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

**Beneficiary or authorized representative signature and signature date:**

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

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

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

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

Sales Agent name (First and Last)	Sales Agent phone ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Sales Agent ID
Beneficiary name (First and Last)	Beneficiary phone ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Date of appointment <b>MM - DD - YYYY</b>

Beneficiary address

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

Sales Agent signature

## Medicare Advantage plans (Part C) and cost plans

**Medicare Health Maintenance Organization (HMO) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO point-of-service (HMO-POS) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

**Medicare preferred provider organization (PPO) plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare private fee-for-service (PFFS) plan** — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) plan** — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare cost plan** — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Stand-alone Medicare prescription drug (Part D) plan

**Medicare prescription drug plan (PDP)** — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

## Other related products

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

**Dental, vision, hearing products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

**Hospital indemnity products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



## 2025 Enrollment Request Form

UHC Dual Choice DC-Q001 (PPO D-SNP) H2406-099-000

**Information about you** (Please type or print in black or blue ink)

Last name	First name	Middle initial
-----------	------------	----------------

Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------	-------------------------------------------------------------------

Home phone number ( ) -	Mobile phone number ( ) -
-------------------------	---------------------------

I give consent for UnitedHealthcare and its affiliates to call the phone number(s) I have provided using an autodialer and/or prerecorded voice technology.

Social Security number

(Required for people who are enrolling in D-SNP plans): \_ \_ \_ - \_ - - \_ \_ \_ \_ \_

Medicare number

Permanent residence street address (**Don't enter a P.O. box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address**)

City	County	State	Zip code
------	--------	-------	----------

Mailing address (**Only if it's different from above. You can give a P.O. box.**)

City	State	Zip code
------	-------	----------

Email address (optional)

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

**Do you have other insurance that will cover your prescription drugs?**  Yes  No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If **yes**, what is it?

Name of other insurance \_\_\_\_\_

Member number	Group number	RxBin	RxPCN (optional)
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**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

**How do you want to pay?**

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you
- I want to pay from my Social Security check
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account type  Checking  Savings

Account holder name: \_\_\_\_\_

Bank routing number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_

Bank account number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_

**A few questions to help us manage your plan**

**1. Would you prefer plan information in another language or an accessible format?**

If you would prefer plan information in another language or accessible format, please check what you'd like:  Spanish  Braille  Large print  Audio CD  Data CD

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/CommunityPlan** for online help.

**2. Are you enrolled in your state Medicaid program?**

Yes  No

If yes, please give us your Medicaid number: \_\_\_\_\_

**3. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, or Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin
- I choose not to answer**

**4. What's your race? Select all that apply.**

- American Indian or Alaska Native
- Black or African American

Asian:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Native Hawaiian or Pacific Islander:

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander
- White
- I choose not to answer**

Member/Citizen of a federal or state recognized Tribe (name of Tribe) \_\_\_\_\_

**5. What is your gender? Select one.**

- Woman
- Man
- Non-binary
- I use a different term: \_\_\_\_\_
- I choose not to answer**

**6. Which of the following best represents how you think of yourself? Select one.**

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- I use a different term: \_\_\_\_\_
- I don't know
- I choose not to answer**

**7. Do you or your spouse work?**

Yes  No

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

Do you or your spouse have other health insurance that will cover medical services?  
 (Examples: Other employer group coverage, LTD coverage, Workers' Compensation,  
 auto liability, or Veterans benefits)

Yes  No

If yes, please complete the following:

\_\_\_\_\_  
 Name of health insurance company

\_\_\_\_\_  
 Member number

**8. Please give us the name of your primary care provider (PCP), clinic or health center.**

You aren't limited to this list. You may go to any doctor who accepts Medicare and the plan's payment terms.

You can find a list on the plan website or in the Provider Directory.

\_\_\_\_\_  
 Provider or PCP full name

\_\_\_\_\_  
 Provider/PCP number

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

\_\_\_\_\_  
 Are you now seeing or have you recently seen this provider?  Yes  No

**Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.**

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet or mobile phone.

**If you would rather have hard copies of required materials mailed to you, please check here:**

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

**Please read and sign**

**By completing this form, I agree to the following:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.

- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**When I sign below, it means that I have read and understand the information on this form**

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

**Signature of applicant/member/authorized representative                      Today’s date**

---

**If you are the authorized representative, please sign above and complete the information below (\*Not a Sales Agent)**

Last name	First name	
Address		
City	State	Zip code
Phone number (        )        –	Relationship to applicant	

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_

**For individuals helping enrollee with completing this form only**

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

**For Licensed Sales Representative/agency use only**

Licensed Sales representative/Writing ID	Initial receipt date
Licensed Sales representative/agent name	Proposed effective date
Employer group name	
Employer group ID	Branch ID

**Agent must complete**

<input type="checkbox"/> IEP (MA-PD enrollees)	<input type="checkbox"/> ICEP (MA enrollees)	<input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP)	<input type="checkbox"/> OEP (Jan 1 - Mar 31)
<input type="checkbox"/> OEP (Newly eligible)	<input type="checkbox"/> SEP (Dual LIS change of status)	<input type="checkbox"/> SEP (Change in residence)	<input type="checkbox"/> SEP (Loss of EGHP coverage)
<input type="checkbox"/> SEP (Chronic)	<input type="checkbox"/> SEP (Dual LIS maintaining)	<input type="checkbox"/> AEP (October 15-December 7)	<input type="checkbox"/> OEPI
<input type="checkbox"/> SEP (SEP reason) _____			

Enrollee name \_\_\_\_\_

Agent name/ID number \_\_\_\_\_



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**Licensed Sales representative signature (optional)**

**Date**

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**Please mail or fax this completed form to:**

UnitedHealthcare

P.O. Box 30769

Salt Lake City, UT 84130-0769

Fax: 1-888-950-1169

Fax the front and back of each page

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**PRIVACY ACT STATEMENT:** The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

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

OMB No. 0938-1378

Expires: 6/30/2026

Y0066\_ERFMA\_2025\_C

UHDC25LP0220920\_000

## Enrollment checklist

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

### Understanding the benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary to make sure your drugs are covered.

### Understanding important rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). Check the EOC to see which out-of-network services are covered on this plan. However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

# 2025 Enrollment receipt

## To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

**This copy is for your records only. Please do not resubmit enrollment.**

<b>Applicant 1:</b>		<b>Applicant 2 (if applicable):</b>	
Name		Name	
Application date	- -	Application date	- -
Proposed effective date	- -	Proposed effective date	- -
Plan name		Plan name	
Plan type		Plan type	
Health plan/PBP number		Health plan/PBP number	
Enrollment tracking number (if applicable)		Enrollment tracking number (if applicable)	

**Call your Licensed Sales Representative if you have any questions:**

Representative name and ID number

Representative phone number

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: MPDCSP**

**We're here to help.** If you have additional questions, please call Enrollee Services toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

**Important reminder** - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



# Important information: 2025 Medicare star ratings



## UnitedHealthcare - H2406

For 2025, UnitedHealthcare - H2406 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ 4 stars

Health Services Rating: ★ ★ ★ ★ 4 stars

Drug Services Rating: ★ ★ ★ ★ 4 stars

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

### Why Star Ratings are Important

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

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars shows how well a plan performs.**

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-242-7726** (toll-free) or **711** (TTY).

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**

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

**Online:** [hhs.gov/civil-rights/filing-a-complaint/index.html](https://hhs.gov/civil-rights/filing-a-complaint/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 8:00am – 5:30pm EST, Monday – Friday, months April – September; 8:00am – 8:00pm 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 못하는는 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, téléscripneur 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 تحيد قراءتها، فيرجى الاتصال على 1-866-242-7726، الهاتف النصي 711، بين 8:00 صباحاً و5:30 مساءً بتوقيت شرق الولايات المتحدة، من الإثنين إلى الجمعة، من أبريل إلى سبتمبر؛ ومن 8:00 صباحاً 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。

























# Ready to use your extra benefits?

## UHC Dual Choice DC-Q001 (PPO D-SNP)

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



Call **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; 8 a.m.-5:30 p.m. M-F Apr-Sept or visit **MyUHC.com/CommunityPlan** for:

- Routine vision services: MARCH® Vision Care
- Routine dental benefits: UnitedHealthcare Dental



### Hearing aids

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



### Prescription drug home delivery

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



### Routine transportation

SafeRide  
1-866-244-3123  
MyUHC.com/CommunityPlan



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

Solutran  
1-833-853-8587  
MyUHC.com/CommunityPlan



You can count on us to be here when you need us.  
Call us when you need 1 on 1 support.

## We're happy to help



Download the UnitedHealthcare app



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



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

Important plan information

Y0066\_EGCov\_2025\_C

Scan this code  
to download the  
UnitedHealthcare  
app



UHDC25LP0216002\_000