



# 2025 Enrollment Guide

**UHC Senior Care Options MA-Y001 (HMO D-SNP)**

**UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)**

H2226-001-000

H2226-003-000

**Service area:** Massachusetts - Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties

**United  
Healthcare®  
Community Plan**

**SCO**  
Senior Care Options  
Medicare Advantage



MA-Y001 QMB+, SLMB+ with form  
MA-Y002 QMB+, SLMB+ with LTC

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



## Simplify your day with benefits built to be used

UnitedHealthcare offers coverage you can count on for your whole life ahead. With Senior Care Options designed for all budgets, stages and ages, we're America's most chosen<sup>1</sup> Dual Special Needs brand.



## Get more for your Medicare dollar

Get reliable care with no 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>2</sup> to guide you. And with our Right Plan Promise<sup>®3</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>Most chosen based on total D-SNP plan enrollment from CMS Enrollment Data, May 2023.

<sup>2</sup>Medicare Plan Expert is a licensed insurance sales agent/producer.

<sup>3</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.

# Get all your medical benefits in one simple plan



The Senior Care Options (SCO) plan from UnitedHealthcare is a Coordinated Care plan that combines your MassHealth Standard and Original Medicare benefits into one plan. It has a network of quality doctors, hospitals, pharmacies and other local providers, designed to help you get the care you need.

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



**Always use network providers.** The plan does not cover medical care received from providers outside the network. (Except for emergency care, urgent care and renal dialysis services.)



**Select a network primary care provider to oversee and help manage your care.** It's required by the plan, but it's also very beneficial for your long term health and well-being.



**No out-of-pocket costs for covered drugs or other approved health care benefits from network providers.** If you get care from a provider out of the network, you may have to pay the full cost yourself.



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



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



**This plan includes medically necessary dental coverage, like root canals, crowns and implants at no cost to you.**



**Get support from your personal care manager** who can make appointments, arrange transportation services and help you get the most out of your plan.

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 Senior Care Options MA-Y001 (HMO D-SNP)

## UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

As a UHC Senior Care Options MA-Y001 (HMO D-SNP) or a UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) member, **you have no out-of-pocket expenses**. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers. This is a short description of your 2025 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	\$0

  

Medical benefits	
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$0
Specialist	\$0 (no referral needed)
Virtual visits	\$0 to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	\$0
<b>Inpatient hospital care</b>	\$0 per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 per day: days 1-100
<b>Outpatient hospital, including surgery</b>	\$0
<b>Outpatient mental health</b>	
Group therapy	\$0
Individual therapy	\$0
Virtual visits	\$0 to talk with a network telehealth provider online through live audio and video
<b>Diabetes monitoring supplies</b>	\$0 for covered brands
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0

**Medical benefits**

<b>Diagnostic tests and procedures (non-radiological)</b>	\$0
<b>Lab services</b>	\$0
<b>Outpatient x-rays</b>	\$0
<b>Ambulance</b>	\$0 for ground or air
<b>Emergency care</b>	\$0 (worldwide)
<b>Urgently needed services</b>	\$0 (worldwide)

**Benefits and Services Beyond Original Medicare**

<b>Acupuncture</b>	\$0
<b>Adult day health</b>	\$0
<b>Adult foster care (AFC)/Group adult foster care (GAFC)</b>	\$0
<b>Chiropractic care/services</b>	\$0
<b>Dental services</b>	\$0
<b>Comprehensive dental (beyond regular Medicaid-covered dental benefits)</b>	
<b>Fitness program</b>	\$0, which includes a free gym membership, online fitness classes, and memory activities.
<b>Foot care</b>	\$0
<b>Routine foot care (Medicaid covered)</b>	
<b>Geriatric support services coordination (GSSC)</b>	\$0
<b>Hearing-routine exam</b>	\$0, 1 per year
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$125 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies
<b>Personal care attendant services</b>	\$0
<b>Transportation</b>	\$0 for unlimited one-way trips to or from approved medically related appointments and pharmacies

<b>Vision – Routine eyewear</b>	<p>\$0</p> <p>Plan pays up to \$300 every year toward your purchase of 1 pair of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through network providers.</p> <p>Home delivered eyewear available through select network providers (select products only).</p> <p>You are responsible for all eyewear costs from providers outside of the network.</p>
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<b>Vision - Routine eye exam (beyond regular Medicaid-covered benefits)</b>	\$0, 1 per year
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<b>Prescription drugs</b>	
<b>30-day or 100-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0 copay (Some covered drugs are limited to a 30-day supply)
<b>All other drugs</b>	\$0 copay (Some covered drugs are limited to a 30-day supply)



UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our Senior Care Options program. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must live in our service area to enroll.

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# Summary of Benefits 2025

**UHC Senior Care Options MA-Y001 (HMO D-SNP)**  
**UHC Senior Care Options NHC MA-Y002 (HMO 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 **1-888-867-5511**, TTY **711**  
8 a.m.–8 p.m. local time, 7 days a week

**United  
Healthcare®  
Community Plan**

**SCO**  
Senior Care Options  
Medicare Advantage



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UHCSCO\_SB\_H2226\_001\_000\_H2226\_003\_000\_2025\_M

## Introduction

This document is a brief summary of the benefits and services covered by UHC Senior Care Options MA-Y001 (HMO D-SNP) and UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) (UHC Senior Care Options). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



## A. Disclaimers



This is a summary of health services covered by UHC Senior Care Options for January 1, 2025 to December 31, 2025. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. If you don't have an **Evidence of Coverage**, call UHC Senior Care Options Customer Service at the number at the bottom of this page to get one or see it online at **UHCCommunityPlan.com**.

- UHC Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people with MassHealth Standard (Medicaid) age 65 and older.
- UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard (Medicaid), but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Standard Senior Care Options plan and receive all of your MassHealth Standard benefits through our SCO program. You must live in our service area to enroll.
- Under UHC Senior Care Options you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A UHC Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- 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 (**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**.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on whether or not you receive Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.
- 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. Contact Optum® Home Delivery Pharmacy anytime at **1-877-266-4832**, TTY **711**.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- This information is available for free in other languages. Please call our customer service number located on the first page of this book.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.
- 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 (<https://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 **MassHealth (Medicaid)**, call **1-800-841-2900**. TTY users should call **1-800-497-4648**.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call **1-888-867-5511 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 (TTY 711)**, de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Trung, Việt, hoặc Nga, chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi **1-888-867-5511 (TTY 711)**, 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите на испанском, китайском, вьетнамском или русском языке, мы можем предложить вам бесплатные услуги перевода. Звоните по телефону **1-888-867-5511 (линия ТТУ: 711)**, ежедневно с 8 часов утра до 8 часов вечера по местному времени. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: **1-855-781-9898** (Toll-free) Videophone (Deaf and Hard of Hearing): **1-339-224-6831** (to call this number and it requires special telephone equipment). You can also write to them using e-mail: **info@myombudsman.org** or to their Office at 25 Kingston St 4th floor, Boston, MA 02111. The office is wheelchair accessible. You can also get information from their website **myombudsman.org**.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.
- Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The fitness program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

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

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

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

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

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

**Online:**

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

Complaint forms are available at

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

**Phone:**

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

**Mail:**

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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m. – 8 p.m., 7 days a week.



UnitedHealthcare Community Plan no trata a los miembros de manera diferente por motivos de sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente debido a una cuestión de su sexo, edad, raza, color, discapacidad u origen nacional, puede enviar una queja a:

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

Debe enviar la queja dentro de los 60 días de haberse dado cuenta de lo ocurrido. Usted recibirá la decisión en un plazo de 30 días. Si no está de acuerdo con esta decisión, tendrá 15 días para pedirnos que la revisemos nuevamente.

Si necesita ayuda para presentar su queja, llame al número gratuito para miembros que se encuentra en su tarjeta de ID de miembro del plan de salud, TTY **711**, de 8 a.m. a 8 p.m., los 7 días de la semana.

También puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

**Internet:**

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

Los formularios de queja están disponibles en:

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

**Teléfono:**

Llamada gratuita, **1-800-368-1019, 1-800-537-7697** (TDD)

**Correo:**

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

Si necesita ayuda para presentar su queja, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de ID de miembro.

Ofrecemos servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas o en letra grande. O bien, usted puede pedir un intérprete. Para pedir ayuda, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de ID de miembro del plan de salud, TTY **711**, 8 a.m. a 8 p.m., los 7 días de la semana.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free member phone number listed on your ID card.

**Español (Spanish)**

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito para miembros que aparece en la tarjeta de ID.

**Português (Portuguese)**

ATENÇÃO: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue para o número de telefone gratuito para membros do seu cartão de ID.

**中文 (Chinese)**

請注意：如果您說中文，我們免費為您提供語言協助服務。請撥打您會員卡所列的免付費會員電話號碼。

**Kreyòl ayisyen (Haitian Creole)**

ATANSYON: Si w pale Kreyòl ayisyen, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm lan ki endike sou kat ID ou.

**Tiếng Việt (Vietnamese)**

XIN LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí dành cho hội viên ghi trong thẻ ID hội viên của quý vị.

**Русский (Russian)**

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским. Позвоните на бесплатный номер телефона для участника, указанный на вашей идентификационной карте участника.

**(Arabic) العربية**

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة من أجلك. من فضلك اتصل على رقم الخدمة المجاني الخاص بالعضو والموجود على بطاقة التعريف الخاصة بك.

**ភាសាខ្មែរ (Khmer)**

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសា ដោយឥតគិតថ្លៃ មានផ្តល់ជូនអ្នក។ សូមទូរសព្ទទៅលេខឥតគិតថ្លៃដូចមានសរសេរនៅក្នុងអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'affilié.

**Italiano (Italian)**

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

**한국어 (Korean)**

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 기재된 무료 회원 전화번호로 전화하십시오.☒

**Ελληνικά (Greek)**

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στο δελτίο ταυτότητας μέλους.

**Polski (Polish)**

UWAGA: Jeżeli mówisz po polsku, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na karcie identyfikacyjnej.

**हिंदी (Hindi)**

कृपया ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहिचान-पत्र की सूची में दिए गए टोल फ्री सदस्य फोन नंबर पर कॉल करें।

**ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
<p><b>What is a Senior Care Options Plan?</b></p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth Standard to provide benefits of both programs to enrollees. It is for people age 65 and older with Medicare and MassHealth Standard coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators/managers to help you manage all your providers and services and supports. They all work together to provide the care you need.</p> <p>Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth Standard coverage, and no other comprehensive health insurance who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.</p>
<p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued on the next page)</b></p>	<p>You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC Senior Care Options. 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 the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in UHC Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



Frequently asked questions	Answers
<p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued from previous page)</b></p>	<p>If you are taking any Medicare Part D prescription drugs that UHC Senior Care Options 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 Senior Care Options to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>
<p><b>Can I use the same doctors I use now?</b></p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Senior Care Options and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in UHC Senior Care Options network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Senior Care Options plan.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Service or read UHC Senior Care Options <b>Provider Directory</b> on the Plan’s website at <b>UHCCommunityPlan.com</b>.</p> <p>If UHC Senior Care Options 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 Senior Care Options care coordinator/manager?</b></p>	<p>A UHC Senior Care Options care coordinator/manager 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>

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Frequently asked questions	Answers
<b>What are Long-term Services and Supports (LTSS)?</b>	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.
<b>What is a Geriatric Services Supports Coordinator (GSSC)?</b>	A UHC Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.
<b>What happens if I need a service but no one in UHC Senior Care Options network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Senior Care Options will pay for the cost of an out-of-network provider.
<b>Where is UHC Senior Care Options available?</b>	The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from UHC Senior Care Options 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 Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn'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 Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Senior Care Options before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.</p>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
<b>Do I pay a monthly amount (also called a premium) under UHC Senior Care Options?</b>	No. Because you have MassHealth (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 member of UHC Senior Care Options?</b>	No. You do not pay deductibles in UHC Senior Care Options.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Senior Care Options?</b>	<p>There is no cost sharing for medical services in UHC Senior Care Options, so your annual out-of-pocket costs will be \$0.</p> <p>Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.</p>

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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) – services must be medically necessary
<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. Your provider will need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.
	Outpatient hospital services, including observation	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services.
	Wellness visits, such as a physical	\$0	Annual routine physicals are limited to one per calendar year.
	Care to keep you from getting sick, such as flu and COVID-19 shots and screenings to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Only covered within the first 12 months you have Medicare Part B.

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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) – services must be medically necessary
<b>You need emergency care</b>	Emergency room services	\$0	<b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	<b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any urgent care center, even if out-of-network and no authorization is needed.
<b>You need medical tests</b>	Diagnostic radiology services, (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Your provider may need to obtain prior authorization for services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Your provider may need to obtain prior authorization for services.

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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) – services must be medically necessary
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.
	Hearing aids	\$0	Your provider may need to obtain prior authorization for services.  Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider.
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	Limited to one visit every six months.
	Restorative and emergency dental care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need eye care</b>	Eye exams	\$0	Your provider may need to obtain prior authorization for services. Routine eye exams do not require authorization.
	Glasses or contact lenses	\$0	Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available through UnitedHealthcare Vision (select products only).
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.

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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) – services must be medically necessary
<b>You have a behavioral health condition</b>	Behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	Your provider may need to obtain prior authorization for services.
<b>You have a substance use disorder</b>	Substance use disorder services	\$0	Your provider may need to obtain prior authorization for services.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Up to 100 days per calendar year. Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.

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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) – services must be medically necessary
<p><b>You need help getting to health services</b></p>	Ambulance services	\$0	<p>Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation.</p>
	Emergency transportation	\$0	<p>Available worldwide and within the U.S and its territories without authorization.</p>
	Transportation to medical appointments and services	\$0	<p>Unlimited one-way trips to or from approved medically related appointments and the pharmacy within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required. Provided by ModivCare®.</p> <p>Routine transportation not for use in emergencies.</p>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>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>Evidence of Coverage</b> for more information on these drugs.</p>
	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</p> <p>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.</p>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<p><b>You need help getting better or have special health needs</b></p>	Rehabilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Medical equipment for home care	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Dialysis services	\$0	Your provider may need to obtain prior authorization for services.
<p><b>You need foot care</b></p>	Podiatry services	\$0	Six routine foot care visits and all medically necessary visits. Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
<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 Customer Service or refer to Chapter 4 of the <b>Evidence of Coverage</b>.</p>	Wheelchairs, crutches, and walkers	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	\$0	Your provider may need to obtain prior authorization for services.

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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) – services must be medically necessary
<b>You need help living at home</b>	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required.
	Adult day health or other support services	\$0	You must obtain prior authorization from your Health Plan.
	Day habilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Your provider may need to obtain prior authorization for services.

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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) – services must be medically necessary
<b>Additional services (continued on next page)</b>	Chiropractic services	\$0	Up to 20 visits without authorization
	Diabetes supplies and services	\$0	We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. Your provider may need to obtain prior authorization for some services.
	Fitness program	\$0	Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no cost and includes: <ul style="list-style-type: none"> <li>• Free gym membership</li> <li>• Access to a large national network of gyms and fitness locations</li> <li>• On-demand workout videos and live streaming fitness classes</li> <li>• Online memory fitness activities</li> </ul>

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
<b>Additional services (continued)</b>	Over-the-Counter (OTC) Products Card	\$0	\$125 credit every month to pay for covered groceries, OTC products and certain utility bills
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.
	Virtual behavioral health visits	\$0	Speak to network telehealth providers using your computer or mobile device.

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 Senior Care Options **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Senior Care Options Customer Service at the number at the bottom of this page to get one. If you have questions, you can also call UHC Senior Care Options Customer Service or visit [UHCCommunityPlan.com](https://www.uhc.com/uhccommunityplan).

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhc.com/uhccommunityplan).

### D. Benefits covered outside of UHC Senior Care Options

There are some services that you can get that are not covered by UHC Senior Care Options but are covered by Medicare or MassHealth (Medicaid). This is not a complete list. Call Customer Service at the number at the bottom of this page to find out about these services.

Other services covered by Medicare or MassHealth (Medicaid)	Your costs
Certain hospice care services covered outside of UHC Senior Care Options (If you only have MassHealth Standard, you will be responsible for costs unless the hospice is contracted with UnitedHealthcare.)	\$0
Psychosocial rehabilitation	Please call MassHealth (Medicaid) for more information.
Targeted case management	Please call MassHealth (Medicaid) for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## E. Services that UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Customer Service at the number at the bottom of this page to find out about other excluded services.

### Services UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it is medically necessary
Equipment or supplies that condition the air and other primarily non-medical equipment	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Immunizations for foreign travel purposes	Naturopath services (uses natural or alternative treatments)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Private room in a hospital, except when it is medically needed
Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth (Medicaid)	Surgical treatment for morbid obesity, except when it is medically needed

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## F. Your rights as a member of the plan

As a member of UHC Senior Care Options, 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 **Evidence of Coverage**. 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 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 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 (SCO members have no out-of-pocket costs)
  - Names of health care providers
- **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 Senior Care Options will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

**If you have questions**, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



- **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
  - 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
- **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
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can call UHC Senior Care Options Customer Service at the number at the bottom of this page.

You can also call My Ombudsman at **1-855-781-9898** (or use MassRelay at **711** to call **1-800-872-0166** or Videophone (VP) **339-224-6831**).

**Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [mass.gov/estaterecovery](https://mass.gov/estaterecovery).**

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

If you have a complaint or think UHC Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the **Evidence of Coverage**. You can also call UHC Senior Care Options Customer Service.

You can also write us a letter about your grievance (complaint) or appeal.

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

UnitedHealthcare Appeals and Grievances Department  
PO Box 6103 MS CA120-0360  
Cypress, CA 90630-0023

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

UnitedHealthcare Part D Appeal and Grievance Department  
PO 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 Senior Care Options Customer Service. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Customer Service Center at **1-800-841-2900**. TTY users may call **1-800-497-4648**.
- 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 Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## **If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare member ID cards, please call UHC Senior Care Options Customer Service:**



**Call 1-888-867-5511**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available.

**TTY 711**

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

## **If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Health Services Access Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Health Services Access Line are:



**Call 1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

**TTY 711**

Calls to this number are free. 24 hours a day, 7 days a week.

## **If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:**



**Call 1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

**TTY 711**

Calls to this number are free. 24 hours a day, 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**
- The MassHealth Customer Service Center at **1-800-841-2900**, TTY **711** or visit **mass.gov**

## Resources for Caregivers

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

## We're here to help

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



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



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://www.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?

If your providers are not in the network, you will need to select a new network provider.



## 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 65 or older and enrolled in MassHealth Standard and don't have any other health insurance (except Medicare)



Are entitled to Original Medicare Parts A and B



Live in the plan's service area

**For H2226-003 you may also:** Live in an institution or receive certain home and community-based services

# How to enroll

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



## 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 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.

# What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site.



**You are here**  
Enrollment  
submitted



Download the app  
or create your  
account online



Receive your  
member ID card  
in the mail



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your Medicare ID or member 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)

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more
- Connect with a care manager who can help you coordinate your care
- Complete your health assessment to get connected to resources that can help you live healthier. This is a requirement of Medicare and MassHealth

## Thank you for choosing UnitedHealthcare

If you have questions, call Customer Service toll-free at **1-888-867-5511**, TTY **711**.

Scan this code to  
download the  
UnitedHealthcare app



# 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

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## 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 copayment 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) plans

**Medicare prescription drug plan (PDP)** — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare cost plans, some Medicare PFFS plans and Medicare MSA 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.

UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our Senior Care Options program.

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# Authorization to Share Personal Information

**Please send completed form to:**

UnitedHealthcare Community & State Medicaid  
 P.O. Box 30753, Salt Lake City, UT 84130  
 Fax: 1-844-386-9286

I am requesting UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to release my personal health information, including medical, claim and/or benefit records, to: \_\_\_\_\_.

(Recipient's name - Please print)

These records may have information on specific treatment or services I have received. These records may have information created by others.

This Authorization to Share Personal Information Form allows UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to discuss or give out your personal health information to a person you select. I authorize UHIC to disclose all of my health information including medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and program information. The Health Insurance Portability and Accountability Act (HIPAA) requires us to get your permission before we release your information.

**Section 1: Member information**

Member name (please print)	Member ID number
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Permanent address (city, state, ZIP code)

Telephone number ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■	Email address (optional)*
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**Section 2: Expiration and revocation**

I understand that:

- 1) This authorization expires one year from the date I signed this authorization, or will expire on \_\_\_\_\_.
- 2) I may end this authorization at any time. I must do so in writing. I must send my written request to the health plans. I can find plan contact information in my Evidence of Coverage. If UHIC has already released any of my personal health information before it receives my written request, my request will not cancel out any requests for information made prior to receiving the written request.
- 3) This permission is voluntary. I may refuse to sign this form. If I refuse, it will not affect my health benefits.
- 4) Once health information about me has been given out, it could be redisclosed and it may not be protected by federal privacy laws.

**Section 2 (continued)**

Member name (please print)

Member signature

Date

MM - DD - YYYY

A witness signature is needed only if the member signs with an "X" due to physical limitations, illiteracy or other reasons. The witness should be someone other than the person/entity named above.

Witness name (please print)

Witness signature

Date

MM - DD - YYYY

**Section 3 (optional): Recipient of information**

Recipient's name

Permanent address (city, state, ZIP code)

Telephone number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to member

Email address (optional)\*

**Personal representative information**

Name

Address (city, state, ZIP code)

Telephone number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to member:  Power of attorney

Guardian  Conservator  Other \_\_\_\_\_

Representative signature

Date

MM - DD - YYYY

\*By providing an email address, you are allowing UHIC to send you occasional plan updates. UHIC does not sell or share information to companies outside of our UnitedHealth Group organization. You can opt out of these emails at any time.

**Please note:** This authorization does not allow the person/entity named above to represent you in a claims appeal, or to make any of your treatment decisions or direct care decisions. If you want someone to make health care and treatment decisions on your behalf, you will need additional legal documentation and will be required to submit a different form.



## 2025 MassHealth SCO Medicare Advantage Enrollment Request Form

- UHC Senior Care Options MA-Y001 (HMO D-SNP) H2226-001-000
- UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) H2226-003-000

This form is for people who have MassHealth Standard (Medicaid) benefits and choose to enroll in UnitedHealthcare® Senior Care Options. You must also have Medicare Parts A and B. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our UnitedHealthcare® SCO program.

### MassHealth Standard (Medicaid) Information

Are you enrolled in MassHealth?  Yes  No

Please write your MassHealth number or attach a copy of your MassHealth card. Your MassHealth number is the 12-digit number under your name.

MassHealth Number \_\_\_\_\_

**You must have MassHealth Standard benefits to enroll in a senior care organization. To apply for MassHealth, call 1-888-834-3721 (TTY 1-800-497-4648 for people with partial or total hearing loss).**

### 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): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of skilled nursing facility (if applicable)

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

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

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

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

Email address (optional) \_\_\_\_\_

**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.

### 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  Chinese  Braille  Large print  Audio CD  Data CD  Other \_\_\_\_\_

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 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

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

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

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\_\_\_ I choose not to answer

**3. 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) \_\_\_\_\_

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

\_\_\_ Woman

\_\_\_ I use a different term: \_\_\_\_\_

\_\_\_ Man

\_\_\_ Non-binary

\_\_\_ I choose not to answer

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

\_\_\_ Lesbian or gay

\_\_\_ I use a different term: \_\_\_\_\_

\_\_\_ Straight, that is, not gay or lesbian

\_\_\_ I don't know

\_\_\_ Bisexual

\_\_\_ I choose not to answer

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

Yes  No

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

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

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

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

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

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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

**Please read and sign**

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

- This senior care organization, UnitedHealthcare® SCO, is a Medicare Advantage plan and has a contract with the federal government. UnitedHealthcare® SCO also has a contract with the Commonwealth of Massachusetts/MassHealth. This is not a Medicare Supplement plan. I will need to keep my MassHealth Standard plan. 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.
- Because I have MassHealth, I may leave UnitedHealthcare® SCO if I have a qualifying election period. I will no longer be covered by UnitedHealthcare® SCO on the first day of the month following the month I request to leave UnitedHealthcare® SCO. UnitedHealthcare® SCO serves a specific service area. If I move out of the area that UnitedHealthcare® SCO serves, I need to notify the plan so that I can disenroll and find a new plan in my new area. Once I am a member of UnitedHealthcare® SCO, I have the right to appeal plan decisions about payment or services if I disagree with them.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.

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

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

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- 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.
- Joining this plan could affect my employer or union health benefits. If I have health coverage from an employer or union, joining this plan may change how my current coverage works. Me or my dependents could lose our other health or drug coverage completely and not get it back if I join this plan. I will talk to my employer or union. I will ask how joining this plan could affect my current plan. I may also want to check my employer or union’s website, or read any information sent to me. If there is no information on whom to contact, my benefits administrator or the office that answers questions about my coverage can help.
- Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [www.mass.gov/estatererecovery](http://www.mass.gov/estatererecovery)
- 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 member ID card, I can call Customer Service at the number on my UnitedHealthcare member ID card 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 \_\_\_\_\_

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**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

**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) |

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

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

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- SEP (Chronic)     
  SEP (Dual LIS maintaining)     
  AEP (October 15-December 7)     
  OEPI  
 SEP (SEP reason) \_\_\_\_\_

**Licensed Sales representative signature (optional)**

**Date**

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

UnitedHealthcare  
 1325 Boylston Street, 11th Floor  
 Boston, MA 02215

Fax: 1-855-250-2168

Fax the front and back of each page

**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 Senior Care Options MA-Y001 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our Senior Care Options program. UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-844-560-4944 TTY **711**, daily, 8:00 a.m. to 8:00 p.m.

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

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UHCSCO\_ERF\_H2226\_2025

## 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. If they are not listed, it means you will likely have to select a new doctor.
- ✓ 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

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ 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. To qualify, you must be 65 or older, be eligible to receive Medicare Part A, and be enrolled in Medicare Part B and MassHealth Standard. You may also need to live in your own home or a nursing facility. If you have MassHealth Standard, but you do not qualify for Medicare Part A and/or Medicare Part B, you may still be eligible to enroll.

# 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 member ID card. 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	
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

**H2226-001 & H2226-003**  
Medicare and MassHealth:  
**RxBIN: 610097**  
**Rx PCN: 9999**  
**RxGRP: MPDMACSP**

**H2226-001**  
MassHealth only:  
**RxBIN: 610494**  
**Rx PCN: 9999**  
**RxGRP: ACUMA**

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

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



# Important information: 2024 Medicare star ratings



## UnitedHealthcare - H2226

For 2024, UnitedHealthcare - H2226 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ ½ 4.5 stars

Health Services Rating: ★ ★ ★ ★ ½ 4.5 stars

Drug Services Rating: ★ ★ ★ ★ ½ 4.5 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 **800-555-5757** (toll-free) or **711** (TTY). Current members please call **888-867-5511** (toll-free) or **711** (TTY).

**Discrimination is against the law.** The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, religion, creed, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by us. You can file a complaint at:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

**UHC\_Civil\_Rights@uhc.com**

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

**Online:**

**<https://www.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, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services using the toll-free number on your member identification card, 8 a.m.–8 p.m., 7 days a week.

**English:** ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the toll-free number on your member identification card.

**Spanish:** ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número gratuito que aparece en su tarjeta de identificación de miembro.

**Portuguese:** ATENÇÃO: a tradução e outros serviços de assistência linguística estão disponíveis sem qualquer custo para si. Se necessitar, telefone para o número gratuito no seu cartão de identificação de associado.

**Chinese:** 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請撥打會員身份識別卡上的免付費電話。

**Haitian Creole:** ATANSYON: Gen tradiksyon ak lòt sèvis èd pou lang ki disponib gratis pou ou. Si ou bezwen èd, tanpri rele nimewo gratis lan ki sou kat idantifikasyon ou kòm manm lan.

**Vietnamese:** CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số miễn cước trên thẻ nhận dạng hội viên của quý vị.

**Russian:** ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если Вам нужна помощь, позвоните по номеру телефона для бесплатных звонков, указанному на Вашей идентификационной карточке участника.

**Khmer:** សម្គាល់៖ សេវាកម្មបកប្រែ និងជំនួយផ្នែកភាសាផ្សេងទៀត គឺអាចរកបានដោយឥតគិតថ្លៃពីអ្នក។ ប្រសិនបើអ្នកត្រូវការជំនួយ សូមទូរសព្ទទៅលេខដែលឥតគិតថ្លៃដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

**French:** ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez composer le numéro gratuit figurant sur votre carte de membre.

**Italian:** ATTENZIONE: il servizio di traduzione e altri servizi di assistenza linguistica sono disponibili gratuitamente. Se ha bisogno di aiuto, chiami il numero verde riportato sulla Sua tessera identificativa del piano sanitario.

**Arabic:** تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجانًا. إذا كنت بحاجة إلى مساعدة، يُرجى الاتصال بالرقم المجاني المدون على بطاقة تعريف العضو الخاصة بك.

**Korean:** 참고 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 가입자 식별 카드에 기재된 무료 전화번호로 전화하십시오.

**Greek:** ΠΡΟΣΟΧΗ: Διατίθενται υπηρεσίες μετάφρασης και άλλες γλωσσικές υπηρεσίες δωρεάν για εσάς. Εάν χρειάζεστε βοήθεια, καλέστε τον δωρεάν αριθμό που αναγράφεται στην κάρτα μέλους σας.

**Polish:** UWAGA: Tłumaczenia i inne formy pomocy językowej są dostępne bezpłatnie. Jeśli potrzebuje Pan/Pani pomocy, proszę zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej członka.

**Hindi:** ध्यान दें: अनुवाद और अन्य भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता हो तो कृपया अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

**Gujarati:** ધ્યાન આપો: ભાષાન્તર અને અન્ય ભાષા સહાય સેવાઓ તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને તમારા સભ્ય ઓળખ કાર્ડમાં આપેલ ટોલ-ફ્રી નંબર પર કોલ કરો.

**Laotian:** ວິໄນຊາບ: ມີບໍລິການຊ່ວຍເຫຼືອໃນການແປພາສາ ແລະ ພາສາອື່ນໆໃຫ້ແກ່ທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໃບຫາໝາຍເລກໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.



## **Notes and doodles**

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# Ready to use your additional benefits?

**UHC Senior Care Options MA-Y001 (HMO D-SNP)**

**UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)**

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



Call **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m.: 7 days a week or visit **MyUHC.com/CommunityPlan** for:

Fitness program: Renew Active®



**Prescription drug home delivery**

Optum® Home Delivery Pharmacy

1-877-889-6358

MyUHC.com/CommunityPlan



**Routine transportation**

ModivCare®

1-866-428-1967



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

## We're happy to help



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

Scan this code  
to download the  
UnitedHealthcare  
app



Important plan information

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