



# 2025 Enrollment Guide

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

H0251-002-000

**Service area:** Tennessee - Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson counties

**United  
Healthcare®  
Dual Complete**

TN-S001 POS for dental only with form  
FBDE,QMB,QMB+,SLMB+

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



## **Simplify your day with benefits built to be used**

Your UCard®, only from UnitedHealthcare, is more than just your member ID card. Use it to help pay for OTC and healthy food for qualifying members, and shop for approved products from brands you know like Walmart, Walgreens and more with your earned rewards. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



## **Get more for your Medicare dollar**

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



## **Expert guidance for today and as your needs change**

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

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

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

# UCard opens doors where it matters

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



## Visiting a provider or filling a prescription

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



## Buying OTC products — and healthy food for members who qualify

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



## Spending your earned rewards

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



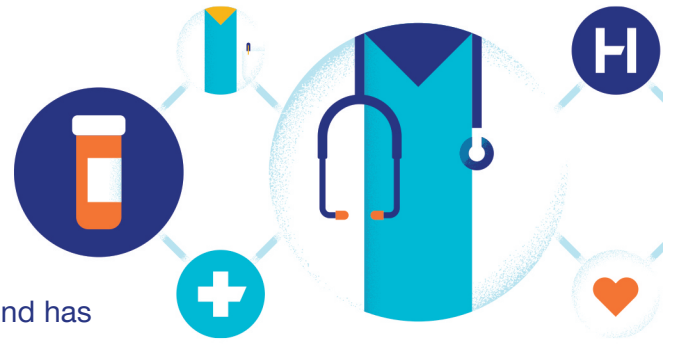
## Checking in at the gym

Show your UCard to access your free membership the first time you visit a network gym or fitness location.



# Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



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



**Get care from providers in the network** or visit out-of-network providers for covered dental services.



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



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



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

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

Scan this code to view the drug list



# Benefit Highlights

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

This is a short description of your 2025 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

**If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services.** You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

<b>Monthly plan premium</b>	\$0
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### Medical benefits

#### Doctor’s office visit

Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

<b>Preventive services</b>	\$0 copay
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<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days
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<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100
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<b>Outpatient hospital, including surgery</b>	\$0 copay
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#### Outpatient mental health

Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands
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<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay
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## Medical benefits

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

## Benefits and services beyond Original Medicare

<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$600 every year for 1 pair of lenses/frames and contacts
<b>Dental – preventive (covered in-network and out-of-network)</b>	\$0 copay for exams, cleanings, X-rays and fluoride*
<b>Dental – comprehensive (covered in-network and out-of-network)</b>	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	\$5,000 combined limit on all covered dental services*
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	Plan pays up to \$3,200 every year for 2 hearing aids from network providers.  Includes hearing aids delivered directly to you (select products only).
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
<b>Routine transportation</b>	\$0 copay; 100 one-way trips per year to or from approved locations.
<b>Foot care - routine</b>	\$0 copay, 4 visits per year

## Benefits and services beyond Original Medicare

<b>Routine chiropractic services</b>	\$0 copay, 20 visits per year
<b>Food and over-the-counter (OTC) credit</b>	\$290 credit every month to buy covered OTC products – and covered healthy food for qualifying members
<b>Rewards</b>	Earn up to \$165 in rewards when you get started in January <sup>Ω</sup> \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

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

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

### Prescription drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<b>30-day or 100-day supply from retail network pharmacy</b>
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.60, or \$4.90 copay (Some covered drugs are limited to a 30-day supply)
<b>All other drugs<sup>1</sup></b>	\$0, \$4.80, or \$12.15 copay (Some covered drugs are limited to a 30-day supply)

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



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

<sup>Q</sup>Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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# Summary of Benefits 2025

**UHC Dual Complete TN-S001 (HMO-POS D-SNP)**  
H0251-002-000

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



**UHC.com/CommunityPlan**



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

**United  
Healthcare®**  
Dual Complete

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

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

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

### Medical premium, deductible and limits

<b>Monthly plan premium</b>	\$0 You may need to continue to pay your Medicare Part B premium
<b>Part B premium reduction</b>	\$0.60 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$0  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.
<b>Medicare cost-sharing</b>	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.

### Medical benefits

<b>Inpatient hospital care</b> <sup>2</sup>	\$0 copay per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup> \$0 copay

## Medical benefits

	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay	
	Outpatient hospital observation services <sup>2</sup>	\$0 copay	
<b>Doctor visits</b>	Primary care provider	\$0 copay	
	Specialists <sup>2</sup>	\$0 copay	
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year	
	Medicare-covered	\$0 copay	<ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse counseling</li> <li><input type="checkbox"/> Annual wellness visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> Hepatitis C screening</li> <li><input type="checkbox"/> HIV screening</li> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li><input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li> </ul>

## Medical benefits

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

### Emergency care

\$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

### Urgently needed services

\$0 copay (worldwide) per visit

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup>

\$0 copay

Lab services<sup>2</sup>

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$0 copay

Therapeutic radiology<sup>2</sup>

\$0 copay

Outpatient X-rays<sup>2</sup>

\$0 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup>

\$0 copay



Routine hearing exam

\$0 copay, 1 per year

Hearing aids<sup>2</sup>

\$3,200 allowance every year for 2 hearing aids

- A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period

Medical benefits		
 <p><b>Routine dental benefits</b></p> <p>Covered in-network and out-of-network.</p>	<p>Preventive and comprehensive<sup>2</sup></p>	<p>\$5,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>
 <p><b>Vision services</b></p>	<p>Exam to diagnose and treat diseases and conditions of the eye<sup>2</sup></p>	<p>\$0 copay</p>
	<p>Eyewear after cataract surgery</p>	<p>\$0 copay</p>
	<p>Routine eye exam</p>	<p>\$0 copay, 1 per year</p>
	<p>Routine eyewear</p>	<p>\$0 copay Plan pays up to \$600 every year for 1 pair of lenses/frames and contacts</p>
<p><b>Mental health</b></p>	<p>Inpatient visit<sup>2</sup> Our plan covers 90 days for an inpatient hospital stay</p>	<p>\$0 copay per stay</p>
	<p>Outpatient group therapy visit<sup>2</sup></p>	<p>\$0 copay</p>
	<p>Outpatient individual therapy visit<sup>2</sup></p>	<p>\$0 copay</p>
	<p>Virtual mental health visits</p>	<p>\$0 copay to talk with a network telehealth provider online through live audio and video</p>
<p><b>Skilled nursing facility (SNF)<sup>2</sup></b> Our plan covers up to 100 days in a SNF.</p>		<p>\$0 copay per day: days 1-100</p>
<p><b>Outpatient rehabilitation services</b></p>	<p>Physical therapy and speech and language therapy visit<sup>2</sup></p>	<p>\$0 copay</p>

## Medical benefits

	Occupational Therapy Visit <sup>2</sup>	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Ambulance<sup>2</sup></b>		\$0 copay for ground \$0 copay for air
Your provider must obtain prior authorization for non-emergency transportation.		
<b>Routine transportation</b>		\$0 copay; 100 one-way trips per year to or from approved locations.
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay
	Part B covered insulin <sup>2</sup>	\$0 copay
	Other Part B drugs <sup>2</sup> Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

## Prescription drugs

**If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you do qualify for LIS, you pay:**

**Deductible** Your deductible amount is \$0

**Initial Coverage** **30-day<sup>^</sup> or 100-day supply from a retail network pharmacy**

Generic (including brand drugs treated as generic) \$0, \$1.60, or \$4.90 copay (Some covered drugs are limited to a 30-day supply)

## Prescription drugs

All other drugs<sup>3</sup>      \$0, \$4.80, or \$12.15 copay  
(Some covered drugs are limited to a 30-day supply)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

## Additional benefits

<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay
	Routine chiropractic services	\$0 copay, 20 visits per year
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay  We only cover Accu-Chek® and OneTouch® brands.  Covered glucose monitors include: OneTouch Verio Flex®, 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.
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay
	<b>Durable medical equipment (DME)</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>

## Additional benefits

**and related supplies**      Prosthetics (e.g., braces, artificial limbs)<sup>2</sup>      \$0 copay



### Fitness program

\$0 copay  
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:

- Free gym membership
- Access to a large national network of gyms and fitness locations
- On-demand workout videos and live streaming fitness classes
- Online memory fitness activities

**Foot care (podiatry services)**      Foot exams and treatment<sup>2</sup>      \$0 copay

Routine foot care      \$0 copay, 4 visits per year

**Meal benefit<sup>2</sup>**      \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

**Home health care<sup>2</sup>**      \$0 copay

**Hospice**      You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

**Opioid treatment program services<sup>2</sup>**      \$0 copay

**Outpatient substance use disorder services**      Outpatient group therapy visit<sup>2</sup>      \$0 copay

Outpatient individual therapy visit<sup>2</sup>      \$0 copay



## Additional benefits



### Over-the-counter (OTC) and food credit

\$290 credit every month to pay for OTC products – and healthy food for members who qualify

- Choose from thousands of OTC products, like first aid, pain relievers and more
- Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water
- Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you

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### Renal dialysis<sup>2</sup>

\$0 copay

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

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

## Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Division of TennCare covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Division of TennCare, 1-800-342-3145.

Benefits	Medicaid	UHC Dual Complete TN-S001 (HMO-POS D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services Not Covered Over 21</b>	Covered with limitations	Covered
<b>Dental Services Covered (ECF Choices Only; Other Medicaid programs Not Covered Over 21)</b>	Covered with limitations	Covered
<b>Vision Services Not Covered Over 21</b>	Covered with limitations	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UHC Dual Complete TN-S001 (HMO-POS D-SNP)</b>
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

## About this plan

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

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

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

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

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

Our service area includes these counties in:

**Tennessee:** Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton,

Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

## **Use network providers and pharmacies**

UHC Dual Complete TN-S001 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **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.

## Required Information

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

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-800-690-1606 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-690-1606, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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

### Hearing aids

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

### Routine dental benefits

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

### Fitness program

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, activities and events may vary by location. Certain services, discounts, classes, activities, 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 is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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

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

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

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

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

#### **Rewards Program**

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

# 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**
- Your state Medicaid office or visit **medicaid.gov**

## Resources for Caregivers

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

## We're here to help

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



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



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



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. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



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

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



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

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



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



Are enrolled in Original Medicare Parts A and B



Receive state Medicaid benefits



Live in the plan's service area

# How to enroll

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



## Online

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

- 1 Enter your ZIP code
- 2 Look for the **UHC Dual Complete TN-S001 (HMO-POS D-SNP)** plan and select the Enroll button
- 3 Complete the form and submit your enrollment

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



## By phone

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

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



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

Scan this code to  
complete your  
enrollment online



# What to expect after you enroll

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



**You are here**  
Enrollment  
submitted



Download the app  
or create your  
account online



UCard arrives in  
the mail – be sure  
to activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your Medicare ID or 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)
- Complete your health assessment

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- Review UnitedHealthcare UCard credit balances

## Thank you for choosing UnitedHealthcare

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

Scan this code to  
download the  
UnitedHealthcare app



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## Scope of Appointment Confirmation Form

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

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

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

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

Signing this form does not 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:

Signature of beneficiary/authorized representative

Today's date

MM - DD - YYYY

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

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

MM - DD - YYYY

Beneficiary address

Initial method of contact

Plan(s) the Sales Agent will represent during the meeting

Sales Agent signature

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

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

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

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

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

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

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

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

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

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

## Other related products

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

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

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

# Additional Benefit Verification Form

In order to receive your healthy food benefit, your plan requires that your health condition(s) be verified by your primary care provider or treating physician's office.

This is a 2-part process:

1. Select your health condition(s) below, sign and complete the information requested on page 2 under APPLICANT so that we can have your provider verify your condition(s). Call the number at the bottom of page 2 if you have any questions.
2. Send your completed form. We will use the form to have your provider confirm your condition(s).

**To be completed by the applicant or by authorized legal representative**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Medicare ID (MBI/HICN):** \_\_\_\_\_

## Qualifying clinical conditions

This is a pre-assessment, final verification will be completed with your provider.

**Please select the health condition(s) that apply to you:**

- Autoimmune disorders
- Cancer (excluding pre-cancer conditions or in-situ status)
- Cardiovascular disorders
- Chronic alcohol or other drug dependence
- Chronic and disabling mental health conditions
- Chronic heart failure
- Chronic kidney disease (stage 3 – moderate)
- Chronic lung disorders
- Dementia
- Diabetes mellitus
- End-stage liver disease
- End-stage renal disease (ESRD) requiring dialysis
- HIV/AIDS
- Hyperlipidemia (high cholesterol)
- Hypertension (high blood pressure)
- Morbid obesity
- Neurological disorders
- Protein-calorie malnutrition
- Severe hematologic disorders
- Spinal cord disorders or injuries
- Stroke

**Applicant/authorized representative:** \_\_\_\_\_

***Completing this pre-assessment does not affect enrollment in the plan. This plan requires verification from a provider or specialist in order to receive your healthy food benefit.***

# Additional Benefit Release of Information Form

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law concerning the privacy of such information.

## Use and disclosure authorization

### APPLICANT, please complete (\* indicates required field).

I, *(insert applicant name)* \_\_\_\_\_, hereby authorize the disclosure of my health information described above by:

Name of provider (last name, first name)*	Provider telephone number*
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Provider address\*

City*	State*	ZIP code*
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Applicant date of birth: \_\_\_\_\_


<b>Applicant/authorized representative signature</b>	<b>Today's date</b>
_____	_____


### CARE PROVIDER/SPECIALIST, please complete.


I, \_\_\_\_\_ (Primary care provider/specialist/care provider representative), hereby certify that \_\_\_\_\_ (applicant) has the health condition(s) as noted on the front page.

<b>Primary care provider/treating physician/specialist signature</b>	<b>Today's date</b>
_____	_____

## Please send the completed forms to:

 **UnitedHealthcare**  
10 Cadillac Dr, Ste 200  
Brentwood, TN 37027  
Attn: TN DSNP Attestation

 Or fax the front and back of each page to:  
**855-868-5063**

 **If you have any questions, please call:**  
**1-844-560-4944, TTY 711,**  
8 a.m.–8 p.m. local time, 7 days a week

 **uhc\_dsnp\_attestation@uhc.com**

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





## 2025 Enrollment Request Form

UHC Dual Complete TN-S001 (HMO-POS D-SNP) H0251-002-000

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

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

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

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

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

Social Security number

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

Medicare number

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

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

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

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

Email address (optional)

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

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

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

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

If **yes**, what is it?

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

Member number	Group number	RxBin	RxPCN (optional)
---------------	--------------	-------	------------------

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

**How do you want to pay?**

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

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

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

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

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

Account type  Checking  Savings

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

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

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

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

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

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

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

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

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

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

Yes  No

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

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

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

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

- American Indian or Alaska Native
- Black or African American

Asian:

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

Native Hawaiian or Pacific Islander:

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

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

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

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

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

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

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

Yes  No

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

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

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

Yes  No

If yes, please complete the following:

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

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

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

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

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

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

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

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

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

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

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

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

**Please read and sign**

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

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

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

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

(also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.

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

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

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

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

---

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

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

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

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

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

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

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

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

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

**Agent must complete**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees)             | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 - Mar 31)        |
| <input type="checkbox"/> OEP (Newly eligible)  | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence)                  | <input type="checkbox"/> SEP (Loss of EGHP coverage) |

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

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

- 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  
 P.O. Box 30769  
 Salt Lake City, UT 84130-0769  
 Fax: 1-888-950-1169  
 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 Dual Complete TN-S001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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



# 2025 Enrollment receipt

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

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

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

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

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

Representative name and ID number

Representative phone number

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: MPDCSP**

**We're here to help.** If you have additional questions, please call 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: 2025 Medicare star ratings



## UnitedHealthcare - H0251

For 2025, UnitedHealthcare - H0251 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ 4 stars
- Health Services Rating: ★ ★ ★ ★ 4 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 **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **800-690-1606** (toll-free) or **711** (TTY).

## Do you need free help with this letter?

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

### Spanish: Español

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

### Kurdish: کوردی

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

### Arabic: ربيّةعلا

وظةحلم: اذا ملكتتةعلا اتمدخدةعاسملا ويةغلا رةفوتمة كل انجام. اتصل مقبر: 1-800-690-1606 (TTY: 711) مقرر فتاه صملا و مكبلا

### Chinese: 繁體中文

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

### Vietnamese: Tiếng Việt

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

### Korean: 한국어

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

### French: Français

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

### Amharic: አማርኛ

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

### Gujarati: ગુજરાતી

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

**Laotian: ພາສາລາວ**

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

**German: Deutsch**

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

**Tagalog: Tagalog**

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

**Hindi: हिंदी**

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

**Serbo-Croatian: Srpsko-hrvatski**

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

**Russian: Русский**

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

**Nepali: नेपाली**

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

**Persian: فارسی**

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

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

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

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

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

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

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: **HCFA.Fairtreatment@tn.gov**

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

You can get a complaint form online at:

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

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

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

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

Phone: 1-800-690-1606

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

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

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

Online: **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**













# Ready to use your extra benefits?

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

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



Call **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **MyUHC.com/CommunityPlan** for:

- Routine vision services: MARCH® Vision Care
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®



### Hearing aids

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



### Routine chiropractic services

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



### Prescription drug home delivery

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



### Routine transportation

Tennessee Carriers, Inc.  
1-866-405-0238



### Food and over-the-counter (OTC) credit

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



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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