



Summary of Benefits 2025

UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan)
H9239-001-000

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



UHCCommunityPlan.com
myuhc.com/communityplan



Toll-free **1-866-633-4454**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

**United
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Community Plan

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MassHealth+Medicare
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Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Connected for One Care. 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 UnitedHealthcare Connected for One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

Table of contents

A.	Disclaimers.....	1
B.	Frequently asked questions.....	3
C.	Overview of services	8
D.	Benefits covered outside of UnitedHealthcare Connected for One Care.....	19
E.	Services that UnitedHealthcare Connected for One Care, Medicare, and MassHealth do not cover.....	19
F.	Your rights and responsibilities as a member of the plan	20
G.	How to file a complaint or appeal a denied service.....	23
H.	What to do if you want independent help with a complaint or concern	24
I.	What to do if you suspect fraud	24

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (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 UnitedHealthcare Connected for One Care for 2025. This is only a summary. Please read the **Member Handbook** for the full list of benefits. Call the Member Engagement Center to get a **Member Handbook** or view it on the **UHCCommunityPlan.com** website.

- UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) 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 both Medicare and MassHealth ages 21 through 64 at the time of enrollment.
- Under UnitedHealthcare Connected for One Care you can get your Medicare and MassHealth services in one health plan called a One Care plan. A UnitedHealthcare Connected for One Care Care Coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the UnitedHealthcare Connected® for One Care (Medicare – Medicaid Plan) **Member Handbook**.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call the Member Engagement Center at **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- ATENCIÓN: Si habla en español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call the Member Engagement Center 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.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Connected for One Care (Medicare – Medicaid Plan) members, except in emergency situations. Please call our Member Engagement Center number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- 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**.
- **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/estatercovery**.
- 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, large print, or you can ask for an interpreter. To ask for help, please call **1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week.****
- **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-866-633-4454, TTY 711** de 8 a.m. a 8 p.m., los 7 días de la semana.
- **ATENÇÃO:** Se você fala português, estão à sua disposição serviços de assistência lingüística, gratuitos. Ligue para **1-866-633-4454, TTY 711** das 8h00 às 20h, 7 dias por semana.
- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at **1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week**. Someone that speaks English can help you. This is a free service.
- Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para pedir un intérprete, simplemente llámenos al **1-866-633-4454, TTY 711** de 8 a.m. a 8 p.m., los 7 días de la semana. Una persona que habla español puede ayudarle. Este servicio es gratuito.
- 我們提供免費口譯服務，能回答您對我們的健保或配藥計劃的任何疑問。欲申請口譯員，歡迎致電與我們聯絡，電話 **1-866-633-4454, TTY 711**。會有說中文的人員為您提供協助。這是免費服務。

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a One Care Plan?	A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. UnitedHealthcare Connected for One Care (Medicare-Medicaid Plan) is a One Care Plan that provides benefits of MassHealth and Medicare to enrollees in the One Care program.
What is a UnitedHealthcare Connected for One Care Care Coordinator?	A UnitedHealthcare Connected for One Care Care Coordinator 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.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, 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.
What is a Long-term Supports (LTS) Coordinator?	A UnitedHealthcare Connected for One Care LTS Coordinator is a person for you to contact and have on your Care Team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home.

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and MassHealth benefits in UnitedHealthcare Connected for One Care that I get now?	<p>You will get your covered Medicare and MassHealth benefits directly from UnitedHealthcare Connected for One Care. 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. 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 UnitedHealthcare Connected for One Care, you and your Care Team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that UnitedHealthcare Connected for One Care 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 UnitedHealthcare Connected for One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete.</p>

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY 711), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with UnitedHealthcare Connected for One Care and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in UnitedHealthcare Connected for One Care’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Connected for One Care’s plan. <p>To find out if your doctors are in the plan’s network, call the Member Engagement Center or read UnitedHealthcare Connected for One Care’s Provider and Pharmacy Directory on the plan’s website at UHCommunityPlan.com.</p> <p>If UnitedHealthcare Connected for One Care is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue using the doctors you use now for 90 days or until your ICP is completed.</p>
What happens if I need a service but no one in UnitedHealthcare Connected for One Care’s network can provide it?	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, UnitedHealthcare Connected for One Care will pay for the cost of an out-of-network provider.</p>
Where is UnitedHealthcare Connected for One Care available?	<p>The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.</p>
Do I pay a monthly amount (also called a premium) under UnitedHealthcare Connected for One Care?	<p>You will not pay any monthly premiums to UnitedHealthcare Connected for One Care for your health coverage.</p> <p>If you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage.</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	<p>PA means that you must get approval from UnitedHealthcare Connected for One Care before UnitedHealthcare Connected for One Care will provide coverage for a specific service, item, or drug or out-of-network provider. UnitedHealthcare Connected for One Care may not cover the service, item or drug if you don't get PA. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UnitedHealthcare Connected for One Care can provide you with a list of services or procedures that require you to get PA from UnitedHealthcare Connected for One Care before the service is provided.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the Member Handbook to learn which services require a PA.</p>
Do I pay a deductible?	<p>No. You do not pay deductibles in UnitedHealthcare Connected for One Care.</p>

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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call the UnitedHealthcare Connected for One Care Member Engagement Center:</p> <p>Call 1-866-633-4454</p> <p>Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week</p> <p>The Member Engagement Center also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week</p>
	<hr/> <p>If you have questions about your health, please call the NurseLine</p> <p>Call 1-866-385-6728</p> <p>Calls to this number are free. 24 hours a day, 7 days a week</p> <p>TTY 711</p> <p>Calls to this number are free. 24 hours a day, 7 days a week</p>
	<p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line</p> <p>Call 1-866-633-4454</p> <p>Calls to this number are free. 24 hours a day, 7 days a week</p> <p>TTY 711</p> <p>Calls to this number are free. 24 hours a day, 7 days a week</p>

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C. Overview of services

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

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the UnitedHealthcare Connected for One Care Member Handbook.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	No authorization is needed.
	Wellness visits, such as a physical	\$0	No authorization is needed.
	Transportation to a doctor's office	\$0	No authorization is needed.
	Specialist care	\$0	No authorization is needed.
	Care to keep you from getting sick, such as flu shots	\$0	No authorization is needed.
	"Welcome to Medicare" (preventive visit one time only)	\$0	We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected for One Care’s List of Covered Drugs (Drug List) for more information.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued from the previous page)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected for One Care’s List of Covered Drugs (Drug List) for more information.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p>
	<p>Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected for One Care’s List of Covered Drugs (Drug List) for more information.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from the previous page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need emergency care	Emergency room services	\$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out-of-network and no authorization is needed.
	Ambulance services	\$0	In cases that are not emergencies, the plan may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.
	Urgent care	\$0	Coverage is within the U.S. and its territories only. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out-of-network and no authorization is needed.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Prior authorization is needed. Please contact your Care Coordinator.
	Doctor or surgeon care	\$0	Prior authorization is needed. Please contact your Care Coordinator.
You need help getting better or have special health needs (continued on the next page)	Abortion services	\$0	No authorization is needed.
	Chiropractic care	\$0	You are covered for up to 20 visits every year.
	Dialysis services	\$0	No authorization is needed.
	Family planning	\$0	Prior authorization may be needed for genetic testing.
	Medical equipment for home care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Nurse midwife services	\$0	No authorization is needed.
	Orthotic services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Podiatry	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Prosthetics	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
Rehabilitation services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting better or have special health needs (continued from the previous page)	Skilled nursing care and home health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need eye care	Eye exams	\$0	Prior authorization may be needed. Please contact your Care Coordinator. No prior authorization is needed for routine eye exams.
	Glasses or contact lenses	\$0	You are covered for one pair of contact lenses or eyeglasses (single, bi-focal, tri-focal or standard progressive) lenses and frames) every 2 years.
	Other vision care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	You are covered for one routine exam, cleaning, and X-rays every year. You are covered for one fluoride treatment every six months. Based on medical necessity, you have access to more fluoride treatments. Prior authorization may be needed. Please contact your Care Coordinator.
	Restorative and emergency dental care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization may be needed. Please contact your Care Coordinator. No prior authorization is needed for routine hearing exams.
	Hearing aids	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization may be needed. Please contact your Care Coordinator
	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.
You have a behavioral health condition	Behavioral health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You have a substance use disorder	Substance use services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need long-term behavioral health services	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact the Member Engagement Center or refer to Chapter 4 of the Member Handbook .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Nebulizers	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Oxygen equipment and supplies	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need help living at home (continued on the next page)	Home services, such as cleaning or housekeeping	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Day Habilitation services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home (continued from the previous page)	Services to help you live on your own (Home health care services or personal care attendant services)	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Adult Day Health or other support services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need a place to live with people available to help you	Nursing home care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
Your caregiver needs some time off	Respite care	\$0	No authorization is needed.
You need transportation	Emergency transportation	\$0	No authorization is needed.
	Transportation to medical appointments	\$0	No authorization is needed.
	Transportation to other services Routine transportation not for use in emergencies	\$0	Limited to 8 one-way trips per month.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional covered services	Acupuncture	\$0	Prior authorization is needed.
	Comprehensive dental	\$0	Covered – please see the Member Handbook to learn more.
	Gender reassignment	\$0	Prior authorization is needed.
	Prescription Digital Therapeutics	\$0	Covered – please see the Member Handbook to learn more.
	Tobacco cessation	\$0	Covered – please see the Member Handbook to learn more.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the UnitedHealthcare Connected for One Care **Member Handbook**. If you have questions, you can also call UnitedHealthcare Connected for One Care’s Member Engagement Center.

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D. Benefits covered outside of UnitedHealthcare Connected for One Care

This is not a complete list. Call the Member Engagement Center to find out about other services not covered by UnitedHealthcare Connected for One Care but available through Medicare, MassHealth or a State Agency.

Other services covered by Medicare, MassHealth, or a State Agency	Your costs
Certain hospice care services covered outside of UnitedHealthcare Connected for One Care	\$0
Psychosocial rehabilitation	Please call the state agency for more information.
Targeted case management	Please call the state agency for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.
Doula Services	\$0

E. Services that UnitedHealthcare Connected for One Care, Medicare, and MassHealth do not cover

This is not a complete list. Call the Member Engagement Center to find out about other excluded services.

Services UnitedHealthcare Connected for One Care, Medicare, and MassHealth do not cover	
Services that are not medically necessary according to the standards of Medicare and MassHealth.	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Refer to Chapter 3 for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically necessary.	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 malformed. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY 711), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

F. Your rights and responsibilities as a member of the plan

As a member of UnitedHealthcare Connected for One Care, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused Medically Necessary treatment. You can exercise these rights without being punished or adversely affecting the way UnitedHealthcare Connected for One Care and its providers treat you. 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 **Member Handbook**.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discriminations under any state or federal law or regulation.
 - Receive, at your request, information in other formats (e.g., large print, braille, audio) free of charge.
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
 - Have your questions and concerns answered completely and courteously.
 - Apply your rights freely without any negative affect on the way UnitedHealthcare Connected for One Care or your provider treats you.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - UnitedHealthcare Connected for One Care
 - The services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and Care Coordinators.
 - Your rights and responsibilities.
- **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. You can call **1-866-633-4454**, TTY **711** if you want to change your PCP.
 - Choose a Long-term Supports (LTS) Coordinator.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know and receive all benefits, services, rights and responsibilities you have under UnitedHealthcare Connected for One Care, Medicare and MassHealth.
 - Know what the outcome of your treatment options may be.
 - Refuse treatment as far as the law allows, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. UnitedHealthcare Connected for One Care will pay for the cost of your second opinion visit.
 - Create and apply an advance directive, such as a will or health care proxy.
- **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 medical care for covered services within the time frames described in the **Member Handbook**, and to file an appeal if you do not receive your care within those timeframes.
 - 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 doctors, other providers, and your health plan. Call **1-866-633-4454**, TTY **711**, if you need help with this service.
 - Have your **Member Handbook** and any printed materials from UnitedHealthcare Connected for One Care translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
 - **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval.
 - 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, as well as anything you discuss with them. No personal health information will be released to anyone without your consent, unless required by law.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by UnitedHealthcare Connected for One Care.
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for a state fair hearing from the state of Massachusetts.
 - Get a detailed reason why services were denied.
 - Disenroll from UnitedHealthcare Connected for One Care and change to another plan by calling Massachusetts Customer Service Center at **1-800-841-2900**. TTY users may call **711**.

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect.
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel.
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible.
 - Tell your health care provider about yourself and your health history.
 - Tell your health care provider that you are a UnitedHealthcare Connected for One Care member.
 - Talk to your PCP, Care Team, Care Coordinator, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergencies or when you refer yourself for certain covered services).
 - Tell your PCP, Care Team, Care Coordinator, or other appropriate person within 48 hours of any emergency or out-of-network treatment.
 - Notify UnitedHealthcare Connected for One Care's Member Engagement Center if there are any changes in your personal information, such as your address or phone number.
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed.
 - Partner with your Care Team and work out treatment plans and goals together.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.

- **You have the responsibility to obtain your services from UnitedHealthcare Connected for One Care.** You should:

- Get all your health care from UnitedHealthcare Connected for One Care, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UnitedHealthcare Connected for One Care provides a PA for out-of-network care.
- Not allow anyone else to use your UnitedHealthcare Connected for One Care Member ID Card to obtain healthcare services.
- Notify UnitedHealthcare Connected for One Care when you believe that someone has purposely misused UnitedHealthcare Connected for One Care benefits or services.

You may be responsible for payment of services not covered by UnitedHealthcare Connected for One Care. A full list of the covered services is available in the **Member Handbook**.

For more information about your rights, you can read the UnitedHealthcare Connected for One Care **Member Handbook**. If you have questions, you can also call UnitedHealthcare Connected for One Care's Member Engagement Center.

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

If you have a complaint or think UnitedHealthcare Connected for One Care should cover something we denied, call UnitedHealthcare Connected for One Care at **1-866-633-4454**, TTY **711**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UnitedHealthcare Connected for One Care **Member Handbook**. You can also call UnitedHealthcare Connected for One Care's Member Engagement Center.

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

For complaints/grievances or drug appeals for Part D or MassHealth (Medicaid) drugs:

UnitedHealthcare Community Plan
Attn: Part D/MassHealth Standard Appeals
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

H. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- Can answer your questions or refer you to the right place to find what you need.
- Can help you address a problem or concern with One Care or your One Care plan, UnitedHealthcare Connected for One Care. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write, or visit My Ombudsman at its office.

- Call **1-855-781-9898**, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use **7-1-1** to call **1-855-781-9898**. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) **339-224-6831**. This number is for people who are deaf or hard of hearing.
- Email **info@myombudsman.org**
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111
 - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at **myombudsman.org**

I. 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 UnitedHealthcare Connected for One Care's Member Engagement Center. Phone numbers are on the cover of this summary.
- Or, call the MassHealth Customer Service Center at **1-800-841-2900**. TTY users may call **711**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have questions, please call UnitedHealthcare Connected for One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.