2025 Enrollment Guide

UHC Dual Complete TX-S003 (HMO-POS D-SNP)

H4514-021-000

Service area: Texas - Anderson, Angelina, Atascosa, Austin, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Bowie, Brazoria, Brazos, Burleson, Burnet, Caldwell, Cameron, Camp, Cass, Cherokee, Collin, Colorado, Comal, Cooke, Coryell, Dallas, Delta, Denton, DeWitt, Duval, Ellis, Erath, Falls, Fannin, Fayette, Fort Bend, Franklin, Freestone, Galveston, Gillespie, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hamilton, Harris, Harrison, Hays, Henderson, Hidalgo, Hill, Hood, Hopkins, Houston, Hunt, Jackson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Lampasas, Lavaca, Lee, Leon, Limestone, Llano, Madison, Marion, Matagorda, Maverick, McLennan, McMullen, Medina, Milam, Mills, Montague, Montgomery, Morris, Nacogdoches, Navarro, Panola, Parker, Rains, Red River, Robertson, Rockwall, Rusk, Sabine, San Augustine, San Saba, Shelby, Smith, Somervell, Starr, Tarrant, Titus, Travis, Trinity, Upshur, Van Zandt, Waller, Washington, Webb, Wharton, Willacy, Williamson, Wilson, Wise, Wood, Zapata counties

United Healthcare®
Dual Complete

TX-S003 POS for dental only no form
FBDE,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. It gives you access to a large network of Medicare Advantage providers, including doctors and specialists. Plus, use it to help pay for OTC and healthy food, and shop 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 us to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online tools and helpful UnitedHealthcare Medicare Plan Experts.[1] Our advocates and navigators help you get the answers and care you need. Put UnitedHealthcare's more than 45 years of experience to work for you.

[1]Medicare Plan Expert is a licensed insurance sales agent/producer.

UCard opens doors where it matters

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

Visiting a provider or filling a prescription

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

Buying healthy food, OTC products or paying utility bills

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

Spending your earned rewards

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

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** 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 TX-S003 (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. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.	
Monthly plan premium	$0

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
Preventive services	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-100
Outpatient hospital, including surgery	$0 copay
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
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay

Medical benefits	
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$0 copay for ground or air
Emergency care	$0 copay (worldwide)
Urgently needed services	$0 copay (worldwide)

Benefits and services beyond Original Medicare	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $300 every year toward your purchase of 1 pair of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through network providers. Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.
Dental – preventive (covered in-network and out-of-network)	$0 copay for exams, cleanings, X-rays and fluoride*
Dental – comprehensive (covered in-network and out-of-network)	$0 copay for comprehensive dental services*
Dental - benefit limit	$3,000 combined limit on all covered dental services*
Hearing - routine exam	$0 copay, 1 per year

Benefits and services beyond Original Medicare	
Hearing aids	Plan pays up to $2,200 every year for 2 hearing aids from network providers. Includes hearing aids delivered directly to you (select products only).
Fitness program	$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
Routine transportation	$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Foot care - routine	$0 copay, 6 visits per year
Routine chiropractic services	$0 copay, 6 visits per year
Routine acupuncture services	$0 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	$181 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
Rewards	Earn up to $165 in rewards when you get started in January[Ω] $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

*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	
Deductible	$0
Initial Coverage	**30-day or 100-day supply from retail or mail order network pharmacy**
All covered drugs[1]	$0 copay (Some covered drugs are limited to a 30-day supply)

[1] You will pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs.

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

ΩMedicare 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. 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. 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.

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Summary of Benefits 2025

UHC Dual Complete TX-S003 (HMO-POS D-SNP)
H4514-021-000

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

Y0066_SB_H4514_021_000_2025_M

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** 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 TX-S003 (HMO-POS D-SNP)

Medical premium, deductible and limits		
Monthly plan premium		$0 You may need to continue to pay your Medicare Part B premium
Part B premium reduction		$0.60 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.
Annual medical deductible		This plan does not have a medical deductible.
Maximum out-of-pocket amount (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.
Medicare cost-sharing		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		
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$0 copay per stay
Outpatient hospital	Ambulatory surgical center (ASC)[2]	$0 copay

Medical benefits		
	Outpatient hospital, including surgery[2]	$0 copay
	Outpatient hospital observation services[2]	$0 copay
Doctor visits	Primary care provider	$0 copay
	Specialists[2]	$0 copay
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	Routine physical	$0 copay, 1 per year
	Medicare-covered	$0 copay

- ☐ Abdominal aortic aneurysm screening
- ☐ Alcohol misuse counseling
- ☐ Annual wellness visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C screening
- ☐ HIV screening
- ☐ Lung cancer with low dose computed tomography (LDCT) screening
- ☐ Medical nutrition therapy services
- ☐ Medicare Diabetes Prevention Program (MDPP)
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- ☐ “Welcome to Medicare” preventive visit (one-time)

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)[2]	$0 copay
	Lab services[2]	$0 copay
	Diagnostic tests and procedures[2]	$0 copay
	Therapeutic radiology[2]	$0 copay
	Outpatient X-rays[2]	$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay
	Routine hearing exam	$0 copay, 1 per year
	Hearing aids[2]	$2,200 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		
Routine dental benefits Covered in-network and out-of-network.	Preventive and comprehensive[2]	$3,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns ☐ No annual deductible ☐ Access to one of the largest national dental networks ☐ Freedom to see any dentist
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay, 1 per year
	Routine eyewear	$300 allowance for 1 pair of frames or contacts • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay
	Outpatient group therapy visit[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay
	Virtual mental health visits	$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing facility (SNF)[2]		$0 copay per day: days 1-100

Medical benefits		
Our plan covers up to 100 days in a SNF.		
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$0 copay
	Occupational Therapy Visit[2]	$0 copay
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay for ground $0 copay for air
Routine transportation		$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Medicare Part B prescription drugs	Chemotherapy drugs[2]	$0 copay
	Part B covered insulin[2]	$0 copay
	Other Part B drugs[2] 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	
Deductible	$0

Prescription drugs	
Initial Coverage	**30-day^ or 100-day supply from a retail or mail order network pharmacy**
All covered drugs[3]	$0 copay (Some covered drugs are limited to a 30-day supply)

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

[3] You will pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs.

Additional benefits		
Acupuncture services	Routine acupuncture services	$0 copay, 6 visits per year
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay
	Routine chiropractic services	$0 copay, 6 visits per year
Diabetes management	Diabetes monitoring supplies[2]	$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[2]	$0 copay

Additional benefits		
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	$0 copay
	Prosthetics (e.g., braces, artificial limbs)[2]	$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[2]	$0 copay
	Routine foot care	$0 copay, 6 visits per year
Home health care[2]		$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[2]		$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay

Additional benefits	
Food, over-the-counter (OTC) and utility bill credit	$181 credit every month to pay for OTC products, healthy food and utility bills □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 □Pay home utility bills like electricity, heat, water and internet □Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you
Renal dialysis[2]	$0 copay

[2] 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 Texas Medicaid Health and Human Services Commission 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 Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

Benefits	Medicaid	UHC Dual Complete TX-S003 (HMO-POS D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered with Limitations	Covered

Benefits	Medicaid	UHC Dual Complete TX-S003 (HMO-POS D-SNP)
Outpatient hospital services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete TX-S003 (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 (if applicable).
- **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:

Texas: Anderson, Angelina, Atascosa, Austin, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Bowie, Brazoria, Brazos, Burleson, Burnet, Caldwell, Cameron, Camp, Cass, Cherokee, Collin, Colorado, Comal, Cooke, Coryell, Dallas, Delta, Denton, DeWitt, Duval, Ellis, Erath, Falls, Fannin, Fayette, Fort Bend, Franklin, Freestone, Galveston, Gillespie, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hamilton, Harris, Harrison, Hays, Henderson, Hidalgo, Hill, Hood, Hopkins, Houston, Hunt, Jackson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Lampasas, Lavaca, Lee, Leon, Limestone, Llano, Madison, Marion, Matagorda, Maverick, McLennan, McMullen, Medina, Milam, Mills, Montague, Montgomery, Morris, Nacogdoches, Navarro, Panola, Parker, Rains, Red River, Robertson, Rockwall, Rusk, Sabine, San Augustine, San Saba, Shelby, Smith, Somervell, Starr, Tarrant, Titus, Travis, Trinity, Upshur, Van Zandt, Waller, Washington, Webb, Wharton, Willacy, Williamson, Wilson, Wise, Wood, Zapata.

Use network providers and pharmacies

UHC Dual Complete TX-S003 (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 TX-S003 (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 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 1-866-944-4983 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 1-866-944-4983, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices 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.

Routine eyewear

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

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

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

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

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

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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**.

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 TX-S003 (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**. 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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Important information: 2024 Medicare star ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

UnitedHealthcare - H4514

For 2024, UnitedHealthcare - H4514 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ★	4 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ½	3.5 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**.

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-944-4983** (toll-free) or **711** (TTY).

Nondiscrimination notice

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

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** **UHC_Civil_Rights@uhc.com**
- **Mail:** Civil Rights Coordinator
  UnitedHealthcare Civil Rights Grievance
  P.O. Box 30608, Salt Lake City, UT 84130

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

- **Online:** **https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**
- **Phone:** Toll-free **1-800-368-1019**, **800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
  200 Independence Ave SW, HHH Building, Room 509F
  Washington, D.C. 20201

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at
https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d’interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d’assurance maladie ou d’assurance-médicaments. Pour recevoir l’aide d’un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d’identification de membre ou sur la première de couverture de la brochure. Quelqu’un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khoẻ hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Notes and doodles

Notes and doodles

Notes and doodles

Ready to use your extra benefits?

UHC Dual Complete TX-S003 (HMO-POS D-SNP)

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

Call **1-866-944-4983**, 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: UnitedHealthcare Vision®
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®

Hearing aids
UnitedHealthcare Hearing
1-877-704-3384
UHCHearing.com/Medicare

Prescription drug home delivery
Optum® Home Delivery Pharmacy
1-877-889-6358
MyUHC.com/CommunityPlan

Food, over-the-counter (OTC) and utility bill credit
Solutran
1-833-853-8587
MyUHC.com/CommunityPlan

Routine acupuncture and chiropractic services
OptumHealth Care Solutions, LLC (Optum®)
1-866-785-1654
MyUHC.com/CommunityPlan

Routine transportation
SafeRide
1-866-244-3123
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

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