



# 2024 Enrollment Guide

**UHC Dual Complete NJ-Y001 (HMO D-SNP)**

H3113-005-000

**Service area:** New Jersey - Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren counties

United  
Healthcare®  
Dual Complete

# UnitedHealthcare Medicare Advantage plans are there for what matters to you, today and tomorrow



## Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. Use your UnitedHealthcare UCard® as your member ID and so much more. Your UCard gives you access to a large network of providers. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you. In fact, 4 out of 5 members would recommend UnitedHealthcare Dual Special Needs plans to family and friends.<sup>1</sup>



## More for your Medicare dollar

Use your UnitedHealthcare UCard to buy healthy food, OTC products and pay utility bills. See why more people with Medicare and Medicaid choose a Dual Special Needs plan from UnitedHealthcare than from any other company.<sup>2</sup>



## 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.<sup>3</sup> As a member, UnitedHealthcare 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.

<sup>1</sup>Member recommendations based on Human8, May 2023.

<sup>2</sup>Most chosen based on total D-SNP plan enrollment from CMS Enrollment Data, May 2023

<sup>3</sup>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 Renew Active® network gym or fitness location.



# Take advantage of a specially designed plan

This plan is for people with Medicare and full 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.



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



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



**Select a 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.



**You never pay a copay or coinsurance to see a network provider.** If you get care from a provider out of the network, you may have to pay the full cost yourself.



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



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

Go to **[UHCCommunityPlan.com](https://UHCCommunityPlan.com)** 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 NJ-Y001 (HMO D-SNP)

As a UHC Dual Complete NJ-Y001 (HMO D-SNP) member, you have no out-of-pocket expenses. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.

This is a short description of your 2024 plan benefits. For complete information, please refer to your Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

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

#### Doctor's office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$0 copay (no referral needed)
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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<b>Preventive services</b>	\$0 copay
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<b>Inpatient hospital care</b>	\$0 copay per stay (no limit on days)
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<b>Skilled nursing facility (SNF)</b>	\$0 copay per stay (no limit on days)
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<b>Outpatient hospital, including surgery</b>	\$0 copay
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#### Outpatient mental health

Group therapy	\$0 copay
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Individual therapy	\$0 copay
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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<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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<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay
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## Medical benefits

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

Acupuncture	\$0 copay
Chiropractic Services	\$0 copay
Dental Services	\$0 copay
Durable Medical Equipment (DME)	\$0 copay
Family Planning Services and Supplies	\$0 copay
Federally Qualified Health Centers (FQHC)	\$0 copay
Fitness program	\$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes, brain health challenges and 1 Fitbit® device
Hearing services — hearing exams and hearing aids	\$0 copay
Home support services	\$150 credit per quarter to spend on home and bath safety devices and extra support at home
Managed Long Term Services and Supports (MLTSS)	\$0 copay
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
Medical Day Care	\$0 copay
Nurse Midwife Services	\$0 copay
Nursing Facility (long term/custodial care)	\$0 copay
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Food, over-the-counter (OTC) and utility bill credit	\$290 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies
Personal Care Assistant	\$0 copay

<b>Personal Emergency Response System (PERS)</b>	\$0 copay for a personal emergency response system (PERS)
<b>Podiatry – routine</b>	\$0 copay
<b>Private Duty Nursing</b>	\$0 copay
<b>Transportation – routine</b>	\$0 copay
<b>Vision Care Services</b>	\$0 copay

### Prescription drugs

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

<b>Generic (including brand drugs treated as generic)</b>	\$0 copay (Some covered drugs are limited to a 30-day supply)
<b>All other drugs</b>	\$0 copay (Some covered drugs are limited to a 30-day supply)



UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

This information is not a complete description of benefits. Contact the plan for more information. Premiums are covered for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP). When joining this plan, you must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.







# Summary of Benefits 2024

**UHC Dual Complete NJ-Y001 (HMO D-SNP)**

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Call Customer Service or go online for more information about the plan.



**Toll-free 1-800-514-4911, TTY 711**  
8 a.m.–8 p.m. local time, 7 days a week



**[UHCCommunityPlan.com](https://UHCCommunityPlan.com)**

**United  
Healthcare®  
Dual Complete**

## Introduction

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

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**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://www.uhc.com/CommunityPlan)**.

## A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) for January 1, 2024–December 31, 2024. This is only a summary. Read the **Evidence of Coverage** online at **UHCCommunityPlan.com** for the full list of benefits.

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Fully Integrated Dual Special Needs Plan (FIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UHC Dual Complete® NJ-Y001 depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

When joining this plan:

1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
  2. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
  3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
  4. You must understand and follow our plan's rules on referrals.
- 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 at **1-800-514-4911** (TTY **711**) or read the **Evidence of Coverage**. You can read and download it online at **UHCCommunityPlan.com**, or you can call Customer Service toll-free at **1-800-514-4911** (TTY **711**) to request a copy.
  - Benefits vary by plan/area. Limitations and exclusions apply.
  - **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page. The call is free.
  - **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UHC Dual Complete® NJ-Y001 al número que aparece al final de esta página. La llamada es gratuita.
  - The company 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, braille, large print, audio. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.**

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- This information is available for free in other languages. Please call our customer service number located on the first page of this book.
- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5-star rating system.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at **1-877-266-4832**, TTY **711**.
- Participation in the Renew Active® by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Gym network may vary in local market.
- The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

You can read the **Medicare & You** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (**medicare.gov**) or request 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**.

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## B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions	Answers
<p><b>What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?</b></p>	<p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up UHC Dual Complete® NJ-Y001’s service area are listed on page 7 of this document.</p>
<p><b>Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete® NJ-Y001 that I get now? (continued on the next page)</b></p>	<p>If you are coming to UHC Dual Complete® NJ-Y001 from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from UHC Dual Complete® NJ-Y001.</p>

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://www.UHCCommunityPlan.com)**.

Frequently asked questions	Answers
<p><b>Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete® NJ-Y001 that I get now? (continued from the previous page)</b></p>	<p>When you enroll in UHC Dual Complete® NJ-Y001, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that UHC Dual Complete® NJ-Y001 does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for UHC Dual Complete® NJ-Y001 to cover your drug if medically necessary.</p>
<p><b>Can I use the same health care providers I use now?</b></p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete® NJ-Y001 and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” You must use the providers in UHC Dual Complete® NJ-Y001’s network.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete® NJ-Y001’s network.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Service at the number listed at the bottom of this page or read UnitedHealthcare Dual Complete® NJ-Y001’s <b>Provider and Pharmacy Directory</b>. You can also visit our website at <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> for the most current listing.</p> <p>If UHC Dual Complete® NJ-Y001 is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
<p><b>What is a Care Manager?</b></p>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>

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Frequently asked questions	Answers
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
<b>What happens if I need a service but no one in UHC Dual Complete® NJ-Y001's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Dual Complete® NJ-Y001 will cover services provided by an out-of-network provider.
<b>Where is UHC Dual Complete® NJ-Y001 available?</b>	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, NJ. You must live in one of these areas to join the plan.
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from UHC Dual Complete® NJ-Y001 before UHC Dual Complete® NJ-Y001 will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete® NJ-Y001 may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete® NJ-Y001 can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete® NJ-Y001 before the service is provided.</p> <p>Refer to Chapter 3, of the <b>Evidence of Coverage</b> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <b>Evidence of Coverage</b> to learn which services require a prior authorization.</p>

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Frequently asked questions	Answers
<b>Do I pay a monthly amount (also called a premium) under UHC Dual Complete® NJ-Y001?</b>	No. You will not pay any monthly premiums to UHC Dual Complete® NJ-Y001 for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
<b>Do I pay a deductible as a member of UHC Dual Complete® NJ-Y001?</b>	No. You do not pay deductibles in UHC Dual Complete® NJ-Y001.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Dual Complete® NJ-Y001?</b>	There is no cost sharing for medical services in UHC Dual Complete® NJ-Y001, so your annual out-of-pocket costs will be \$0.
<b>Do I have a coverage gap for drugs?</b>	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

### C. Overview of services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to use a health care provider</b>	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Your provider may need to obtain prior authorization for Specialist services.
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services <b>are</b> covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services <b>are</b> covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Your provider may need to obtain prior authorization for services.

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<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Your provider may need to obtain prior authorization for services.
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Your provider may need to obtain prior authorization for services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition</b></p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)</p>	<p>\$0</p>	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Your provider may need to obtain prior authorization for services.</p>
	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p><b>(Note:</b> This is not a complete list of the plan’s expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)</p>	<p>\$0</p>	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Your provider may need to obtain prior authorization for services.</p>

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You have a substance use disorder</b>	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) <b>(Note:</b> This is not a complete list of the plan's expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)	\$0	Your provider may need to obtain prior authorization for services.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Your provider will need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider will need to obtain prior authorization for services.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting to health services</b></p>	Ambulance services	\$0	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No prior authorization is needed.
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <b>Evidence of Coverage</b> for more information on these drugs. Your provider may need to obtain prior authorization for certain drugs.
	Medicare Part D prescription drugs Tier 1 Generic and brand name drugs (all covered drugs are in this tier)	\$0	<p>There may be limitations on the types of drugs covered. Refer to UHC Dual Complete® NJ-Y001’s <b>List of Covered Drugs (Formulary)</b> at <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> for more information.</p> <p>UHC Dual Complete® NJ-Y001 may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>			<p>Your provider must get prior authorization from UHC Dual Complete® NJ-Y001 for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, <b>List of Covered Drugs (Formulary)</b>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="https://www.medicare.gov">medicare.gov</a>.</p> <p>An extended day supply is only available at a subset of the retail pharmacy network. For more information please call Customer Service at <b>1-800-514-4911</b>, TTY <b>711</b>, or visit <a href="https://www.UHCCommunityPlan.com">UHCCommunityPlan.com</a>, and/or reading the List of Covered Drugs (Formulary).</p> <p><b>Important Message About What You Pay for Vaccines –</b> Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers Part D vaccines at no cost to you. Contact the Plan for details.</p>

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.UHCCommunityPlan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.
<b>You need foot care</b>	Podiatry services (including routine exams)	\$0	Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
<b>You need durable medical equipment (DME) or supplies</b>	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example  ( <b>Note:</b> This is not a complete list of covered DME or supplies. Call Customer Service at the number listed at the bottom of this page or read the <b>Evidence of Coverage</b> for more information.)	\$0	Your provider may need to obtain prior authorization for services/certain equipment.
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
<b>Other covered services (This service is continued on the next page)</b>	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Your provider may need to obtain prior authorization for services.

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhc.com/CommunityPlan).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Diabetic supplies	\$0	<p>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 the plan.</p> <p>Your provider may need to obtain prior authorization for some services.</p>
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	
	Mammograms	\$0	Your provider may need to obtain prior authorization for some services.

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.  MLTSS is available to members who meet certain clinical requirements.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Your provider may need to obtain prior authorization for some services.

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.UHCCommunityPlan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services. Read the <b>Evidence of Coverage</b> for more information.
	Virtual medical visits	\$0	Talk with a network telehealth provider online through live audio and video.
	Virtual mental health visits	\$0	Talk with a network telehealth provider online through live audio and video.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete® NJ-Y001’s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

### D. Additional services UHC Dual Complete® NJ-Y001 covers

This is not a complete list. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** to find out about other covered services.

Additional services UHC Dual Complete® NJ-Y001 covers	Your costs
Fitness Program through Renew Active®. Renew Active includes a free gym membership at a gym near you, access to the largest national network of gyms and fitness locations, access to many premium gyms and fitness locations, an annual personalized fitness plan, members who need help can bring a workout assistant to the gym, access to thousands of on-demand workout videos and live streaming fitness classes, social activities at local health and wellness classes, clubs and events, online Fitbit® Community for Renew Active – no Fitbit device needed, access to the AARP® Staying Sharp® App, free Fitbit® to help you reach your health and fitness goals.	\$0

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

<b>Additional services UHC Dual Complete® NJ-Y001 covers</b>	<b>Your costs</b>
Food, over-the-counter (OTC) and utility bill credit — \$290 credit every month to pay for healthy food, OTC products and utility bills. Buy healthy foods like fruits and vegetables, meat, seafood, dairy products, and water. Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more. Pay home utility bills like electricity, heat, water, and internet. Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and DVS, or at a neighborhood store near you. Use your UCard in-store or online to spend your OTC credits.	\$0
Meal Benefit — 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	\$0
Personal Emergency Response System — 24/7 emergency response services through a monitoring system we install in your home	\$0
Home support services — \$150 credit per quarter to spend on extra support at home like companionship, pest control, home repair and errands.	\$0

## **E. Benefits covered outside of UHC Dual Complete® NJ-Y001**

This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other services not covered by UHC Dual Complete® NJ-Y001 but available through Medicaid fee-for-service.

<b>Other services covered directly by Medicaid fee-for-service</b>	<b>Your costs</b>
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

<b>Other services covered directly by Medicaid fee-for-service</b>	<b>Your costs</b>
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

## **F. Services not covered by UHC Dual Complete® NJ-Y001 (exclusions)**

The following services are not covered by our plan. This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other excluded services.

### **Services not covered by UHC Dual Complete® NJ-Y001 (exclusions)**

Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Cosmetic surgery or other cosmetic work unless required criteria are met

LASIK surgery

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## **G. Your rights and responsibilities as a member of the plan**

As a member of UHC Dual Complete® NJ-Y001, 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 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, read the **Evidence of Coverage**.

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), 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 discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, 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 effect on the way UHC Dual Complete® NJ-Y001 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:
  - UHC Dual Complete® NJ-Y001
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - 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 **1-800-514-4911** if you want to change your PCP.
  - Use a women’s health care provider without a referral

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**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete® NJ-Y001 will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - 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 **1-800-514-4911** if you need help with this service
  - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete® NJ-Y001 translated into your primary language, 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 use 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. No personal health information will be released to anyone without your consent, unless required by law.
  - 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 UHC Dual Complete® NJ-Y001
  - 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.

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**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCommunityPlan.com**.

- Ask for a State Appeal (State Fair Hearing)
- Get a detailed reason why services were denied

**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 UHC Dual Complete® NJ-Y001 member
  - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify UHC Dual Complete® NJ-Y001 Customer Service 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
  - 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 UHC Dual Complete® NJ-Y001.** You should:
  - Get all your health care from UHC Dual Complete® NJ-Y001, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete® NJ-Y001 provides a prior authorization for out-of-network care
  - Not allow anyone else to use your UHC Dual Complete® NJ-Y001 Member ID Card to obtain healthcare services
  - Notify UHC Dual Complete® NJ-Y001 when you believe that someone has purposely misused UHC Dual Complete® NJ-Y001 benefits or services

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**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.



For more information about your rights, you can read UHC Dual Complete® NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

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

If you have a complaint or think UHC Dual Complete® NJ-Y001 should cover something we denied, call UHC Dual Complete® NJ-Y001 at **1-800-514-4911**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of UHC Dual Complete® NJ-Y001's **Evidence of Coverage**. You can also call UHC Dual Complete® NJ-Y001 Customer Service at the number listed at the bottom of this page.

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

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

UnitedHealthcare Appeals and Grievances Department  
PO Box 6103  
MS CA124-0187  
Cypress, CA 90630-0023

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

UnitedHealthcare Part D Appeal and Grievance Department  
PO Box 6103  
MS CA124-0197  
Cypress, CA 90630-0023

## **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, contact us.

- Call us at UHC Dual Complete® NJ-Y001 Customer Service. Phone numbers are in the footer of this document
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-888-937-2835**. Calls to this number are free.

**If you have questions**, please call UHC Dual Complete® NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UHC Dual Complete® NJ-Y001 Customer Service:**



**Call 1-800-514-4911**

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September. Customer Service also has free language interpreter services available for people who do not speak English.

**TTY 711**

Calls to this number are free. 8 a.m.–8 p.m. 7 days a week from October through March, Monday–Friday from April through September.

**If you have questions about your health, please call the NurseLine:**



**Call 1-877-440-9407**

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

**TTY 711**

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

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



**Call 1-800-514-4911**

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

**TTY 711**

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

## Civil Rights Notice

**The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.**

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

- **Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **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 services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

## 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 listed on the front 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 la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**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，請撥打本手冊正面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 numerong nakalista sa harapan 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. 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 sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). 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 der Vorderseite 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, 책자 앞면에 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 лицевой стороне брошюры. 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، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में 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 nella parte anteriore 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 indicado na parte da frente da brochura. 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 gratis pou apèl ki sou lis devan livrè an. 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 pierwszej stronie 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、本冊子の表面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。

# Important information: 2023 Medicare star ratings



## UnitedHealthcare - H3113

For 2023, UnitedHealthcare - H3113 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ 4 stars

Health Services Rating: ★ ★ ★ ★ 4 stars

Drug Services Rating: ★ ★ ★ ★ 4 stars

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

### Why Star Ratings are Important

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

Star Ratings are based on factors that include:

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

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

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

★ ★ ★ ★ ★ EXCELLENT

★ ★ ★ ★ ABOVE AVERAGE

★ ★ ★ AVERAGE

★ ★ BELOW AVERAGE

★ POOR

### Get More Information on Star Ratings Online

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

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY), 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 **800-514-4911** (toll-free) or **711** (TTY).

# Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



**Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.**

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Amitiza</b>	<b>Linzess – 3</b> Lubiprostone – 3 <b>Movantik – 3</b> <b>Motegrity – 4</b> <b>Trulance – 4</b>
<b>Basaglar</b>	<b>Lantus – 3</b> <b>Levemir – 3</b> <b>Toujeo – 3</b> <b>Tresiba – 3</b>
<b>Bystolic</b>	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
<b>Cialis &amp; Tadalafil 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release – 2 Doxazosin – 1 Tamsulosin – 1
<b>Cyclosporine Ophthalmic</b>	<b>Restasis – 3</b> <b>Tyrvaya – 4</b>
Icosapent Cap	<b>Vascepa – 3</b>
<b>Latuda</b>	Lurasidone – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release ( <b>Generic Glucophage XR</b> ) – 1
<b>Novolin</b>	<b>Humulin – 3</b>
<b>Novolog</b>	<b>Humalog – 3</b> <b>Insulin Lispro – 3</b> <b>Lyumjev – 3</b>
<b>Nucynta ER</b>	<b>Xtampza XR – 4</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
<b>OxyContin</b>	<b>Xtampza XR – 4</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Pradaxa</b>	<b>Eliquis – 3</b> <b>Xarelto – 3</b>
<b>Proair</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) – 2 <b>Ventolin HFA – 3</b>
<b>Proventil HFA</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) – 2 <b>Ventolin HFA – 3</b>
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
<b>Victoza</b>	<b>Trulicity – 3</b> <b>Mounjaro – 3</b> <b>Ozempic – 3</b> <b>Bydureon – 3</b>
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 <b>Belsomra – 3</b>

**Bold type = Brand name drug** Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.



# Helpful resources

## 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](https://www.uhc.com/caregiving).

## We're here to help

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



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



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



If you are a veteran or Dual Special Needs Plan member, 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. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

## 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](https://www.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 the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at [UHCCommunityPlan.com](https://www.uhc.com/communityplan).



**Did you check the online Drug List to make sure your prescription drugs are covered?**



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

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



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

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



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

If you want more information, the Evidence of Coverage includes a complete list of coverage, benefits and plan rules.



**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 full state Medicaid benefits



Live in the plan's service area

# 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 all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare plan.



**You are here**  
Enrollment  
submitted



Create your  
account to review  
your plan 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 member ID number and email address to create an account 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
- Review UnitedHealthcare UCard balances

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more

## Benefits may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

## Thank you for choosing UnitedHealthcare

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

Scan this code to access  
the member site using  
your member ID number



# How to enroll

You can enroll by phone, mail or fax. Simply choose the way that's easiest for you and follow the directions below.



## 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 a face-to-face appointment with an agent in your area.



## By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
P.O. Box 30769  
Salt Lake City, UT 84130-0769



## By fax

Fill out the Enrollment Request Form and fax the front and back of each page to:  
1-888-950-1169

## Enrollment Request Form checkpoints

- |   |  |
|---|--|
| ✓ Print your name exactly as it appears on your red, white and blue Medicare card | ✓ Sign and date where indicated                          |
| ✓ Make sure you have chosen the plan type that works best for you                 | ✓ Verify your date of birth                              |
| ✓ Make sure your permanent address is correct                                     | ✓ Verify your providers accept the plan you are choosing |
|   | ✓ Provide the name of your primary care provider (PCP)   |

# 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):**

- |   |   |
|---|---|
| <input type="checkbox"/> Medicare Advantage plans (Part C) and cost plans     | <input type="checkbox"/> Dental-vision-hearing products |
| <input type="checkbox"/> Stand-alone Medicare prescription drug (Part D) plan | <input type="checkbox"/> Hospital indemnity products    |
| <input type="checkbox"/> 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 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. 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 stand-alone 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.



## 2024 Enrollment Request Form

UHC Dual Complete NJ-Y001 (HMO D-SNP) H3113-005-000 - BDO

### 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 ( ) -
Social Security number (Required for people who are enrolling in D-SNP plans):		
Medicare number		

Permanent residence street address (**P.O. box is not allowed**)

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)

**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.

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

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

### 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?**  Yes  No

Please check what you'd like:  Spanish  Braille  Other \_\_\_\_\_

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

**2. Are you enrolled in your state Medicaid program?**  Yes  No

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

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

Agent name/ID 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.**

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> White  | <input type="checkbox"/> Black or African American |                                     |
| <input type="checkbox"/> American Indian or Alaska Native   |  |                                     |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Filipino   |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian  | <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Guamanian or Chamorro  | <input type="checkbox"/> Other Pacific Islander    |                                     |
| <input type="checkbox"/> I choose not to answer   |  |                                     |
| <input type="checkbox"/> Member/Citizen of a federal or state recognized Tribe (name of Tribe)_____ |  |                                     |

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

Yes  No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

Yes  No

If yes, please complete the following:

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

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

**6. 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.**

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

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

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 (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.
- I give consent for all entities under UnitedHealthcare and its affiliates and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.
- 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.

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

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

**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 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 <input type="text"/>	Branch ID <input type="text"/>

**Agent must complete**

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

<b>Licensed Sales Representative signature (optional)</b>	<b>Date</b>
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**Please mail or fax this completed form to:**

UnitedHealthcare  
P.O. Box 30769  
Salt Lake City, UT 84130-0769

Fax: 1-888-950-1169

Fax the front and back of each page

Enrollee name \_\_\_\_\_  
Agent name/ID number \_\_\_\_\_  
Y0066\_ERFMA\_2024\_C

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

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: 7/31/2024

Y0066\_ERFMA\_2024\_C

CSNJ24HM0134137\_000

## Enrollment checklist

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

### Understanding the benefits

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

### Understanding important rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare 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.

# 2024 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.**

Applicant 1:	Applicant 2 (if applicable):
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: MPDACUNJ**

**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.



















# Notes and doodles

Horizontal lines for writing notes and doodles.









# Ready to use your extra benefits?

## UHC Dual Complete NJ-Y001 (HMO D-SNP)

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



Call **1-800-514-4911**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit [myuhc.com/communityplan](https://myuhc.com/communityplan) for:

- Personal emergency response system
- Fitness program: Renew Active®



### Prescription drug home delivery

Optum Home Delivery, a service of  
OptumRx  
1-877-889-6358  
[OptumRx.com](https://OptumRx.com)



### Food, Over-the-Counter (OTC) and Utility Bill Credit

Solutran  
1-833-853-8587  
[myuhc.com/communityplan](https://myuhc.com/communityplan)



### Fitness wearables

Fitbit®  
1-844-534-8248  
[fitbit.com/global/us/store/UHC](https://fitbit.com/global/us/store/UHC)



### Home Support Services

1-833-414-4663  
[myuhc.com/communityplan](https://myuhc.com/communityplan)



### Nurse Hotline

1-877-440-9407



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



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



**UHCCommunityPlan.com**



Download the UnitedHealthcare app

Important plan information

Y0066\_EGCov\_2024\_C

Scan this code  
to download the  
UnitedHealthcare  
app



CSNJ24HM0140308\_000