



2024 Enrollment Guide

UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

H0251-004-000

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

United
Healthcare®
Dual Complete

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.¹



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.²



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.³ 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.

¹Member recommendations based on Human8, May 2023.

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

³Medicare 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 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. You have access to a large dental provider network. You can also get care from out-of-network dental providers, but your costs may be higher, even for services with a \$0 copay.



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



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



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



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



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



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



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

Go to UHCommunityPlan.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 TN-Y001 (HMO-POS D-SNP)

As a UHC Dual Complete TN-Y001 (HMO-POS 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 Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

| | |
|-----------------------------|-----|
| Monthly plan premium | \$0 |
|-----------------------------|-----|

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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|----------------------------|-----------|
| Preventive services | \$0 copay |
|----------------------------|-----------|

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|--------------------------------|---------------------------------------|
| Inpatient hospital care | \$0 copay per stay for unlimited days |
|--------------------------------|---------------------------------------|

| | |
|---------------------------------------|-------------------------------|
| Skilled nursing facility (SNF) | \$0 copay per day: days 1-100 |
|---------------------------------------|-------------------------------|

| | |
|---|-----------|
| Outpatient hospital, including surgery | \$0 copay |
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Outpatient mental health

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|---------------|-----------|
| 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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| Diabetes monitoring supplies | \$0 copay for covered brands |
|-------------------------------------|------------------------------|

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| Diagnostic radiology services (such as MRIs, CT scans) | \$0 copay |
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| | |
|---|-----------|
| Diagnostic tests and procedures (non-radiological) | \$0 copay |
|---|-----------|

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) |

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

Benefits and services beyond Original Medicare

| | |
|---|---|
| Routine physical | \$0 copay, 1 per year |
| Routine eye exams | \$0 copay, 1 per year |
| Routine eyewear | \$0 copay Plan pays up to \$600 every year for lenses/frames and contacts |
| Dental - preventive (covered in-network and out-of-network) | \$0 copay for exams, cleanings, X-rays, and fluoride* |
| Dental - comprehensive (covered in-network and out-of-network) | \$0 copay for comprehensive dental services* |
| Dental - benefit limit | \$5,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay |
| Hearing - routine exam | \$0 copay, 1 per year |
| Hearing aids | Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models). |
| Fitness program | \$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes, brain health content and 1 Fitbit® device. |
| Routine transportation | \$0 copay; 120 one-way trips per year to or from approved locations. |

Benefits and services beyond Original Medicare

| | |
|---|--|
| Personal emergency response system | \$0 copay for a personal emergency response system (PERS) |
| Adult day care | \$0 copay for 24 hours per week of adult day care through a network of contracted providers. |
| Foot care - routine | \$0 copay, 4 visits per year |
| Routine chiropractic care | \$0 copay, 20 visits per year |
| Food, over-the-counter (OTC) and utility bill credit | \$309 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies |
| Meal benefit | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay. |
| Nurse Hotline | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| In-home support services | \$0 copay for 36 hours of in-home support every month for members with disabilities or other qualified medical conditions |

*Benefits are combined in and out-of-network

Prescription drugs

Annual Prescription Deductible \$0

30-day or 100-day supply from retail or mail order network pharmacy

All covered drugs \$0 copay
(Some covered drugs are limited to a 30-day supply)



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



Summary of Benefits 2024

UHC Dual Complete TN-Y001 (HMO-POS D-SNP)
H0251-004-000

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



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



UHCCommunityPlan.com

**United
Healthcare**
Dual Complete

Summary of Benefits

January 1, 2024 - December 31, 2024

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

UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

Medical premium, deductible and limits

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

Medical benefits

Inpatient hospital care² \$0 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

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| Outpatient hospital | Ambulatory surgical center (ASC) ² | \$0 copay |
|----------------------------|---|-----------|

| | | |
|--|---|-----------|
| | Outpatient hospital, including surgery ² | \$0 copay |
|--|---|-----------|

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

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|--|---|
| <ul style="list-style-type: none">□ Abdominal aortic aneurysm screening□ Alcohol misuse counseling□ Annual wellness visit□ Bone mass measurement□ Breast cancer screening (mammogram)□ Cardiovascular disease (behavioral therapy)□ Cardiovascular screening□ Cervical and vaginal cancer screening□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <ul style="list-style-type: none">□ Depression screening□ Diabetes screenings and monitoring□ Hepatitis C screening□ HIV screening□ Lung cancer with low dose computed tomography (LDCT) screening□ Medical nutrition therapy services□ Medicare Diabetes Prevention Program (MDPP)□ Obesity screenings and counseling |
|--|---|
-

Medical benefits

- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

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

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

Emergency care

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

Urgently needed services

\$0 copay (worldwide) per visit

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

Diagnostic radiology services (e.g. MRI, CT scan)² \$0 copay




Lab services² \$0 copay

Diagnostic tests and procedures² \$0 copay

Therapeutic radiology² \$0 copay

Outpatient X-rays² \$0 copay

Medical benefits

| | | |
|---|--|---|
|  Hearing services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 per year |
| | Hearing aids ² | <p>\$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids</p> <ul style="list-style-type: none"> • Access to one of the largest national networks of hearing professionals with more than 7,000 locations • Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period |
|  Routine dental benefits <p>Covered in-network and out-of-network.</p> | Preventive and comprehensive ² | <p>\$5,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Medicare Advantage's largest national dental network <input type="checkbox"/> Freedom to see any dentist <input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay |
|  Vision services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay, 1 per year |
| | Routine eyewear | <p>\$0 copay</p> <p>Plan pays up to \$600 every year for lenses/frames and contacts</p> |

Medical benefits

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|---|---|--|
| Mental health | Inpatient visit ² | \$0 copay per stay |
| | Our plan covers 90 days for an inpatient hospital stay | |
| | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| | Virtual mental health visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| Skilled nursing facility (SNF)² | | \$0 copay per day: days 1-100 |
| Our plan covers up to 100 days in a SNF. | | |
| Outpatient rehabilitation services | Physical therapy and speech and language therapy visit ² | \$0 copay |
| | Occupational Therapy Visit ² | \$0 copay |
| | Virtual medical visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| Ambulance² | | \$0 copay for ground \$0 copay for air |
| Your provider must obtain prior authorization for non-emergency transportation. | | |
| Routine transportation | | \$0 copay; 120 one-way trips per year to or from approved locations. |

Medical benefits

Medicare Part B prescription drugs

Chemotherapy
drugs² \$0 copay

Part B covered
insulin² \$0 copay

Other Part B
drugs² \$0 copay

Prescription drugs

**Annual
Prescription
Deductible** \$0

30-day^ or 100-day supply from a retail or mail order network pharmacy

All covered drugs \$0 copay
(Some covered drugs are limited to a 30-day supply)

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

Additional benefits

| | | |
|---|---|---|
| Adult day care | | \$0 copay for 24 hours per week of adult day care through a network of contracted providers. Prior authorization is required. |
| Chiropractic care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay |
| | Routine chiropractic care | \$0 copay, 20 visits per year |
| Diabetes management | Diabetes monitoring supplies ² | \$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| | | |
| Durable medical equipment (DME) and related supplies | DME (e.g., wheelchairs, oxygen) ² | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay |

Additional benefits



Fitness program

\$0 copay for Renew Active®

- 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

Foot care
(podiatry services)

Foot exams and treatment²

\$0 copay

Routine foot care

\$0 copay, 4 visits per year

Meal benefit²

\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.

Home health care²

\$0 copay

Hospice

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

Nurse Hotline

Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Opioid treatment program services²

\$0 copay

Outpatient substance abuse

Outpatient group therapy visit²

\$0 copay

Outpatient individual therapy visit²

\$0 copay

Additional benefits



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

\$309 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 CVS, or at neighborhood stores near you

Personal emergency response system

\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.

Renal Dialysis²

\$0 copay

In-home support services

\$0 copay for 36 hours of in-home support every month for members with disabilities or other qualified medical conditions
Prior authorization is required.

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

*Benefits are combined in and out-of-network

CHOICES Benefits

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

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

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

| Benefits | | |
|---|---------------------|---|
| | CHOICES | UHC Dual Complete TN-Y001 (HMO-POS D-SNP) |
| Inpatient Hospital Care | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Preventive Care | Covered | Covered |
| Emergency Care | Covered | Covered |
| Urgently Needed Services | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Hearing Services | Not covered over 21 | Covered |
| Dental Services | Not covered over 21 | Covered |
| Vision Services | Not covered over 21 | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Mental Health Care | Covered | Covered |
| Skilled Nursing Facility | Covered | Covered |
| Ambulance | Covered | Covered |
| Transportation (Routine) | Covered | Covered |
| Prescription Drug Benefits | Covered | Covered |
| Chiropractic Care | Covered | Covered |
| Diabetes Supplies and Services | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Foot Care | Covered | Covered |
| Home Health Care | Covered | Covered |
| Hospice | Covered | Covered |

Benefits

| | CHOICES | UHC Dual Complete TN-Y001 (HMO-POS D-SNP) |
|-------------------------------------|----------------|--|
| Outpatient Hospital Services | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Prosthetic Devices | Covered | Covered |

About this plan

UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for people who have both Medicare A and B, and full Medicaid benefits and certain Long Term Services and Supports (LTSS) benefits with UnitedHealthcare. LTSS benefits specifically are Tennessee CHOICES, Groups 1,2 or 3.

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

- Full Benefits Dual Eligible (FBDE):** CHOICES may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

If you are an FBDE: You are eligible for full CHOICES benefits. At times you may also be eligible for limited assistance from TennCare in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and CHOICES. There may be cases where you have to pay cost-sharing amounts when a service or benefit is not covered by CHOICES.

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

Our service area includes these counties in:

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

Use network providers and pharmacies

UHC Dual Complete TN-Y001 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **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.

Required Information

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

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

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

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

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

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

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

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

Hearing aids

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

Routine dental benefits

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

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active 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.

Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

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

Choose one Fitbit device from approved select models every 2 years. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

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

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

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 100 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. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline 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.

Rewards Program

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

Do you need free help with this letter?

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

Spanish: Español

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

Kurdish: کوردی

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

Arabic: ربيّةعلا

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

Chinese: 繁體中文

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

Vietnamese: Tiếng Việt

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

Korean: 한국어

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

French: Français

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

Amharic: አማርኛ

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

Gujarati: ગુજરાતી

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

Laotian: ພາສາລາວ

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

German: Deutsch

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

Tagalog: Tagalog

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

Hindi: हिंदी

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

Serbo-Croatian: Srpsko-hrvatski

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

Russian: Русский

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

Nepali: नेपाली

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

Persian: فارسی

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

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

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

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

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

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

TennCare, Office of Civil Rights Compliance

310 Great Circle Road, 3W
Nashville, TN 37243

Email: HCFA.Fairtreatment@tn.gov

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

You can get a complaint form online at:

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

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance

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

Email: UHC_Civil_Rights@uhc.com

Phone: 1-800-690-1606

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

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

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

You can get a complaint form online at: <http://www.hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Important information: 2023 Medicare star ratings



UnitedHealthcare - H0251

For 2023, UnitedHealthcare - H0251 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ ↘ 4.5 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 **800-690-1606** (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 |
|--|--|
| Amitiza | Linzess Lubiprostone Movantik Motegrity Trulance |
| Basaglar | Lantus Levemir Toujeo Tresiba |
| Bystolic | Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet |
| Cialis & Tadalafil 2.5mg and 5mg (BPH Only) | Alfuzosin Extended Release Doxazosin Tamsulosin |
| Cyclosporine Ophthalmic | Restasis Tyvaya |
| Icosapent Cap | Vascepa |
| Latuda | Lurasidone |
| Metformin HCL Extended Release (Osmotic) | Metformin Extended Release (Generic Glucophage XR) |
| Novolin | Humulin |
| Novolog | Humalog Insulin Lispro Lyumjev |
| Nucynta ER | Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets |
| OxyContin | Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets |

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

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

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

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

We're here to help

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



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



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



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

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



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

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



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

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 state Medicaid benefits



Enrolled in UnitedHealthcare Long Term Care Plan

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. 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 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, online, 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.



Online

Go to **UHCommunityPlan.com** and follow the step-by-step instructions to enroll.



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 TN-Y001 (HMO-POS D-SNP) H0251-004-000 - BIW

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.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander
- I choose not to answer
- 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) _____

Licensed Sales Representative signature (optional)

Date

Please mail or fax this completed form to:

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

Fax: 1-888-950-1169

Fax the front and back of each page

Enrollee name _____

Agent name/ID number _____

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2024

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CSTN24HP0133582_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.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage 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: MPDCSP

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

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



Ready to use your extra benefits?

UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

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



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

- Routine vision services
- Routine dental benefits
- Personal emergency response system
- Fitness program: Renew Active®



Hearing aids

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



Routine chiropractic services

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



Prescription drug home delivery

Optum Home Delivery, a service of
OptumRx
1-877-889-6358
OptumRx.com



Transportation

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



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

Solutran
1-833-853-8587
myuhc.com/communityplan



Fitness wearables

Fitbit®
1-844-534-8248
fitbit.com/global/us/store/UHC



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



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