

Medicare Advantage plan  
with prescription drugs

# Summary of benefits 2022

UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP)  
H0251-005-000

Look inside to take advantage of the health services and drug coverages the plan provides.  
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



**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**

United  
Healthcare  
Dual Complete

# Summary of benefits

## January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

## About this plan.

UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare A and B, full Medicaid benefits and certain Long Term Services and Supports (LTSS) benefits with UnitedHealthcare. LTSS benefits are Tennessee Employment and Community First CHOICES (ECF CHOICES), Groups 4, 5, 6, 7, or 8.

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

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

If you are an FBDE: You are eligible for full ECF 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 ECF CHOICES. There may be cases where you have to pay cost-sharing amounts when a service or benefit is not covered by ECF CHOICES.

If your category of ECF CHOICES eligibility changes, your cost share may also increase or decrease. You must recertify your ECF 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.**

UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.UHCCommunityPlan.com](http://www.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.

# UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP)

## Premiums and Benefits

	In-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$0 annually for Medicare-covered services from in-network providers.

# UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP)

## Benefits

		In-Network
<b>Inpatient Hospital<sup>2</sup></b>		<p>\$0 copay per stay</p> <hr/> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<b>Outpatient Hospital</b>	Ambulatory Surgical Center (ASC) <sup>2</sup>	\$0 copay
	Outpatient Hospital, including surgery <sup>2</sup>	\$0 copay
	Outpatient Hospital Observation Services <sup>2</sup>	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay
	Specialists <sup>2</sup>	\$0 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
<b>Preventive Care</b>	Medicare-covered	<p>\$0 copay</p> <hr/> <p>Abdominal aortic aneurysm screening            Alcohol misuse counseling            Annual “Wellness” visit            Bone mass measurement            Breast cancer screening (mammogram)            Cardiovascular disease (behavioral therapy)            Cardiovascular screening            Cervical and vaginal cancer screening            Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)            Depression screening            Diabetes screenings and monitoring            Hepatitis C screening            HIV screening</p>

## Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>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.</p>
	Routine physical	\$0 copay; 1 per year
<b>Emergency Care</b>		<p>\$0 copay (worldwide) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		\$0 copay (worldwide)
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>2</sup>	\$0 copay
	Lab services <sup>2</sup>	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay
	Therapeutic Radiology <sup>2</sup>	\$0 copay per service
	Outpatient X-rays <sup>2</sup>	\$0 copay per service

## Benefits

		In-Network
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid <sup>2</sup>	\$2,500 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing.  Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.
<b>Routine Dental Benefits</b>	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
	Comprehensive <sup>2</sup>	\$0 copay for comprehensive dental services
	Benefit limit	\$3,500 limit on all covered dental services
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay; 1 each year
	Routine eyewear	\$0 copay every year; up to \$350 for lenses/frames and contacts; (1 pair of replacement lenses/frames are covered if original pair is lost, stolen or broken beyond repair)
<b>Mental Health</b>	Inpatient visit <sup>2</sup>	\$0 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>2</sup>	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.

## Benefits

		In-Network
<b>Skilled Nursing Facility (SNF)<sup>2</sup></b>		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit<sup>2</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>  Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air
<b>Routine Transportation</b>		\$0 copay; 30 one-way trips per year to or from approved locations; additional 30 one-way trips for routine dental, vision, hearing, gym, and chiropractic services not covered by Original Medicare
<b>Medicare Part B Prescription Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>2</sup>	\$0 copay
	Other Part B drugs <sup>2</sup>	\$0 copay



## Prescription Drugs

<b>Annual Prescription Deductible</b>	\$0
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>All Covered Drugs</b>	\$0 copay Some covered drugs limited to a 30-day supply

## Additional Benefits

		In-Network
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay
	Routine chiropractic care	\$0 copay; 20 chiropractic visits per year
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay

## Additional Benefits

		In-Network
<b>Fitness program</b>		Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 4 visits every year
<b>Meal Benefit<sup>2</sup></b>		\$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay.
<b>Home Health Care<sup>2</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
<b>Occupational Therapy Visit<sup>2</sup></b>		\$0 copay
<b>Opioid Treatment Program Services<sup>2</sup></b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay
<b>Over-the-Counter (OTC) Products Catalog</b>		\$260 credit every quarter to purchase approved health products. Order online, over the phone, or by mail through your Over-the-Counter catalog.
<b>Renal Dialysis<sup>2</sup></b>		\$0 copay

Services with a 2 may require your provider to obtain prior authorization from the plan.

# ECF CHOICES Benefits

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

The benefits described below are covered by ECF CHOICES. You can see what Division of TennCare covers and what our plan covers. If a benefit is used up or not covered by Medicare, then ECF CHOICES may provide coverage. This depends on your type of ECF CHOICES coverage.

Coverage of the benefits described below depends upon your level of ECF CHOICES eligibility. If you have questions about your ECF CHOICES eligibility and what benefits you are entitled to, call TennCare, 1-800-342-3145.

ECF CHOICES may pay your Medicare cost sharing amount, but it will depend on your ECF CHOICES eligibility level. If Medicare doesn't cover a service or a benefit has run out, ECF CHOICES may help, but you may have to pay a cost share. Please see your ECF CHOICES Member Handbook for details on the cost sharing and additional benefits covered.

## Benefits

	ECF CHOICES	UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Not Covered Over 21	Covered
<b>Dental Services</b>	Covered	Covered
<b>Vision Services</b>	Not Covered Over 21	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Not Covered Over 21	Covered

## Benefits

	<b>ECF CHOICES</b>	<b>UnitedHealthcare Dual Complete® ONE Plus (HMO D-SNP)</b>
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters 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 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas 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 and exclusions may apply.

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. New prescriptions from OptumRx should arrive within ten 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.

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, 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. AARP® Staying Sharp is the registered trademark of AARP. 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. Access to gym and fitness location network may vary by location and plan.

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.