



Summary of benefits 2022

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)
H2531-001-000



Toll-free **1-877-542-9236**, TTY **711**
8 a.m.–8 p.m. local time, Monday–Friday
(voicemail available 24 hours a day/7 days a week)



www.UHCCommunityPlan.com
www.myuhc.com/CommunityPlan

United
Healthcare
Community Plan

+MyCareOhio
Connecting Medicare + Medicaid

Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Connected® for MyCare Ohio. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UnitedHealthcare Connected® for MyCare Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCommunityPlan.com.

A. Disclaimers



This is a summary of health services covered by UnitedHealthcare Connected® for MyCare Ohio 2022. This is only a summary. Please read the Member Handbook for the full list of benefits. Call Member Services to get a Member Handbook or view it on the www.UHCCommunityPlan.com website.

- UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- Under UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) you can get your Medicare and Medicaid services in one health plan. A UnitedHealthcare Connected® for MyCare Ohio care manager will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Member Handbook.
- 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.
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). The call is free.
- **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-877-542-9236 (TTY 711), de 8 a.m. a 8 p.m., hora local, de lunes a viernes (correo de voz disponible las 24 horas del día, los 7 días de la semana). La llamada es gratuita.
- Limitations, copays and restrictions may apply. For more information, call UnitedHealthcare Connected Member Services or read the UnitedHealthcare Connected Member Handbook.
- 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 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week), for additional information.

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCommunityPlan.com.

- Our plan can also give you this document in other languages and in formats such as large print, braille, or audio. You can call Member Services and ask us to make a note in our system that you would like materials in other languages, large print, braille, or audio now and in the future.

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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions

	Answers
What is a MyCare Ohio Plan?	<p>A MyCare Ohio Plan is a health plan that contracts with both Medicare and Ohio Medicaid program to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.</p> <p>A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and care managers to help you manage all your providers and services. They all work together to provide the care you need.</p>
What is a UnitedHealthcare Connected® for MyCare Ohio care manager?	A UnitedHealthcare Connected® for MyCare Ohio care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

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Frequently Asked Questions

	Answers
Will I get the same Medicare and Medicaid benefits in UnitedHealthcare Connected® for MyCare Ohio that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from UnitedHealthcare Connected® for MyCare Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from UnitedHealthcare Connected® for MyCare Ohio, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in UnitedHealthcare Connected® for MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that UnitedHealthcare Connected® for MyCare Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UnitedHealthcare Connected® for MyCare Ohio to cover your drug, if medically necessary.</p>

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCCommunityPlan.com.

Frequently Asked Questions

	Answers
Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with UnitedHealthcare Connected® for MyCare Ohio and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in UnitedHealthcare Connected® for MyCare Ohio’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Connected® for MyCare Ohio’s network. • You can use out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the Provider and Pharmacy Directory. • If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read UnitedHealthcare Connected® for MyCare Ohio’s Provider and Pharmacy Directory on the plan’s website at www.UHCCommunityPlan.com.</p>
What happens if I need a service but no one in UnitedHealthcare Connected® for MyCare Ohio’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare Connected® for MyCare Ohio will pay for the cost of an out-of-network provider.</p>
Where is UnitedHealthcare Connected® for MyCare Ohio available?	<p>The service area for this plan includes: Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, and Wayne Counties, Ohio. You must live in one of these areas to join the plan.</p>

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **www.UHCCommunityPlan.com**.

Frequently Asked Questions

	Answers
Do I pay a monthly amount (also called a premium) under UnitedHealthcare Connected® for MyCare Ohio?	You will not pay any monthly premiums to UnitedHealthcare Connected® for MyCare Ohio for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from UnitedHealthcare Connected® for MyCare Ohio before you can get a specific service or drug or use an out-of-network provider. UnitedHealthcare Connected® for MyCare Ohio may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p>
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce your prescription drug program costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copays under UnitedHealthcare Connected® for MyCare Ohio already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778.</p>

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCCommunityPlan.com.

Frequently Asked Questions

	Answers
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UnitedHealthcare Connected® for MyCare Ohio’s Member Services:</p> <p>Call 1-877-542-9236 Calls to this number are free. 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week).</p> <p>If you have questions about your health, please call the NurseLine:</p> <p>Call 1-800-542-8630 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>Call 1-877-542-9236 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day/7 days a week.</p>

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C. Overview of Services

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

Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Covered once every 12 months (including Healthchek).
	Transportation to a doctor's office	\$0	30 one-way trips covered every year to a Plan approved Health-related Location. Refer to Member Handbook for more information.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu, COVID-19, or other immunizations	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	Certain radiology services may require Prior Authorization. Please call your Care Manager or your PCP.
	Screening tests, such as tests to check for cancer	\$0	
You need drugs to treat your illness or condition	Generic drugs (no brand name)	<p>\$0 copay; or \$1.35 copay; or \$3.95 copay for a 30-day (31-days for Long-term care) supply</p> <p>\$0 copay; or \$1.35 copay; or \$3.95 copay for a 60-day supply</p> <p>\$0 copay; or \$1.35 copay; or \$3.95 copay for a 90-day supply</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected® for MyCare Ohio’s List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at the same cost as a one-month supply.</p>

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need drugs to treat your illness or condition (continued)	Brand name drugs	<p>\$0 copay; or \$4.00 copay; or \$9.85 copay for a 30-day (31-days for Long-term care) supply</p> <p>\$0 copay; or \$4.00 copay; or \$9.85 copay for a 60-day supply</p> <p>\$0 copay; or \$4.00 copay; or \$9.85 copay for a 90-day supply</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected® for MyCare Ohio’s List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at the same cost as a one-month supply.</p>
	Over-the-counter drugs	\$0 per prescription.	There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected® for MyCare Ohio’s List of Covered Drugs (Drug List) for more information.

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	No authorization is needed for routine outpatient services.
You need emergency care	Emergency room services	\$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out-of-network and no authorization is required.
	Ambulance services	\$0	Prior authorization is required for air ambulance services. Please call your Care Manager or your PCP.
	Urgent care	\$0	If you require urgently needed care, you should first try to get it from a network provider. However, you can use out-of-network providers when you cannot get to a network provider. You do not need an authorization for urgently needed care. Coverage is within the U.S. and its territories only.

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need hospital care	Hospital stay	\$0	Prior authorization is needed.
	Doctor or surgeon care	\$0	Prior authorization is needed.
You need help getting better or have special health needs	Rehabilitation services	\$0	No authorization is needed for routine outpatient services.
	Medical equipment at home	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.
	Skilled nursing care	\$0	Prior authorization is needed.
	Acupuncture	\$0	You may not get more than 20 acupuncture treatments each year for chronic low back pain.
You need eye care	Eye exams	\$0	Covered once per year for members age 20 and under and 60 and over, and once every two years for members age 21–59.
	Glasses or contact lenses	\$0	One time every 12-month period for members under 21 and over 59 years of age; or one time every 24-month period for members 21 through 59 years of age. Medically necessary contact lenses only. Prior authorization may be required for certain conditions or material types.

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need dental care	Dental check-ups	\$0	Oral exams and fluoride treatments covered every six months for members under the age of 21. Oral exam every year for members 21 years of age and over.
	Hearing screenings	\$0	
You need hearing/auditory services	Hearing aids	\$0	Two conventional hearing aids are covered once every four years OR two digital/programmable hearing aids are covered once every five years. Two hearing aids may be considered in special circumstances.
	Diabetes supplies and services	\$0	
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Diabetes supplies and services	\$0	

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization is needed for ambulatory detoxification, intensive outpatient and methadone administration. Prior authorization is needed for partial hospitalization.
You have a substance abuse problem	Substance use disorder treatment services	\$0	Prior authorization is needed for ambulatory detoxification, intensive outpatient and methadone administration. Prior authorization is needed for partial hospitalization
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is needed.

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.
	Nebulizers	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.
	Crutches	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.
	Walkers	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.
	Oxygen equipment and supplies	\$0	Prior authorization may be needed. Please call your Care Manager or your PCP.

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need help living at home	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization needed for Home health care services. Please call your Care Manager or your PCP.
	Changes to your home, such as ramps and wheelchair access	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need help living at home (continued)	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	
You need a place to live with people available to help you	Assisted living	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Hospice care services	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
	Nursing home care		

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Health need or problem

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Your caregiver needs some time off	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p>

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D. Services that UnitedHealthcare Connected® for MyCare Ohio, Medicare, and Medicaid do not cover

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

Services not covered by UnitedHealthcare Connected® for MyCare Ohio, Medicare, or Medicaid

Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic X-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
A private room in a hospital, except when it is medically needed.	

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCCommunityPlan.com.

E. Your rights as a member of the plan

As a member of UnitedHealthcare Connected® for MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 of the **Member Handbook**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and care managers.

- **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.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. UnitedHealthcare Connected® for MyCare Ohio will pay for the cost of your second opinion visit.

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- **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 and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency.
 - 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.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the UnitedHealthcare Connected® for MyCare Ohio **Member Handbook**. If you have questions, you can also call UnitedHealthcare Connected® for MyCare Ohio's Member Services.

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCCommunityPlan.com.

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

If you have a complaint or think UnitedHealthcare Connected® for MyCare Ohio should cover something we denied, call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UnitedHealthcare Connected® for MyCare Ohio **Member Handbook**. You can also call UnitedHealthcare Connected® for MyCare Ohio’s Member Services.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
PO Box 6103
MS CA124-0187
Cypress, CA 90630

For Part D or Medicaid drug appeals only:

UnitedHealthcare Community Plan
Attn: Part D Standard Appeals
PO Box 6103
MS CA124-0197
Cypress, CA 90630

G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UnitedHealthcare Connected® for MyCare Ohio’s Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General’s Office at 1-800-282-0515.

If you have questions or need to speak with your care manager, please call UnitedHealthcare Connected® for MyCare Ohio at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the NurseLine at 1-800-542-8630, 24 hours a day/7 days a week. These calls are free. **For more information**, visit www.UHCCCommunityPlan.com.

