



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
H5322-028-000

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

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 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® (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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

- Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes these counties in:

Ohio: Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan's service area as described on the cover. If you have any questions, please contact customer service. 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 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® (HMO-POS D-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	\$33	
Annual Medical Deductible	Your deductible is \$203 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$7,550 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	
Medicare Cost Sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart.	

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital²		\$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	Not covered
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	Not covered
	Outpatient Hospital Observation Services ²	\$0 copay - 20% coinsurance	Not covered
Doctor Visits	Primary Care Provider	\$0 copay - 20% coinsurance	Not covered
	Specialists ²	\$0 copay - 20% coinsurance	Not covered
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive Care	Medicare-covered	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: Not covered
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit	

Benefits

		In-Network	Out-of-Network
		<p>Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <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	Not covered
Emergency Care		<p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit 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>	
Urgently Needed Services		<p>\$0 copay - \$65 copay (\$0 copay for urgently needed services outside the United States) per visit</p>	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance otherwise	Not covered
	Lab services ²	\$0 copay	Not covered
	Diagnostic tests and procedures ²	\$0 copay - 20% coinsurance	Not covered
	Therapeutic Radiology ²	\$0 copay - 20% coinsurance	Not covered
	Outpatient X-rays ²	\$0 copay - 20% coinsurance	Not covered
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay - 20% coinsurance	Not covered
	Routine hearing exam	\$0 copay; 1 per year	Not covered
	Hearing aid ²	\$3,600 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.	
Routine Dental Benefits	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride	Not covered
	Comprehensive ²	\$0 copay for comprehensive dental services	Not covered
	Benefit limit	\$2,500 limit on all covered dental services	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	Not covered
	Eyewear after cataract surgery	\$0 copay	Not covered
	Routine eye exam	\$0 copay; 1 every year	Not covered
	Routine eyewear	<p>\$0 copay; up to \$400 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>	
Mental Health	Inpatient visit ²	\$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less).	40% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	40% coinsurance
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	

Benefits

	In-Network	Out-of-Network
Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria)	<p>You pay the Original Medicare cost sharing amount for 2022 which will be set by CMS in the fall of 2021. These are 2021 cost sharing amounts and may change for 2022. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay per day for days 1-100, or; \$0 copay per day: for days 1-20 and up to \$185.50 copay per day: for days 21-100</p> <p>Our plan covers up to 100 days in a SNF.</p>	Not covered
Physical therapy and speech and language therapy visit²	\$0 copay - 20% coinsurance	Not covered
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.	\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation	\$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies	Not covered

Benefits

		In-Network	Out-of-Network
Medicare Part B Prescription Drugs	Chemotherapy drugs ²	\$0 copay - 20% coinsurance	Not covered
	Other Part B drugs ²	\$0 copay - 20% coinsurance	Not covered

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Prescription Drugs

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

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay - 20% coinsurance	Not covered
	Routine chiropractic care	\$0 copay; 12 chiropractic visits per year	Not covered
Diabetes Management	Diabetes monitoring supplies ²	<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>	Not covered
	Diabetes Self-management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	\$0 copay	Not covered

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance	Not covered
Fitness program		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.	
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay - 20% coinsurance	Not covered
	Routine foot care	\$0 copay; for each visit up to 8 visits every year	Not covered
Meal Benefit²		\$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	
Home Health Care²		\$0 copay	Not covered
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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Occupational Therapy Visit²		\$0 copay - 20% coinsurance	Not covered
Opioid Treatment Program Services²		\$0 copay	Not covered
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	40% coinsurance

Additional Benefits

	In-Network	Out-of-Network
Over-the-Counter (OTC) + Healthy Food Card	\$110 credit every month on a prepaid card to purchase approved health products or healthy groceries from network retail locations. Get home delivery options when you order online, by phone or by mail. Credit is loaded the first of each month and expires the last day of each month.	
Personal Emergency Response System	Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost.	
Renal Dialysis²	\$0 copay - 20% coinsurance	Not covered out-of-network (except in emergency situations).

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

Plan Deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is \$203 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network	Out-of-Network
List of applicable services	List of applicable services
Mental Health <ul style="list-style-type: none"> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit 	Mental Health <ul style="list-style-type: none"> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit
Ambulance (All Non-emergency)	Ambulance (All Non-emergency)
Outpatient Substance Abuse <ul style="list-style-type: none"> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit 	Outpatient Substance Abuse <ul style="list-style-type: none"> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit
Outpatient Hospital <ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy <input type="checkbox"/> Outpatient Hospital, including surgery, excluding diagnostic colonoscopy <input type="checkbox"/> Outpatient Hospital Observation Services 	
Doctor Visits <ul style="list-style-type: none"> <input type="checkbox"/> Primary <input type="checkbox"/> Specialists 	
Diagnostic Tests, Lab and Radiology Services, and X-Rays <ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram 	

- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

Hearing Services

- Exam to diagnose and treat hearing and balance issues

Vision Services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Physical Therapy and Speech and Language Therapy Visit

Medicare Part B Drugs

- Chemotherapy drugs
- Other Part B drugs

Chiropractic Care

- Manual manipulation of the spine to correct subluxation

Diabetes Management

- Diabetes monitoring supplies
- Therapeutic shoes or inserts

Durable Medical Equipment (DME) and Related Supplies

- Durable Medical Equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

Foot Care

- Foot exams and treatment

Occupational Therapy Visit

Opioid Treatment Program Services

Renal Dialysis

Medicaid Benefits

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

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

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Ohio Department of Medicaid, 1-800-324-8680.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Benefits

	Medicaid	UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
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
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered
Additional Dental Services	Covered	Covered
Additional Foot Care	Not Covered	Covered
Family Planning	Covered	Covered with Limitations
Additional Vision Services	Covered	Covered
Home and Community-Based Services (HCBS)	Covered	Not Covered Beyond Original Medicare
Over the Counter Items	Covered	Covered
Physical Exam for Job Placement	Covered	Not Covered
Prenatal and Postpartum Care	Covered	Not 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 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 1-866-944-3488 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 1-866-944-3488, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features and/or devices vary by plan/area. Limitations 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.