



# Annual Notice of Changes 2024

**UHC Dual Complete® MN-Y001 (HMO D-SNP)**  
H7778-001-000



Toll-free **1-844-368-5888**, TTY **711**, or your preferred relay service  
8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



**[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**

**Do we have the right address for you?**

Please let us know so we can keep you informed about your plan.

**United  
Healthcare®**

# D-SNP Annual Notice of Changes for 2024

## Introduction



**You are currently enrolled as a member of our plan.**

Next year, there will be some changes to our benefits, coverage and rules. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Member Handbook**, which is located on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Key terms and their definitions appear in alphabetical order in the last chapter of your **Member Handbook**.

## Additional resources

You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free.

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at Member Services at the number at the bottom of the page. Someone that speaks your preferred language can help you. This is a free service. Materials will be available in Spanish, Hmong, and Somali. We can also give you information in large print, braille, or audio.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104

Voice: 651-539-1100  
Toll free: 800-657-3704  
MN Relay: 711 or 800-627-3529  
Fax: 651-296-9042  
Email: [Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us)

## **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
Voice: 651-431-3040 or use your preferred relay service

### **American Indian Health Statement**

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

**1-888-269-5410, TTY 711**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း

အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။\*

កំណត់សម្គាល់: បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ

ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သး. နမ့ၢ်လိာ်ဘျီတၢ်မၤစၢၤကလီၤန့ၣ်လၢ တၢ်ကကွဲးကျိးထံဝဲဒၣ် လံာ်တီလံာ်မိတခါအံၤအဘိ ကိးလိတဲစီၣ်ဂံၢ် လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຣາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ ຮີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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## A. Disclaimers

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- This is a summary of health services covered by UHC Dual Complete® (HMO D-SNP) for January 1–December 31, 2024. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at [myuhc.com/communityplan](https://myuhc.com/communityplan). If you would like a print copy, call UHC Dual Complete® (HMO D-SNP) Member Services at the number of the bottom of this page.
- UHC Dual Complete® (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide benefits of both programs to enrollees. Enrollment in UHC Dual Complete® (HMO D-SNP) depends on contract renewal.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Member Services or read the **Member Handbook**.
- UHC Dual Complete® (HMO D-SNP) is for people with disabilities who are 18–64 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under UHC Dual Complete® (HMO D-SNP) you can get your Medicare and Medical Assistance services in one health plan. A UHC Dual Complete® (HMO D-SNP) care coordinator will help manage your health care needs.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- For more information about **Medicare**, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or 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**. For more information about Medical Assistance, call the Minnesota Department of Human Services at **1-651-431-2670** or toll-free at **1-800-657-3739**. TTY users should call **1-800-627-3529**.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call UHC Dual Complete® (HMO D-SNP) Member Services at the number at the bottom of this page. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UHC Dual Complete® (HMO D-SNP) al número que se encuentra al pie de esta página. La llamada es gratuita.
- You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.
- 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. 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.
- Benefits may change on January 1 of each year.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected enrollees about changes at least 30 days in advance.
- UHC Dual Complete® (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program.
- Enrollment in our plan depends on our plan's contract renewal with Medicare.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options.
- Out-of-network/non-contracted providers are under no obligation to treat UHC Dual Complete® (HMO D-SNP) members, except in emergency situations. Please call our Member Services number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services.
- 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 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**.
- Benefits and features vary by plan/area. Limitations and exclusions apply.
- OTC benefits have expiration timeframes. Call your plan or review your **Member Handbook** for more information.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **[myuhc.com/communityplan](https://myuhc.com/communityplan)**.

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## B. Reviewing your Medicare and Medical Assistance coverage for next year

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It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to Section E for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medical Assistance programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medical Assistance options in **Section F2**.
- If you choose to leave our plan, you will be automatically enrolled in Medical Assistance fee-for-service for your Medical Assistance services.

Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.

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### B1. Information about UHC Dual Complete® (HMO D-SNP)

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- UHC Dual Complete® (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- Coverage under UHC Dual Complete® (HMO D-SNP) is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- When this **Annual Notice of Changes** says "we," "us," "our," or "our plan," it means UHC Dual Complete® (HMO D-SNP)

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### B2. Important things to do

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- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they will work for you next year.
  - Refer to **Section E1** for information about benefit changes for our plan.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in our plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with UHC Dual Complete® (HMO D-SNP):**

If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you automatically stay enrolled in UHC Dual Complete® (HMO D-SNP).

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

## **C. Changes to our plan name**

On January 1, 2024, our plan name changes from UnitedHealthcare Dual Complete® (HMO D-SNP) to UHC Dual Complete® (HMO D-SNP).

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at **1-844-368-5888** (TTY users should call **711**, or your preferred relay service) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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## D. Changes to our network providers and pharmacies

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Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Member Handbook**.

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## E. Changes to benefits for next year

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### E1. Changes to benefits for medical services

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We're changing our coverage for certain medical services next year. The table below describes these changes.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Changes to benefits	2023 (this year)	2024 (next year)
<b>Plan change</b>	As a member of UnitedHealthcare Dual Complete® ONE (HMO-POS DSNP), a Health Maintenance Organization POS plan, you may receive certain covered services from physicians and other medical providers who are not contracted with UnitedHealthcare.	The Point-of-Service benefit will not be available. As a member of UHC Dual Complete® MN-Y001 (HMO D-SNP), a Health Maintenance Organization plan, you may only receive certain covered services from physicians and other medical providers who are contracted with UnitedHealthcare.  If you are currently receiving care from out-of-network physicians or other providers, you will need to change to providers listed in our Provider and Pharmacy Directory in order for those services to be covered. For additional information, please refer to the Member Handbook or our website <b>myuhc.com/communityplan</b> .
<b>Comprehensive Dental Services (Non-Medicare Covered)</b>	Covered	<b>Not Covered</b> (Benefit is now covered under Medical Assistance)
<b>Eye Exam and/or Eyewear (Non-Medicare Covered)</b>	Covered	<b>Not Covered</b> (Benefit is now covered under Medical Assistance)



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

Changes to benefits	2023 (this year)	2024 (next year)
<p><b>Food, over-the-counter (OTC), home and bath safety devices and utility bill credit</b></p>	<p>\$130.00 credit a month loaded to your UnitedHealthcare UCard™ for covered over-the-counter products, healthy food, and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Home and bath safety devices not covered.</p>	<p>Monthly credit is \$225.00 loaded to your UnitedHealthcare UCard™ for over-the-counter products, Home &amp; Bathroom Safety Devices &amp; Modifications and Food Allowance and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Use your UCard™ online or in-store to access your benefits.</p> <p>See your <b>Member Handbook</b> for more information.</p>
<p><b>Personal Support Services</b></p>	<p>Not Covered</p>	<p>\$150.00 benefit per quarter. Credit amount combined between In-Home Support, Home &amp; Bathroom Safety Devices &amp; Modifications and Pest Control. Amount expires at the end of each year.</p>

**?** **If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

Changes to benefits	2023 (this year)	2024 (next year)
<b>Routine Transportation</b>	You pay a \$0 copayment for 48 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits.	The plan covers unlimited trips for <b>medically necessary</b> appointments and to pharmacies. In addition the plan covers 48 one-way trips to or from approved locations, such as gyms, community centers and places of worship.

## E2. Changes to prescription drug coverage

### Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Member Handbook** or call Member Services at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your **Member Handbook** to learn more about how to contact your care coordinator.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Member Handbook**.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

## F. Choosing a plan

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### F1. Staying in our plan

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We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do not change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

### F2. Changing plans

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Most people with Medicare can end their membership during certain times of the year. Because you have Medical Assistance, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).



There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medical Assistance or Extra Help changed, or
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

### Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.

#### 1. You can change to:

##### **Original Medicare without a separate Medicare prescription drug plan and stay with the current Medical Assistance services**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior LinkAge Line® at **1-800-333-2433** (TTY users call **711** or use your preferred relay service).

#### Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week.

TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-333-2433** (TTY users call **711** or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit <https://mn.gov/senior-linkage-line/>.

#### **OR**

Enroll in a new Medicare plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins.

If you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You can re-enroll in the non-integrated SNBC plan you were enrolled in before our plan by filling out a new enrollment form.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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**2. You can change to:**

**Original Medicare with a separate Medicare prescription drug plan and stay with the current Medical Assistance services**

**Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-333-2433** (TTY users call **711** or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit <https://mn.gov/senior-linkage-line/>.

If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance) services.

**OR**

Enroll in a new Medicare prescription drug plan. You will automatically be disenrolled from our plan when your new plan's coverage begins.

If you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You can re-enroll in the non-integrated SNBC plan you were enrolled in before by filling out a new enrollment form.

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**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

**3. You can change to:**

**Original Medicare without a separate Medicare prescription drug plan and stay with the current Medical Assistance services**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior LinkAge Line® at **1-800-333-2433** (TTY users call **711** or use your preferred relay service).

**Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at **1-800-333-2433** (TTY users call **711** or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please <https://mn.gov/senior-linkage-line/>. You will automatically be disenrolled from UHC Dual Complete® (HMO D-SNP) when your Original Medicare coverage begins. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.

**Your Medical Assistance services**

For questions about how to get your Medical Assistance services after you leave our plan, contact the State Health Insurance Assistance Program (SHIP) at **1-800-333-2433** (TTY MN Relay **711** users call **711** or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance coverage.

**G. Getting help****G1. Our plan**

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

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## Read your Member Handbook

Your **Member Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits for 2024. It explains your rights and our rules to follow to get services and prescription drugs we cover.

The **Member Handbook** for 2024 will be available by October 15. You can also review the **Member Handbook** to find out if other benefit or cost changes affect you. An up-to-date copy of the **Member Handbook** is available on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a **Member Handbook** for 2024.

## Our website

You can visit our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). As a reminder, our website has the most up-to-date information about our provider and pharmacy network **Provider and Pharmacy Directory** and our Drug List (**List of Covered Drugs**).

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## G2. The Senior LinkAge Line®

You can also call the SHIP. In Minnesota the SHIP is called the Senior LinkAge Line®. The Senior LinkAge Line® can help you understand your plan choices and answer questions about switching plans. The Senior LinkAge Line® is not connected with us or with any insurance company or health plan. The Senior LinkAge Line® has trained counselors in every state, and services are free. The Senior LinkAge Line® phone number is **1-800-333-2433** or TTY MN Relay **711**. For more information or to find a local Senior LinkAge Line® office in your area, please visit <https://mn.gov/senior-linkage-line/>.

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## G3. The Ombudsperson for Public Managed Health Care Programs

The Ombudsperson for Public Managed Health Care Programs works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Ombudsperson for Public Managed Health Care Programs also helps people enrolled in Medical Assistance with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free. **The Ombudsperson can also help you ask for a state appeal (Medicaid fair hearing with the State).** The Ombudsperson for Public Managed Health Care:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](https://myuhc.com/communityplan).

- is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is **1-651-431-2660** (Twin Cities Metro area) or **1-800-657-3729** (Outside Twin Cities Metro area). TTY **711** or use your preferred relay service.

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#### **G4. Medicare**

To get information directly from Medicare, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

##### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

##### **Medicare & You 2024**

You can read the **Medicare & You 2024** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

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#### **G5. Medical Assistance**

Minnesota's office of Medical Assistance is the Department of Human Services. Call **1-800-657-3739** (outside Twin Cities metro area) or **1-651-431-2670** (Twin Cities metro area). TTY users should call **1-800-627-3429** or **711** or use your preferred relay service.

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#### **G6. Disability Hub MN™**

Disability Hub MN™ is a free statewide resource network that helps you solve problems, navigate the system and plan for your future. This team knows the ins and outs of community resources and government programs and has years of experience helping people fit them together. Call **1-866-333-2466** Monday through Friday from 8:30 a.m. to 5:00 p.m. TTY users should call **1-800-627-3429** or 711 or use your preferred relay service.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit [myuhc.com/communityplan](http://myuhc.com/communityplan).

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**G7. Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities**

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The Minnesota Office of Ombudsman Office of Ombudsman for Mental Health and Developmental Disabilities helps people get information concerning services for persons with mental or developmental disabilities, substance use disorder or emotional disturbance. Call **1-651-757-1800** (Twin Cities metro area) or **1-800-657-3506** (outside Twin Cities metro area) Monday through Friday from 8:30 a.m. to 5:00 p.m. TTY users should call **1-800-627-3429** or **711** or use your preferred relay service.



**If you have questions**, please call UHC Dual Complete® (HMO D-SNP) Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **[myuhc.com/communityplan](https://myuhc.com/communityplan)**.

## **UHC Dual Complete® MN-Y001 (HMO D-SNP) Member Services**



**Call 1-844-368-5888**

The call is free.

8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September

Member Services also has free language interpreter services available for non-English speakers.

**TTY 711** (or your preferred relay service)

The call is free.

8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



**Write P.O. Box 30769**

**Salt Lake City, UT 84130-0769**



**Website [myuhc.com/communityplan](http://myuhc.com/communityplan)**

## **Senior LinkAge Line®, Minnesota's SHIP**



**Call 1-800-333-2433**

The call is free.

Call the Minnesota Relay Service at 711 or use your preferred relay service.

The call is free.



**Write Minnesota Board on Aging**

**P.O. Box 64976**

**St. Paul, MN 55164-0976**



**Website [seniorlinkageline.com](http://seniorlinkageline.com)**