



# Summary of Benefits 2024

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

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



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



**UHCCommunityPlan.com**

United  
Healthcare®  
Dual Complete

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

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

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

### Medical premium, deductible and limits

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

## Medical benefits

**Inpatient hospital care<sup>2</sup>** \$0 copay per stay

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

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<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay
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	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay
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	Outpatient hospital observation services <sup>2</sup>	\$0 copay
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<b>Doctor visits</b>	Primary care provider	\$0 copay
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	Specialists <sup>2</sup>	\$0 copay
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	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year
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	Medicare-covered	\$0 copay
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|--|---|
| <ul style="list-style-type: none"><li>□ Abdominal aortic aneurysm screening</li><li>□ Alcohol misuse counseling</li><li>□ Annual wellness visit</li><li>□ Bone mass measurement</li><li>□ Breast cancer screening (mammogram)</li><li>□ Cardiovascular disease (behavioral therapy)</li><li>□ Cardiovascular screening</li><li>□ Cervical and vaginal cancer screening</li><li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li></ul> | <ul style="list-style-type: none"><li>□ Depression screening</li><li>□ Diabetes screenings and monitoring</li><li>□ Hepatitis C screening</li><li>□ HIV screening</li><li>□ Lung cancer with low dose computed tomography (LDCT) screening</li><li>□ Medical nutrition therapy services</li><li>□ Medicare Diabetes Prevention Program (MDPP)</li><li>□ Obesity screenings and counseling</li></ul> |
|--|---|
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## Medical benefits

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

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

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

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### Emergency care

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

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### Urgently needed services

\$0 copay (worldwide) per visit

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

Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay
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Lab services <sup>2</sup>	\$0 copay
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Diagnostic tests and procedures <sup>2</sup>	\$0 copay
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Therapeutic radiology <sup>2</sup>	\$0 copay
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Outpatient X-rays <sup>2</sup>	\$0 copay
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## Medical benefits



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup> \$0 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids<sup>2</sup> \$3,600 allowance for a broad selection of OTC and brand-name prescription hearing aids

- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- Broad range of popular hearing aids including Beltone™, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period



### Routine dental benefits

Covered in-network and out-of-network.

Preventive and comprehensive<sup>2</sup>

\$5,000 allowance for all covered dental services\*

\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns

- No annual deductible
- Medicare Advantage's largest national dental network
- Freedom to see any dentist
- If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay



### Vision services

Exam to diagnose and treat diseases and conditions of the eye<sup>2</sup> \$0 copay

Eyewear after cataract surgery \$0 copay

Routine eye exam \$0 copay, 1 per year

Routine eyewear \$0 copay  
Plan pays up to \$600 every year for lenses/frames and contacts

## Medical benefits

### Mental health

Inpatient visit<sup>2</sup> \$0 copay per stay

Our plan covers 90 days for an inpatient hospital stay

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Outpatient group therapy visit<sup>2</sup> \$0 copay

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Outpatient individual therapy visit<sup>2</sup> \$0 copay

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Virtual mental health visits \$0 copay to talk with a network telehealth provider online through live audio and video

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### Skilled nursing facility (SNF)<sup>2</sup>

\$0 copay per day: days 1-100

Our plan covers up to 100 days in a SNF.

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### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit<sup>2</sup> \$0 copay

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Occupational Therapy Visit<sup>2</sup> \$0 copay

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Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

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### Ambulance<sup>2</sup>

\$0 copay for ground  
\$0 copay for air

Your provider must obtain prior authorization for non-emergency transportation.

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### Routine transportation

\$0 copay; 120 one-way trips per year to or from approved locations.

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## Medical benefits

### Medicare Part B prescription drugs

Chemotherapy drugs<sup>2</sup> \$0 copay

Part B covered insulin<sup>2</sup> \$0 copay

Other Part B drugs<sup>2</sup> \$0 copay

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**Prescription drugs**

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**Annual  
Prescription  
Deductible**                 \$0

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

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

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



## Additional benefits

### Adult day care

\$0 copay for 24 hours per week of adult day care through a network of contracted providers.  
Prior authorization is required.

### Chiropractic care

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)<sup>2</sup>

\$0 copay

Routine chiropractic care

\$0 copay, 20 visits per year

### Diabetes management

Diabetes monitoring supplies<sup>2</sup>

\$0 copay

We only cover Accu-Chek® and OneTouch® brands.

Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.

Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.

Other brands are not covered by your plan.

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts<sup>2</sup>

\$0 copay

### Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)<sup>2</sup>

\$0 copay

Prosthetics (e.g., braces, artificial limbs)<sup>2</sup>

\$0 copay

## Additional benefits



### Fitness program

\$0 copay for Renew Active®

- A free gym membership at a gym near you
- Access to the largest national network of gyms and fitness locations
- Access to many premium gyms and fitness locations
- An annual personalized fitness plan
- Members who need help can bring a workout assistant to the gym
- Access to thousands of on-demand workout videos and live streaming fitness classes
- Social activities at local health and wellness classes, clubs and events
- Online Fitbit® Community for Renew Active – no Fitbit device needed
- Access to the AARP® Staying Sharp® App
- Free Fitbit® to help you reach your health and fitness goals

**Foot care**  
(podiatry services)

Foot exams and treatment<sup>2</sup>

\$0 copay

Routine foot care

\$0 copay, 4 visits per year

**Meal benefit<sup>2</sup>**

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

**Home health care<sup>2</sup>**

\$0 copay

**Hospice**

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

**Nurse Hotline**

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

**Opioid treatment program services<sup>2</sup>**

\$0 copay

**Outpatient substance abuse**

Outpatient group therapy visit<sup>2</sup>

\$0 copay

Outpatient individual therapy visit<sup>2</sup>

\$0 copay

## Additional benefits



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

\$309 credit every month to pay for healthy food, OTC products and utility bills

- Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water
- Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more
- Pay home utility bills like electricity, heat, water and internet
- Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you

### Personal emergency response system

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

### Renal Dialysis<sup>2</sup>

\$0 copay

### In-home support services

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

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

\* Benefits are combined in and out-of-network

## CHOICES Benefits

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

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

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

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

**Benefits**

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

## About this plan

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

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

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

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

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

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

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

Our service area includes these counties in:

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

## Use network providers and pharmacies

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

You can go to **UHCCommunityPlan.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

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

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

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

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

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

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

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

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

### Hearing aids

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

### Routine dental benefits

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

### Routine eyewear

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

### Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

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

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

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

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

#### **Rewards Program**

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