Annual Notice of Change 2027

UHC Dual Complete MI-Y1 (HMO D-SNP)

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call toll-free **1-844-368-6885,** TTY **711**
8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

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Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this UnitedHealthcare plan still fits your needs.

Here are a few benefit highlights for your 2027 plan:



Your plan will still have an over-the-counter (OTC) credit to help with your everyday needs, but the amount will change next year. Use your credits and earned rewards to buy thousands of covered OTC products, plus healthy food and utilities for members who qualify.



Your plan includes a $200 vision allowance. You can use it to buy a pair of eyeglasses (lenses and frames) or contacts.

Your plan may have other changes. Please review this Annual Notice of Change for full details.

New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your member ID card – Use this at the doctor's office and pharmacy
- Your UnitedHealthcare UCard® – Use this for plan benefits like: OTC credits and earned rewards

Having separate cards helps protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

Guidelines for using your OTC credits

To keep using OTC credits for healthy food and utilities, we're required to confirm you have a qualifying chronic health condition and complex health needs. The good news is we're already reviewing your eligibility. We'll send you an update soon.

How to prepare for next year

- ✔ Review your 2027 Annual Notice of Change.

  Visit the **Prepare for Next Year** page on your member site or UnitedHealthcare® app.
- ✔ You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.

✔ Watch for more information from us about your benefits and coverage for next year.

Your enrollment will renew automatically

If this plan still meets your needs, you don’t need to do anything. Your enrollment will renew automatically. You’ll continue to have access to the UnitedHealthcare plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We’ll be happy to help you explore other options that may better meet your health care needs and budget.

Thank you for trusting us with your Medicare experience

If you have questions, call Member Services at the toll-free number on your member ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.

Scan the QR code or visit **uhc.care/covered** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at **myuhc.com/CommunityPlan** after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Member Handbook

Review your 2027 **Member Handbook** for details about plan costs and benefits. The **Member Handbook** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Member Services if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit **myuhc.com/CommunityPlan** to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

Your Medicare Advantage Plan is UHC Dual Complete MI-Y1 (HMO D-SNP). In 2027, you will be enrolled in MI Coordinated Health for your Medicare and most of your Medicaid benefits. This plan is provided by United Healthcare Insurance Company, which is the same company that currently provides your Medicare Advantage Plan coverage. The MI Coordinated Health program is designed to provide better coordination of your benefits and care for people with both Medicare and Michigan Medicaid and will help you with all your health care needs. It includes medical, dental, vision, hearing, home and community-based services, medical supplies, Medicare Prescription Drug coverage, and Medicaid drugs. You will get one set of member materials, for example one Member ID Card and information on how to view your Member Handbook online or request a printed copy.

You don’t have to do anything to keep getting your health care from United Healthcare Insurance Company, however, if you have questions about your 2027 coverage, contact your current Medicare Advantage plan at **1-844-368-6885**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. You can find more information about your enrollment options in **Section G** of the enclosed Annual Notice of Change.

UHC Dual Complete MI-Y1 (HMO D-SNP) offered by UnitedHealthcare

Annual Notice of Change for 2027

Introduction

You're currently enrolled as a member of our plan.

Next year, there will be some changes to our benefits, coverage, rules, and costs. This **Annual Notice of Change** 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.**

Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Member Handbook**.

Additional resources

- This document is available for free in Spanish.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call Member Services Toll-free **1-844-368-6885**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.
- Our members can request their preferred language other than English and/or alternate format by calling the number at the bottom of this page. Members' information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, contact Member Services to have your preference updated for future communications.
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

OMB Approval 0938-1051 (Expires: July 31, 2029)

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A. Disclaimers

UHC Dual Complete MI-Y1 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan 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.

B. Reviewing your Medicare and Michigan Medicaid coverage for next year

It's 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 D** for more information on changes to your benefits for next year.

UHC Dual Complete MI-Y1 (HMO D-SNP) is part of the MI Coordinated Health (MICH) program. MICH is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees.

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'll still be in the Medicare and Michigan Medicaid programs as long as you're eligible.

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

- Medicare options in the table in **Section F2.**
- Michigan Medicaid options and services in **Section F2.**

B1. Information about UHC Dual Complete MI-Y1 (HMO D-SNP)

- UHC Dual Complete MI-Y1 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members. Enrollment depends on contract renewal.
- When this **Annual Notice of Change** says "we," "us," "our," or "our plan," it means UHC Dual Complete MI-Y1 (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they'll work for you next year.
  - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
  - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
  - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **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 C** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with UHC Dual Complete MI-Y1 (HMO D-SNP):	If you decide to change plans:
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 MI-Y1 (HMO D-SNP).	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 network providers and pharmacies

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered **only** if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at 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** or call Member Services at the number at the bottom of the page for help.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2026 (this year)	2027 (next year)
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the Plan. If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a $0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. You pay a $0 copayment. There are no fees for standard membership services when you use network providers. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Member Handbook for more information.

	2026 (this year)	2027 (next year)
Hearing services Hearing aids	You receive a $2,500 allowance for up to 2 OTC or prescription hearing aids every 2 years. You pay a $0 copayment. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a $2,200 allowance for up to 2 prescription hearing aids every 2 years. You pay a $0 copayment. You must use network providers to access this benefit. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered. Your Medicaid hearing aid benefit is staying the same.

	2026 (this year)	2027 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit **Healthy food and utilities - Special Supplemental Benefits for the Chronically Ill**	$223 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, select fitness equipment and wearables, and extra support with in-home services, respite care and weight management. If you qualify, you can also use your credits to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. You pay a $0 copayment.	$154 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, select fitness equipment and wearables, and extra support with in-home services, respite care and weight management. If you qualify, you can also use your credits to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more

	2026 (this year)	2027 (next year)
	Your credit amount expires at the end of each month.	complex health needs. There may be other qualifying conditions not listed. We'll send you a letter with information about your eligibility for SSBCI benefits. You pay a $0 copayment. Your credit amount expires at the end of each month. You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. Visit member.uhc.com/community/benefits/ssbci or view your Member Handbook after Oct.1, 2026, for more information.

	2026 (this year)	2027 (next year)
Transportation (additional routine)	Get up to 84 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. You pay a $0 copayment.	We provide transportation for doctor's visits, lab visits, non-emergency hospital services, prescription pick-up, dental services, and other Medicaid-covered services.
Urgently needed services – worldwide	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.

D2. Changes to drug coverage

Changes to our Drug List

Our **List of Covered Drugs** is also called the **Formulary** or **Drug List**. A copy of our **Drug List** is posted online at **myuhc.com/CommunityPlan**.

You can get the complete **Drug List** by calling Member Services at the number at the bottom of the page or visiting our website at **myuhc.com/CommunityPlan**.

We made changes to our **Drug List**, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the **Drug List** to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online **Drug List** at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're 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.
- 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 90 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 drug costs

Because you're eligible for Michigan Medicaid, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Member Handbook Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2027. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches $2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all your drug costs from then until the end of the year. Refer to **Chapter 6** of your **Member Handbook** for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: Initial Coverage Stage

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our **Drug List**.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our **five** drug tiers. These amounts apply only during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your **Member Handbook**.

	2026 (this year)	2027 (next year)
	If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs	
Generic drugs (including brand drugs treated as generic)	For generic drugs (including brand drugs treated as generic) • $0 copayment or • $1.60 copayment or • $5.10 copayment	For generic drugs (including brand drugs treated as generic) • $0 copayment or • $1.65 copayment or • $5.80 copayment
For all other covered drugs	For all other covered drugs: • $0 copayment or • $4.90 copayment or • $12.65 copayment	For all other covered drugs: • $0 copayment or • $5 copayment or • $14.40 copayment

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **$2,400**. At that point, the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your **Member Handbook** for more information on how much you'll pay for drugs.

D4. Stage 2: Catastrophic Coverage Stage

When you reach the out-of-pocket limit $2,400 for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your **Member Handbook.**

E. Administrative changes

	2026 (this year)	2027 (next year)
Prior Authorization - Meal benefit following a covered inpatient hospital or skilled nursing facility (SNF) stay	Prior authorization is required in addition to verification of a qualifying stay.	Prior authorization is no longer required. The plan will continue to confirm eligible stays before we send your order.
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits and earned rewards on eligible items.	You'll get 2 cards in separate mailings - a member ID card and a UCard. Use your new member ID card when visiting a provider or filling a prescription. Use your UCard as payment in-store or online to spend your OTC credits and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the

		UnitedHealthcare app or your member site.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

F2. Changing plans

Most people with Medicare can end theirmembership during certain times of the year. Because you're enrolled in UHC Dual Complete MI-Y1 (HMO D-SNP), you have some choices to end your membership in our plan including any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open 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 (MA) 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.

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

- you moved out of our service area,
- your eligibility for Michigan Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2.** By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:	Here is what to do:
Another plan that provides your Medicare and most or all of your Michigan Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-Inclusive Care for the Elderly (PACE) plan, if you qualify.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the MI Options, 1-800-803-7174, (TTY 711). For more information or to find a local SHIP office in your area, please visit their website at www.michigan.gov/MDHHSMIOptions. **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins. You can also contact the plan you wish to enroll in directly.

2. You can change to: **Original Medicare with a separate Medicare drug plan** **To apply for Medicaid, complete an application online at http://www.michigan.gov/mdhhs/.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048. If you need help or more information: • Call the MI Options, 1-800-803-7174, (TTY 711). For more information or to find a local SHIP office in your area, please visit their website at www.michigan.gov/MDHHSMIOptions. **OR** Enroll in a Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

3. You can change to: **Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason** **To apply for Medicaid, complete an.** **NOTE:** If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop 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 MI Options at 1-800-803-7174 TTY 711 8 a.m.–5 p.m. ET, Monday–Friday. For more information or to find a local MI Options office in your area, please visit www.michigan.gov/MDHHSMIOptions.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. If you need help or more information: • Call the MI Options, 1-800-803-7174, (TTY). For more information or to find a local SHIP office in your area, please visit their website at www.michigan.gov/MDHHSMIOptions. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

4. You can change to: **Any Medicare health plan** during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-517-241-3740. If you need help or more information: Call the MI Options at 1-800-803-7174 TTY 711 8 a.m.–5 p.m. ET, Monday–Friday. For more information or to find a local MI Options office in your area, please visit www.michigan.gov/MDHHSMIOptions. **OR** Enroll in a new Medicare plan. You'll automatically be disenrolled from our Medicare plan when your new plan's coverage begins.

Your Michigan Medicaid services

For questions about how to get your Michigan Medicaid services after you leave our plan, contact the Beneficiary Help Line: 1-800-642-3195 or beneficiarysupport@michigan.gov. For more information log on to www.michigan.gov/mdhhs/assistanceprograms/medicaid/portalhome/beneficiaries/support. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

F3. When your Medicaid Eligibility changes

If you lose your Michigan Medicaid eligibility and are in the plan's 6-month period of deemed continued eligibility, your Medicare benefits through our plan will continue during that time.

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.

Read your Member Handbook

Your **Member Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The **Member Handbook** for 2027 will be available by October 15. An up-to-date copy of the **Member Handbook** is available on our website at **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 2027.

Our website

You can visit our website at **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)**.

G2. MI Options

You can also call the state health insurance assistance program (SHIP). In Michigan the SHIP is called the MI Options. MI Options can help you understand your plan choices and answer questions about switching plans. MI Options isn't connected with us or with any insurance

company or health plan. MI Options has trained counselors **statewide** and services are free. The MI Options phone number is 1-800-803-7174, TTY: 711. For more information or to find a local MI Options office in your area, please visit www.michigan.gov/MDHHSMIOptions.

G3. The MI Community, Home, and Health Ombudsman

The MI Community, Home, and Health Ombudsman (MI CHHO) serves as an advocate and problem-solver for people enrolled in MICH program. MI CHHO isn't connected with any insurance company or health plan and all of its services are free and it keeps all information confidential. Call the MI CHHO if you have trouble or delay with your plan providing medical care, services, equipment, other benefits, or with the quality of care. MI CHHO can also help you learn about the MICH program and options for care in the community, including your rights. You can call MI CHHO if your plan has denied medical care, services, equipment, or other benefits - including help with appeals.

Contact us at our toll-free hotline at: 1-866-485-9393.

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
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044

Medicare's Website

You can visit the Medicare website (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 and click on "Find plans.")

Medicare & You 2027

You can read the **Medicare & You 2027** 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 (medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

G5. Michigan Medicaid

Michigan Medicaid is a health care program that provides comprehensive health care services to low income adults and children. Services covered by Medicaid are offered through what's called fee-for-service or through Medicaid Managed Care Organizations:

- Fee-for-service is the term for Medicaid paid services that aren't provided through a health plan. This means that Medicaid pays for the service. People under fee-for-service will use the www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/quicklinks/the-mihealth-card to receive services.
- Additional information regarding Michigan Medicaid can be found by accessing the following website https://www.michigan.gov/mdhhs/assistance-programs/healthcare.
- People may join a health plan. The health plan pays for most of the services. For people to choose to join a health plan, Michigan Enrolls will send a letter with more information. After enrollment with a health plan, both the MI health card and the health plan card are needed to access services. For additional information regarding joining a health plan, please visit the following website www.michigan.gov/mdhhs/assistance-programs/healthcare.

Costs

People with Medicaid and Medicare that are enrolled in a HIDE SNP, such as our plan, won't have premiums, co-pays, cost-sharing, coinsurance, or deductibles for in-network services, except in some instances for Medicare Part D drugs. Individuals with Pre-Eligibility Medical Expenses (PEME) and Patient Pay Amounts (PPAs) are still required to pay these expenses when enrolled in a HIDE SNP. If you disenroll from our HIDE SNP, you may have to pay a small amount called a co-pay. People age 21 and older may have a co-pay for the services listed in the Beneficiary Co-Payment Requirements. To see a list of co-pay amounts in this chart, please visit www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8.

G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment

option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program please contact us at the phone number at the bottom of this page or visit medicare.gov.

Notice of availability
of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어**(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ZINGATIA: Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha za bila malipo na mawasiliano ya bila malipo katika miundo mingine, kama vile maandishi makubwa, zinapatikana kwako. Piga nambari isiyolipishwa ya simu kwenye kadi yako ya kitambulisho cha mwanachama.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською** (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

LƯU Ý: Nếu quý vị nói **Tiếng Việt** (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at:**http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at:**https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

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UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services:

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call **1-844-368-6885**

Calls to this number are free.

8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.

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

TTY **711**

Calls to this number are free.
8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

Write **UnitedHealthcare Community Plan**
P.O. Box 30769
Salt Lake City, 84130-0769 UT

Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.

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