Summary of Benefits 2027

UHC Dual Complete MI-Y1 (HMO D-SNP)
H2247-006-002

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

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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

UnitedHealthcare® Dual Complete

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Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete MI-Y1 (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete MI-Y1 (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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A. Disclaimers

This is a summary of health services covered by UHC Dual Complete MI-Y1 (HMO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at **myUHC.com/CommunityPlan**. If you would like a print copy, call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the number listed at the bottom of this page.

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.

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) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about UHC Dual Complete MI-Y1 (HMO D-SNP), you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8 a.m. to 7 p.m., Monday through Friday (except holidays) Beneficiary Support or contact the MICH Office of the Ombudsman for free help. The MICH Ombudsman can help you with questions about or problems with the MICH program or our plan. The MICH Ombudsman is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MICH Ombudsman's website at meji.org/mhlo.

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.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-844-368-6885** and TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.

This document is available for free in Spanish.

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 UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the number at the bottom of this page.

If you have questions, please call UHC Dual Complete MI-Y1 (HMO D-SNP) at **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. **For more information,** visit **myUHC.com/CommunityPlan.**

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

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

Hearing aids: The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Fitness program: The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support: OTC, food and utility benefits have expiration timeframes. Review your **Member Handbook** for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

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

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Michigan Medicaid benefits in UHC Dual Complete MI-Y1 (HMO D-SNP) that I get now? **(continued on the next page)**	You'll get most of your covered Medicare and Michigan Medicaid benefits directly from UHC Dual Complete MI-Y1 (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency or specialty mental health and substance use disorder services or regional center services. When you enroll in UHC Dual Complete MI-Y1 (HMO D-SNP), you and your care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that UHC Dual Complete MI-Y1 (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for UHC Dual Complete MI-Y1 (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently asked questions	Answers
Will I get the same Medicare and Michigan Medicaid benefits in UHC Dual Complete MI-Y1 (HMO D-SNP) that I get now? **(continued from the previous page)**	If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in UHC Dual Complete MI-Y1 (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.
Can I use the same doctors I use now? **(continued on the next page)**	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete MI-Y1 (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UHC Dual Complete MI-Y1 (HMO D-SNP) network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete MI-Y1 (HMO D-SNP)'s plan. • You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you are currently under treatment with a provider that is out of UHC Dual Complete MI-Y1 (HMO D-SNP)'s network, or have an established relationship with a provider that's out of UHC Dual Complete MI-Y1 (HMO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete MI-Y1

Frequently asked questions	Answers
Can I use the same doctors I use now? **(continued on the next page)**	(HMO D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **myUHC.com/CommunityPlan.** If UHC Dual Complete MI-Y1 (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a UHC Dual Complete MI-Y1 (HMO D-SNP) care coordinator?	A Care coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care coordinator when you enroll with UHC Dual Complete MI-Y1 (HMO D-SNP). Your Care coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care coordinator. **Your Care coordinator is your "go-to" person** for UHC Dual Complete MI-Y1 (HMO D-SNP). Our goal in UHC Dual Complete MI-Y1 (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care coordinator to create a care plan that's about your goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community, but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.

Frequently asked questions	Answers
What happens if I need a service but no one in UHC Dual Complete MI-Y1 (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Complete MI-Y1 (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's UHC Dual Complete MI-Y1 (HMO D-SNP)'s available?	The service area for this plan includes: **Michigan:** Macomb, Wayne. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means that you must get an approval from UHC Dual Complete MI-Y1 (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. UHC Dual Complete MI-Y1 (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** UHC Dual Complete MI-Y1 (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete MI-Y1 (HMO D-SNP) before the service is provided. Refer to **Chapter 3,** of the **Member Handbook** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Member Handbook** to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete MI-Y1 (HMO D-SNP)? **(continued on the next page)**	No. Because you have Michigan Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if

Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Dual Complete MI-Y1 (HMO D-SNP)? **(continued from the previous page)**	applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461-–,00.
Do I pay a deductible as a member of UHC Dual Complete MI-Y1 (HMO D-SNP)?	No. You don't pay deductibles in UHC Dual Complete MI-Y1 (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete MI-Y1 (HMO D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete MI-Y1 (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider may need to obtain prior authorization
	Outpatient hospital services including observation	$0	Your provider may need to obtain prior authorization.
	Ambulatory surgical center (ASC) services	$0	Your provider may need to obtain prior authorization.
	Doctor or surgeon care	$0	Your provider may need to obtain prior authorization.
You want a doctor (continued on next page)	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor (continued)	Specialist care	$0	Your provider may need to obtain prior authorization.
	Services to help manage your disease	$0	
	Virtual medical visits	$0	Talk with a network telehealth provider online through live audio and video
You need emergency care	Emergency room services	$0	Emergency room services and urgent care services must be provided out-of-network and do not need prior authorization.
	Urgent care	$0	Emergency room services and urgent care services must be provided out-of-network and do not need prior authorization.
You need medical tests (continued on next page)	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Your provider may need to obtain prior authorization.
	Lab tests and diagnostic procedures, such as blood work	$0	Your provider may need to obtain prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests (continued)	Screening tests, such as tests to check for cancer	$0	
You need hearing/ auditory services	Hearing screenings	$0	Your provider may need to obtain prior authorization.
	Hearing aid evaluation and fitting	$0	
	Hearing aids	$0	$2,200 allowance for 2 hearing aids every 2 years • A broad selection of, high-value and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered Your provider may need to obtain prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	Your provider may need to obtain prior authorization.
	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance		
	Restorative and emergency dental care	$0	
You need eye care (continued on next page)	Eye exams	$0	Your provider may need to obtain prior authorization.
	Glasses or contact lenses	$0	Plan pays up to $200 every year for 1 pair of lenses/frames and

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care (continued)			contacts (through March Vision). Benefit not covered out-of-network
	Other vision care	$0	
You need behavioral health services (continued on next page)	Behavioral health services	$0	Behavioral health services are provided through the plan or by a program other than UHC Dual Complete MI-Y1 (HMO D-SNP). UHC Dual Complete MI-Y1 HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Your provider may need to obtain prior authorization.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Specialty behavioral health care services may be provided by a program other than UHC Dual Complete MI-Y1 (HMO D-SNP). Your UHC Dual Complete MI-Y1 (HMO D-SNP) Care coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need behavioral health services (continued)	Virtual mental health visits	$0	Talk with a network telehealth provider online through live audio and video
You need substance use disorder services	Substance use disorder services	$0	Substance use disorder services may be provided by a program other than UHC Dual Complete MI-Y1 (HMO D-SNP). Your UHC Dual Complete MI-Y1 (HMO D-SNP) Care coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Your provider may need to obtain prior authorization.
You need a place to live with people available to help you	Skilled nursing care	$0	Our plan covers up to 100 days in a SNF. Your provider may need to obtain prior authorization.
	Nursing home care	$0	
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Your provider may need to obtain prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the **Member Handbook** for more information on these drugs. Your provider may need to obtain prior authorization.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Brand Tier 4: Non-Preferred drug Tier 5: Specialty	$0 for a 30-day or 100-day supply. Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete MI-Y1 (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information. If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Member Handbook. If you do qualify for Low Income Subsidy (LIS) you pay: $0, $1.65, or $5.80 copay for generic (including brand drugs treated as generic). $0, $5, or $14.40 copay for all other drugs You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0. Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply) Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the Member Handbook for more information on this stage.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			An extended day supply is only available at a subset of the retail or mail order network pharmacy. Contact the plan for details.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete MI-Y1 (HMO D-SNP)'s **List of Covered Drugs (Drug List)** for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Your provider may need to obtain prior authorization.
	Medical equipment for home care	$0	Your provider may need to obtain prior authorization.
	Dialysis services	$0	Your provider may need to obtain prior authorization.
You need foot care	Podiatry services	$0	8 routine foot care visits every year Your provider may need to obtain prior authorization.
	Orthotic services	$0	Your provider may need to obtain prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the **Member Handbook.**	Wheelchairs, crutches and walkers	$0	Your provider may need to obtain prior authorization.
	Nebulizers	$0	Your provider may need to obtain prior authorization.
	Oxygen equipment and supplies	$0	Your provider may need to obtain prior authorization.
You need help living at home (continued on next page)	Home health services	$0	Your provider may need to obtain prior authorization.
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring" and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	$0	In-home ADL and IADL services requiring hands-on assistance are provided through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home (continued)			Expanded Community Living Supports.
	1915(c) Waiver Home and Community Based Services: • Adaptive Medical Equipment and Supplies • Adult Day Program • Assistive Technology • Chore Services • Environmental Modifications • Expanded Community Living Supports • Fiscal Intermediary • Home Delivered Meals • Individual Directed Goods and Services • Non-Medical Transportation • Personal Emergency Response System • Preventive Nursing	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915(c) waiver.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home (continued)	• Private Duty Nursing • Respite • Vehicle Modifications		
Additional services (continued on next page)	Chiropractic services	$0	Your provider may need to obtain prior authorization.
	Diabetes supplies and services	$0	We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Your provider may need to obtain prior authorization.
	Prosthetic services	$0	Your provider may need to obtain prior authorization.
	Radiation therapy	$0	Your provider may need to obtain prior authorization.
	Services to help manage your disease	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Fitness program	$0	$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations
	Meal benefit	$0	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
	OTC, healthy food, utilities + wellness support	$0	$290 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits and vegetables, meat and seafood, dairy

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)			products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete MI-Y1 (HMO D-SNP) **Member Handbook**. If you don't have a **Member Handbook**, call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **myUHC.com/CommunityPlan.**

D. Benefits covered outside of UHC Dual Complete MI-Y1 (HMO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Complete MI-Y1 (HMO D-SNP) but are covered by Medicare or Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of the page to find out about other excluded services.

Other services covered by Medicare, Michigan Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of UHC Dual Complete MI-Y1 (HMO D-SNP)	$0
Community Transition Services (CTS) are provided through MDHHS.	$0
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0

E. Services that UHC Dual Complete MI-Y1 (HMO D-SNP), Medicare, and Michigan Medicaid don't cover

This isn't a complete list. Call **Member Services** at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Complete MI-Y1 (HMO D-SNP), Medicare, and Medicaid don't cover	
Services considered not "reasonable and medically necessary", according to Medicare and Michigan Medicaid standards, unless we list these as covered services	Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare approved clinical research study, or our plan covers them. Refer to Chapter 3 of this **Member Handbook** for more information on clinical research studies. Experimental treatment and items are those that aren't generally accepted by the medical community.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary	Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it

Services UHC Dual Complete MI-Y1 (HMO D-SNP), Medicare, and Medicaid don't cover	
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it	A private room in a hospital, except when medically necessary

F. Your rights as a member of the plan

As a member of UHC Dual Complete MI-Y1 (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the **Member Handbook**. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it

If you have questions, please call UHC Dual Complete MI-Y1 (HMO D-SNP) at **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. **For more information,** visit **myUHC.com/CommunityPlan.**

  - Ask for a second opinion UHC Dual Complete MI-Y1 (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency.
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Appeal certain decisions made by or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can also call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at the MI Community, Home, and Health Ombudsman (MI CHHO) toll-free: **1-888-746-6456**, TTY **711**, 9 a.m.–5 p.m. local time, Monday–Friday, or the Medicaid Office of the Ombudsperson at **1-866-485-9393**, 8 a.m.–5 p.m. local time, Monday–Friday.

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

If you have a complaint or think UHC Dual Complete MI-Y1 (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.
For questions about complaints and appeals, you can read **Chapter 9** of the **Member Handbook.** You can also call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

H. What to do if you suspect fraud

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

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

- Call us at UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services Phone numbers are listed at the bottom of this page.
- Or, call the Medicaid Member Services Center at 1-517-241-3740. TTY users may call 1-800-649-3777.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227).** TTY users may call **1-877-486-2048.** You can call these numbers for free**.**
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.

If you have general questions or questions about our plan, services, service area, billing or your member ID Cards, please call UHC Dual Complete MI-Y1 (HMO D-SNP) Member Services:

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
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call National NurseLine. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the National NurseLine are:

Call1-844-368-6885
Calls to this number are free. UHC Dual Complete MI-Y1 (HMO D-SNP) also has free language interpreter service available for non-English speakers.
TTY 711
Calls to this number are free..
Live NurseLine Chat: www.nurselinechat.com/mdc

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line

Call 1-800-690-1606
Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days Oct-Mar, M-F Apr-Sept. UHC Dual Complete MI-Y1 (HMO D-SNP) 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.