



# Summary of Benefits 2024

**UHC Dual Complete HI-S002 (Regional PPO D-SNP)**  
R3175-003-000

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 HI-S002 (Regional PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$0 You may need to continue to pay your Medicare Part B premium	
<b>Annual medical deductible</b>	Your medical deductible is \$0 or \$240 combined in and out-of-network for covered medical services you receive from providers. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
<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.	\$0 or \$13,300  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
<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.	If you are a QMB or you have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.

## Medical benefits

		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		\$0 copay per stay	\$0 copay or 40% coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Outpatient hospital observation services <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$0 copay or 40% coinsurance
	Specialists <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
	<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> </ul>	<ul style="list-style-type: none"> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> </ul>	

## Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <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> <li>□ Prostate cancer screenings (PSA)</li> </ul>	<ul style="list-style-type: none"> <li>□ Sexually transmitted infections screenings and counseling</li> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul>

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.

### 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.

### Urgently needed services

\$0 copay (worldwide) per visit

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

Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
Lab services <sup>2</sup>	\$0 copay	\$0 copay
Diagnostic tests and procedures <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
Therapeutic radiology <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
Outpatient X-rays <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance

Medical benefits			
		In-network	Out-of-network
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
<b>Routine dental benefits</b>		Not covered	
<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay	\$0 copay or 40% coinsurance per stay
	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b> (Stay must meet Medicare coverage criteria)		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100, or; \$0 copay per day: days 1-20
Our plan covers up to 100 days in a SNF.			\$204 copay per day: days 21-100

Medical benefits			
		In-network	Out-of-network
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Occupational Therapy Visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$0 copay for ground \$0 copay for air	\$0 copay or 20% coinsurance for ground \$0 copay or 20% coinsurance for air
Your provider must obtain prior authorization for non-emergency transportation.			
<b>Routine transportation</b>		Not covered	
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
	Part B covered insulin <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.			

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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

		In-network	Out-of-network
<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	\$0 copay or 20% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay or 40% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Routine foot care	\$0 copay, 4 visits per year*	40% coinsurance, 4 visits per year*
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay or 40% coinsurance
<b>Hospice</b>		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.	
<b>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 40% coinsurance

## Additional benefits

	In-network	Out-of-network
 <b>Food, Over-the-Counter (OTC) and Utility Bill Credit</b>	<p>\$44 credit every month to pay for healthy food, OTC products and utility bills</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li><li><input type="checkbox"/> Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more</li><li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li><li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you</li></ul>	
<b>Renal Dialysis<sup>2</sup></b>	\$0 copay	\$0 copay or 20% coinsurance

<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

## Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Department of Human Services covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call MQD/EB-E Hawaii Section, 1-808-933-0339.

Benefits		
	Medicaid	UHC Dual Complete HI-S002 (Regional PPO 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 Includes hearing aid services</b>	Covered	Covered with limitations
<b>Dental Services</b>	Covered with limitations	Covered with limitations
<b>Vision Services</b>	Covered	Covered with limitations
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Not covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Not covered	Covered with limitations
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered

<b>Benefits</b>		
	<b>Medicaid</b>	<b>UHC Dual Complete HI-S002 (Regional PPO D-SNP)</b>
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Smoking Cessation</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b>	Covered	Covered
<b>Outpatient Substance Abuse</b>	Covered	Covered
<b>Community Integration Services</b>	Covered	Not covered
<b>Transplant Services</b>	Covered with limitations	Covered

## About this plan

UHC Dual Complete HI-S002 (Regional PPO D-SNP) is a Medicare Advantage RPPO plan with a Medicare contract.

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

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

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes **Hawaii**.

## Use network providers and pharmacies

UHC Dual Complete HI-S002 (Regional PPO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. 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 HI-S002 (Regional PPO 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 1-866-622-8054 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 1-866-622-8054, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

### **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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.