



2026 Enrollment Guide

UHC Senior Care Options MA-Y001 (HMO D-SNP)

UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

H2226-001-000

H2226-003-000

Service area: Massachusetts - Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties

**United
Healthcare®
Community Plan**

SCO
Senior Care Options
Medicare Advantage



MA-Y001 QMB+, SLMB+
MA-Y002 QMB+, SLMB+ for nursing certifiable population

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— **Karen K, UnitedHealthcare
Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— **Mary M, UnitedHealthcare
Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

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Get all your medical benefits in one simple plan



The Senior Care Options (SCO) plan from UnitedHealthcare is a Coordinated Care plan that combines your MassHealth Standard and Original Medicare benefits into one plan. It has a network of quality doctors, hospitals, pharmacies and other local providers, designed to help you get the care you need.

Here's how this HMO D-SNP plan works



Select a network primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.



No out-of-pocket costs for covered drugs or other approved health care benefits from network providers. If you get care from a provider out of the network, you may have to pay the full cost yourself.



Some services require a referral from your doctor. Check your Summary of Benefits for details.



Emergency and urgently needed services are covered anywhere in the world.



This plan includes Special Supplemental Benefits for the Chronically Ill (SSBCI), allowing eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.



This plan includes medically necessary dental coverage, like root canals, crowns and bridges at no cost to you.



Get support from your care coordinator who can make appointments, arrange transportation services and help you get the most out of your plan.

Go to **UHC.com/CommunityPlan** 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. See your Member Handbook for a list of all covered services.

Scan this
code to view
the drug list



Benefit Highlights

UHC Senior Care Options MA-Y001 (HMO D-SNP)

UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

This is a short description of your 2026 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Member Handbook. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	\$0
Plan benefits	
Doctor’s office visit	
Primary care provider (PCP)	\$0
Specialist	\$0 (referral needed)
Virtual visits	\$0 to talk with a network telehealth provider online through live audio and video
Preventive services	\$0
Inpatient hospital care	\$0 per stay for unlimited days
Skilled nursing facility (SNF)(Stay must meet Medicare coverage criteria)	\$0 per day: days 1-100
Outpatient hospital, including surgery	\$0
Outpatient mental health	
Group therapy	\$0
Individual therapy	\$0
Virtual visits	\$0 to talk with a network telehealth provider online through live audio and video

Plan benefits	
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	\$0
Prosthetics (e.g., braces, artificial limbs)	\$0
Diabetes monitoring supplies	\$0 for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0
Diagnostic tests and procedures (non-radiological)	\$0
Lab services	\$0
Outpatient x-rays	\$0
Ambulance	\$0 for ground or air
Emergency care	\$0 (worldwide)
Urgently needed services	\$0 (worldwide)
Benefits and Services Beyond Original Medicare	
Acupuncture	\$0
Adult day health	\$0
Adult foster care (AFC)/Group adult foster care (GAFC)	\$0
Chiropractic care/services	\$0
Routine dental benefits	
Preventive and comprehensive services	\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures ☐ No annual deductible ☐ Access to a large dental provider network
Fitness program	\$0 Your fitness program helps you stay active and connected at the gym, from home 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 ☐ On-demand workout videos and live streaming fitness classes ☐ Online memory fitness activities
Foot care	\$0
Routine foot care (Medicaid covered)	
Geriatric support services coordination (GSSC)	\$0
Hearing-routine exam	\$0, 1 per year
Food, over-the-counter (OTC) and utility bill credit	\$125 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, vegetables, meat, seafood, dairy products and water ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you ☐ Pay home utilities like electricity, heat, water and internet ☐ Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more
Personal care attendant services	\$0
Transportation	\$0 for unlimited one-way trips to or from approved medically related appointments and pharmacies. Plus, 10 one-way trips each month to and from additional approved locations including grocery stores, food pantries, gyms and job training services.
Vision – Routine eyewear	\$0 Plan pays up to \$300 every year toward your purchase of 1 pair of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through network providers. Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.
Vision - Routine eye exam (beyond regular Medicaid-covered benefits)	\$0, 1 per year

Prescription drugs	
Deductible	\$0
Drug coverage	30-day or 100-day supply from retail or mail order network pharmacy
All covered drugs ¹	\$0 (Some covered drugs are limited to a 30-day supply)

¹ You pay a maximum of \$0 for each 1-month supply of Part D covered insulin.

Scan this code to view
your Summary of
Benefits



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, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

UHC Senior Care Options is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

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Summary of Benefits 2026

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

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



UHCCommunityPlan.com



Toll-free 1-888-867-5511, TTY 711
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®
Community Plan**

SCO
Senior Care Options
Medicare Advantage



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Introduction

This document is a brief summary of the benefits and services covered by UHC Senior Care Options MA-Y001 (HMO D-SNP) and UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) (UHC Senior Care Options). 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 Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**, otherwise known as the **Evidence of Coverage**.

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If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

A. Disclaimers



This is a summary of health services covered by UHC Senior Care Options for January 1, 2026 to December 31, 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you don't have a **Member Handbook**, call UHC Senior Care Options Member Services at the number at the bottom of this page to get one or see it online at UHCCommunityPlan.com.

- UHC Senior Care Options is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- Under UHC Senior Care Options you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A UHC Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call (339) 224-6831, Monday–Friday, 9 a.m.–4 p.m.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on whether or not you receive Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs. SCO members have \$0 cost.
- This information is available for free in other languages. Please call our member services number located on the first page of this book.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- 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 (<https://medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **MassHealth (Medicaid)**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call 1-888-867-5511 (TTY 711), 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-888-867-5511 (TTY 711), de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Trung, Việt, hoặc Nga, chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi **1-888-867-5511 (TTY 711)**, 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите на испанском, китайском, вьетнамском или русском языке, мы можем предложить вам бесплатные услуги перевода. Звоните по телефону **1-888-867-5511** (линия ТТУ: **711**), ежедневно с 8 часов утра до 8 часов вечера по местному времени. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.
- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: 1-855-781-9898 (Toll-free) Videophone (Deaf and Hard of Hearing): 1-339-224-6831 (to call this number and it requires special telephone equipment). You can also write to them using e-mail: info@myombudsman.org or to their Office at 25 Kingston St 4th floor, Boston, MA 02111. The office is wheelchair accessible. You can also get information from their website myombudsman.org.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our member services number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services.
- **Routine dental benefits:** If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.
- **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. Not all plans offer access to premium 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 Evidence of Coverage (EOC) 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, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What is a Senior Care Options Plan?	A Senior Care Options (SCO) Plan is an organization made up of doctors, hospitals, pharmacies, and providers of long-term services and supports, and other providers. It also has Care Coordinators and Geriatric Support Services Coordinators (GSSC) to help you manage all your providers and services and supports. They all work together to provide the care you need. UHC Senior Care Options is a SCO Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the SCO program. Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth (Medicaid) coverage, and no other comprehensive health insurance who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued on the next page)	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC Senior Care Options. 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 team assessment. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in UHC Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care (ICP) to address your health and support needs, reflecting your personal preferences and goals.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

Frequently asked questions	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued from previous page)	If you’re taking any Medicare Part D prescription drugs that UHC Senior Care Options 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 Senior Care Options to cover your drug if medically necessary. For all other services you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete. For more information, call Member Services at the numbers listed at the bottom of this page. If you are within our plan’s 60 day period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, your MassHealth (Medicaid) coverage may end sooner than your Medicare coverage with us. When your MassHealth (Medicaid) coverage ends, we will not pay for your MassHealth (Medicaid) benefits including the Medicare cost sharing. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period. We will assist your efforts to regain your MassHealth (Medicaid) eligibility. If your MassHealth (Medicaid) eligibility is restored while you are still enrolled with us for your Medicare coverage, we will resume paying for your MassHealth (Medicaid) benefits and your enrollment with us will continue. If you regain MassHealth (Medicaid) eligibility after we disenroll you from our Medicare coverage you will need to reach out to reenroll with us.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Senior Care Options 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 Senior Care Options 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 Senior Care Options plan. To find out if your providers are in the plan’s network, call Member Services or read UHC Senior Care Options Provider Directory on the Plan’s website at UHCCommunityPlan.com. If UHC Senior Care Options is new for you, we’ll work with you to develop an Individualized Plan of Care to address your needs.
What’s a UHC Senior Care Options care coordinator/manager?	A UHC Senior Care Options care coordinator/manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
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.
What’s a Geriatric Services Supports Coordinator (GSSC)?	A UHC Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
What happens if I need a service but no one in UHC Senior Care Options network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Senior Care Options will pay for the cost of an out-of-network provider.
Where is UHC Senior Care Options available?	The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
What’s prior authorization?	Prior authorization means an approval from UHC Senior Care Options to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn’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 Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Senior Care Options before the service is provided. 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.
What’s a referral?	A referral means that your primary care provider must give you approval to go to someone that isn’t your PCP. A referral is different than a prior authorization. If you don’t get a referral from you PCP, UHC Senior Options may not cover the services. UHC Senior Care Options can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don’t need a referral to use certain specialists, such as women’s health specialists. Refer to the Member Handbook to learn more about when you’ll need to get a referral from your PCP.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Senior Care Options?	No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of UHC Senior Care Options?	No. You do not pay deductibles in UHC Senior Care Options.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Senior Care Options?	There is no cost sharing for medical services in UHC Senior Care Options, so your annual out-of-pocket costs will be \$0. Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
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 will need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.
	Outpatient hospital services, including observation	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit [UHCCommunityPlan.com](https://uhccommunityplan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You want a doctor	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services. Referral required.
	Wellness visits, such as a physical	\$0	Annual routine physicals are limited to one per calendar year.
	Care to keep you from getting sick, such as flu and COVID-19 shots and screenings to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Only covered within the first 12 months you have Medicare Part B.
	Transportation to a doctor’s office	\$0	
You need emergency care	Emergency room services	\$0	Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program. You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program. You may use any urgent care center, even if out-of-network and no authorization is needed.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You need medical tests	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 for services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	Screening test, such as test to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.
	Hearing aids	\$0	Your provider may need to obtain prior authorization for services.
You need dental care	Preventive and comprehensive services	\$0	Covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures - No annual deductible - Access to one of the largest national dental networks Your provider may need to obtain prior authorization for services.
	Restorative and emergency dental care	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need eye care	Eye exams	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available through UnitedHealthcare Vision (select products only).
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.
You need behavioral health services	Behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	Your provider may need to obtain prior authorization for services.
You need substance use disorder services	Substance use disorder services	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You need a place to live with people available to help you	Skilled nursing care	\$0	Up to 100 days per calendar year. Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services. Referral required.
You need help getting to health services	Ambulance services	\$0	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	Available worldwide and within the U.S and its territories without authorization.
	Transportation to medical appointments and services	\$0	Unlimited one-way trips to or from approved medically related appointments and the pharmacy within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required. Provided by SafeRide®.
	Transportation to other services Routine Transportation not for use in emergencies	\$0	Limited to 10 one-way trips per month.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You need drugs to treat your illness or condition	Medicare Part D drugs	\$0 for a 30 day supply.	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. There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options’s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you. You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.
	Tier 1: Preferred Generic		
	Tier 2: Generic		
	Tier 3: Preferred Brand		
You need help getting better or have special health needs	Tier 4: Non-Preferred Drug	\$0	Your provider may need to obtain prior authorization for services.
	Tier 5: Specialty Tier		
	Rehabilitation services		
	Medical equipment for home care		
	Dialysis services	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
		\$0	Your provider may need to obtain prior authorization for services.

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

You pay a maximum of \$0 for each 1-month supply of Part D covered insulin.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You need foot care	Podiatry services	\$0	Six routine foot care visits and all medically necessary visits. Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
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	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
You need help living at home	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required.
	Adult day health or other support services	\$0	You must obtain prior authorization from your Health Plan.
	Day habilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit [UHCCommunityPlan.com](https://uhccommunityplan.com).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
Additional services (continued on next page)	Chiropractic services	\$0	Up to 20 visits without 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. Other brands are not covered by your plan. Your provider may need to obtain prior authorization for some services.
	Fitness program	\$0	Your fitness program helps you stay active and connected at the gym, from home 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 • On-demand workout videos and live streaming fitness classes • Online memory fitness activities

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
Additional services (continued on next page)	OTC, health foods, utilities + wellness support	\$0	\$125 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, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) — services must be medically necessary
Additional services (continued)	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.
	Virtual behavioral health visits	\$0	Speak to network telehealth providers using your computer or mobile device.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Senior Care Options **Member Handbook**. If you don't have a **Member Handbook**, call UHC Senior Care Options Member Services at the number at the bottom of this page to get one. If you have questions, you can also call UHC Senior Care Options Member Services or visit **UHCCommunityPlan.com**.

D. Benefits covered outside of UHC Senior Care Options

There are some services that you can get that aren't covered by UHC Senior Care Options but are covered by Medicare or MassHealth (Medicaid). This isn't a complete list. Call Member Services at the number at the bottom of this page to find out about these services.

Other services covered by Medicare or MassHealth (Medicaid)	Your costs
Certain hospice care services covered outside of UHC Senior Care Options	\$0
Psychosocial rehabilitation	Please call MassHealth (Medicaid) for more information.
Targeted case management	Please call MassHealth (Medicaid) for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

E. Services that UHC Senior Care Options, Medicare, and MassHealth (Medicaid) Standard doesn’t cover

This isn’t a complete list. Call Member Services at the number at the bottom of this page to find out about other excluded services.

Services UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover	
Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that isn’t shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it’s medically necessary
Equipment or supplies that condition the air and other primarily non-medical equipment	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that aren’t generally accepted by the medical community.
Immunizations for foreign travel purposes	Naturopath services (uses natural or alternative treatments)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Private room in a hospital, except when it’s medically needed
Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth (Medicaid)	Surgical treatment for morbid obesity, except when it’s medically needed

If you have questions, please call UHC Senior Care Options at 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

F. Your rights as a member of the plan

As a member of UHC Senior Care Options, 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 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 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 (SCO members have no out-of-pocket costs)
 - Names of health care providers
- **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
 - Choose a Geriatric Support Services Coordinator (GSSC)
 - 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
 - Ask for a second opinion. UHC Senior Care Options 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 for covered services within the time frames described in the **Member Handbook** and to file an appeal if you don't receive your care within those time frames.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- 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 doctors, other providers, and your health plan. Call **1-888-867-5511** if you need help with this service.
- Have your **Member Handbook** and any printed materials from UHC Senior Options translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **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
 - 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
 - File a complaint with MassHealth (Medicaid) at 1-800-841-2900, 8 a.m.–5 p.m. local time, Monday–Friday. TTY users should call 1-800-497-4648. The UHC Senior Care Options website **UHCCommunityPlan.com** has complaint forms and instructions available online.
 - Appeal certain decisions made by MassHealth (Medicaid) 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 call UHC Senior Care Options Member Services at the number at the bottom of this page.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-800-872-0166 or Videophone (VP) 339-224-6831).

Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit mass.gov/estaterecovery.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

If you have a complaint or think UHC Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of the **Member Handbook**. You can also call UHC Senior Care Options Member Services.

You can also write us a letter about your grievance (complaint) or appeal.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
PO Box 6103 MS CA120-0360
Cypress, CA 90630-0023

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
PO Box 6103 MS CA120-0368
Cypress, CA 90630-0023

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 Senior Care Options Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Member Services Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- 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, 24 hours a day, 7 days a week.

I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to SCO. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with SCO or your SCO plan, UHC Senior Care Options. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- help with appeals. An appeal is a formal way of asking your SCO plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
 - Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111 o Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare UCard®, please call UHC Senior Care Options Member Services:



Call 1-888-867-5511

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. Member Services also has free language interpreter services available.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week.

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 NurseLine. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for NurseLine are:



Call 1-866-385-6728

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

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



Call 1-888-867-5511

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- The MassHealth Customer Service Center at **1-800-841-2900**, TTY **711** or visit **mass.gov**

Resources for caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

UnitedHealthcare is here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

It's important that you understand this Dual Special Needs Plan (D-SNP) and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories, Member Handbook and more at **UHC.com/CommunityPlan**.



Are your drugs covered? Check the Drug List (Formulary) to make sure.

Drugs not covered by the plan may have alternative covered drugs that can be used instead.



Are your providers in the network?

If your providers are not in the network, you will need to select a new network provider.



Is your pharmacy in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you review the Summary of Benefits?

These are just some of the benefits covered by the plan. You can find a complete list of coverage, benefits and plan rules in the Member Handbook online.



You're eligible to enroll if:



You're 65 or older and enrolled in MassHealth Standard or CommonHealth and don't have any other health insurance (except Medicare)



You're entitled to Original Medicare Parts A and B



You live in the plan's service area

For H2226-003 if you also:

Live in an institution or receive certain home and community-based services

How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your MassHealth and Medicare cards handy, no matter which option you choose.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll by phone for the easiest experience. Or send us a completed Enrollment Request Form. If you have a qualifying condition, complete the Additional Benefit Verification Form to use your OTC credit for healthy food and utilities.

What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at myUHC.com/CommunityPlan. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Member Handbook

Reach for your UCard when

- Visiting a provider or filling a prescription
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with Optum® HouseCalls. Visit UHCHouseCalls.com to learn more
- Connect with a care manager who can help you coordinate your care
- Complete your health assessment to get connected to resources that can help you live healthier. This is a requirement of Medicare and MassHealth

Thank you for choosing UnitedHealthcare

If you have questions, call Member Services toll-free at **1-888-867-5511**, TTY **711**.

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):

- ☐ Medicare Advantage (Part C) plans and cost plans
 ☐ Dental, vision, hearing products
- ☐ Standalone Medicare prescription drug (Part D) plans
 ☐ Hospital indemnity products
- ☐ Medicare Supplement (Medigap) products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

Signature of beneficiary/authorized representative

Today's date

MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)

Relationship to beneficiary

To be completed by licensed sales representative (please print clearly and legibly)

Sales Agent name (First and Last)

Sales Agent phone

Sales Agent ID

- -

Beneficiary name (First and Last)

Beneficiary phone

Date of appointment

- -

MM - DD - YYYY

Beneficiary address

Initial method of contact

Plan(s) the Sales Agent will represent during the meeting

Sales Agent signature

Medicare Advantage plans (Part C) and cost plans

Medicare Health Maintenance Organization (HMO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO point-of-service (HMO-POS) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

Medicare preferred provider organization (PPO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare private fee-for-service (PFFS) plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) plan — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare cost plan — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare prescription drug (Part D) plan

Medicare prescription drug plan (PDP) — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

Dental, vision, hearing products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital indemnity products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Additional Benefit Verification Form

To receive your healthy food and utilities benefit, we need to verify your qualifying condition(s). After you complete this form, please return it with your plan enrollment form. Do **not** take this form to your treating physician.

Name: _____

Date of birth: _____ **Medicare ID:** _____

Qualifying clinical conditions

Please select the health condition(s) that apply to you:

- | | |
|--|--|
| ☐ Diabetes mellitus (type 1 or type 2) | ☐ HIV/AIDS |
| ☐ Cardiovascular disorders | ☐ Immunodeficiency and immunosuppressive disorders |
| ☐ Chronic heart failure | ☐ Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy |
| ☐ Chronic hypertension (chronic high blood pressure) | ☐ Neurologic disorders |
| ☐ Chronic hyperlipidemia (chronic high cholesterol) | ☐ Overweight, obesity and metabolic syndrome |
| ☐ Autoimmune disorders | ☐ Post-organ transplantation care |
| ☐ Cancer | ☐ Severe hematologic disorders |
| ☐ Chronic alcohol use disorder and other substance use disorders (SUDs) | ☐ Stroke |
| ☐ Chronic gastrointestinal disease | ☐ Conditions associated with cognitive impairment |
| ☐ Chronic kidney disease (CKD) | ☐ Conditions with functional challenges and require similar services including spinal cord injuries, paralysis, limb loss, stroke and arthritis |
| ☐ Chronic lung disorders | |
| ☐ Chronic and disabling mental health conditions | |
| ☐ Dementia | |

Treating physician information

Full name

Phone number

Address

City

State

ZIP code

Fax number

Email address

National Provider Identifier (NPI) number (10–12 digits without dashes)

If you don't have all this information, you can complete your treating physician's full name and NPI number (exactly as it's found in the Provider Directory or online).

Have you seen this provider within the last 2 years? ☐ Yes ☐ No

Authorization to release information

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law.

I understand and agree that:

- This authorization is voluntary;
- My health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services or enrollment or eligibility for health care benefits if I do not sign this form;
- Once my health information is shared, the person or organization receiving it may share it again. If they are not a health plan or health care provider, the information may no longer be protected by federal privacy laws; and
- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not influence any actions taken before the date my revocation is received and processed.

Who may receive and disclose my information:

I authorize UnitedHealth Group's subsidiaries and their affiliates to receive from or disclose my individually identifiable health information between and among themselves.

Type of information to be disclosed:

I authorize disclosure of all my health information including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information.

Purpose of disclosure:

My health information is being disclosed to verify that I qualify for the healthy food and utilities benefit or to verify my diagnosis of a covered chronic condition.

Applicant signature	Date
Witness signature (For Illinois residents only)	Date

Please note: If you are a guardian or court appointed representative, please complete the fields on the following page and attach a copy of your legal authorization to represent the member.

Guardian or Representative:			
Name		Phone number	
Street address			
City		State	ZIP code
Guardian or Representative signature			Date

For California and Georgia residents only: I understand that I may see and copy the information described on this form if I ask for it, and that I may receive a copy of this form after I sign it.

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, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Contact us for details.

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Authorization to Share Personal Information

Please send completed form to:

UnitedHealthcare Community & State Medicaid
P.O. Box 30753, Salt Lake City, UT 84130
Fax: 1-844-386-9286

I am requesting UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to release my personal health information, including medical, claim and/or benefit records, to: _____.

(Recipient's name – Please print)

These records may have information on specific treatment or services I have received. These records may have information created by others.

I authorize UHIC to disclose all of my health information including medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and program information.

This Authorization to Share Personal Information Form allows UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to discuss or give out your personal health information to a person you select. The Health Insurance Portability and Accountability Act (HIPAA) requires us to get your permission before we release your information.

Section 1: Member information

Member name (please print)

Member ID number

Permanent address (city, state, ZIP code)

Telephone number

□ □ □ - □ □ □ - □ □ □ □

Email address (optional)*

Section 2: Expiration and revocation

I understand that:

1) This authorization expires one year from the date I signed this authorization, or will expire on _____.

2) I may end this authorization at any time. I must do so in writing. I must send my written request to the health plans. I can find plan contact information in my Evidence of Coverage. If UHIC has already released any of my personal health information before it receives my written request, my request will not cancel out any requests for information made prior to receiving the written request.

3) This permission is voluntary. I may refuse to sign this form. If I refuse, it will not affect my health benefits.

4) Once health information about me has been given out, it could be redisclosed and it may not be protected by federal privacy laws.

Section 2 (continued)

Member name (please print)

Member signature

Date

MM - DD - YYYY

A witness signature is needed only if the member signs with an “X” due to physical limitations, illiteracy or other reasons. The witness should be someone other than the person/entity named above.

Witness name (please print)

Witness signature

Date

MM - DD - YYYY

Section 3 (optional): Recipient of information

Recipient's name

Permanent address (city, state, ZIP code)

Telephone number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to member

Email address (optional)*

Personal representative information

Name

Address (city, state, ZIP code)

Telephone number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to member: ☐ Power of attorney

☐ Guardian ☐ Conservator ☐ Other _____

Representative signature

Date

MM - DD - YYYY

*By providing an email address, you are allowing UHIC to send you occasional plan updates. UHIC does not sell or share information to companies outside of our UnitedHealth Group organization. You can opt out of these emails at any time.

Please note: This authorization does not allow the person/entity named above to represent you in a claims appeal, or to make any of your treatment decisions or direct care decisions. If you want someone to make health care and treatment decisions on your behalf, you will need additional legal documentation and will be required to submit a different form.



2026 MassHealth SCO Medicare Advantage Enrollment Request Form

☐ UHC Senior Care Options MA-Y001 (HMO D-SNP) H2226-001-000

☐ UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) H2226-003-000

This form is for people who have MassHealth Standard (Medicaid) benefits and choose to enroll in UHC Senior Care Options. You must also have Medicare Parts A and B.

MassHealth Standard (Medicaid) Information

Are you enrolled in MassHealth? ☐ Yes ☐ No

Please write your MassHealth number or attach a copy of your MassHealth card. Your MassHealth number is the 12-digit number under your name.

MassHealth Number _____

You must have MassHealth Standard benefits to enroll in a senior care organization. To apply for MassHealth, call 1-800-841-2900 (TTY 711 for people with partial or total hearing loss).

Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial
Birth date		Sex ☐ Male ☐ Female
Home phone number () —		Mobile phone number () —

You can stay on top of your plan and health with timely, helpful calls.

☐ Check here to consent to receive calls using auto dialer/artificial or prerecorded voice technology. You can change your preference at any time.

Social Security number

(Required for people who are enrolling in D-SNP plans): ____ - ____ - ____

Name of skilled nursing facility (if applicable)

Medicare number

Permanent residence street address (**Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address**)

Enrollee name _____

Agent name/ID number _____

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City	County	State	Zip code
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Mailing address **(Only if it's different from above. You can give a P.O. Box.)**

City	State	Zip code
------	-------	----------

Email address

Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance

Member number	Group number	RxBin	RxPCN (optional)
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

A few questions to help us manage your plan

1. Which language or accessible format do you prefer for future plan information?

☐ English ☐ Spanish

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD ☐ Other _____

If you don't see the language or format you want, please call us toll-free at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/CommunityPlan** for online help. **If no selection is made, you will receive plan information in English.**

2. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of health insurance company

Member number

3. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Enrollee name _____

Agent name/ID number _____

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Provider or PCP full name _____

Provider/PCP number _____

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No**Please read and sign****By completing this form, I agree to the following:**

- ☐ This senior care organization, UHC Senior Care Options, is a Medicare Advantage plan and has a contract with the federal government. UHC Senior Care Options also has a contract with the Commonwealth of Massachusetts/MassHealth. This is not a Medicare Supplement plan. I will need to keep my MassHealth Standard plan. I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ Because I have MassHealth, I may leave UHC Senior Care Options if I have a qualifying election period. I will no longer be covered by UHC Senior Care Options on the first day of the month following the month I request to leave UHC Senior Care Options. UHC Senior Care Options serves a specific service area. If I move out of the area that UHC Senior Care Options serves, I need to notify the plan so that I can disenroll and find a new plan in my new area. Once I am a member of UHC Senior Care Options, I have the right to appeal plan decisions about payment or services if I disagree with them.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Member Handbook" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.

Enrollee name _____

Agent name/ID number _____

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- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ Joining this plan could affect my employer or union health benefits. If I have health coverage from an employer or union, joining this plan may change how my current coverage works. Me or my dependents could lose our other health or drug coverage completely and not get it back if I join this plan. I will talk to my employer or union. I will ask how joining this plan could affect my current plan. I may also want to check my employer or union's website, or read any information sent to me. If there is no information on whom to contact, my benefits administrator or the office that answers questions about my coverage can help.
- ☐ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Member Services at the number on my UnitedHealthcare UCard to update my authorization information on file.

Signature of applicant/member/authorized representative

Today's date

If you are the authorized representative, please sign above and complete the information below (*Not a Sales Agent)

Last name		First name	
Address			
City		State	Zip code
Phone number () —		Relationship to applicant	

For individuals helping enrollee with completing this form only

Enrollee name _____

Agent name/ID number _____

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Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

For Licensed Sales Representative/agency use only

Licensed Sales representative/Writing ID	Initial receipt date
Licensed Sales representative/agent name	Proposed effective date

Agent must complete

- | | | | |
|---|--|---|--|
| ☐ IEP (MA-PD enrollees) | ☐ ICEP (MA enrollees) | ☐ IEP (MA-PD enrollees eligible for 2nd IEP) | ☐ OEP (Jan 1 – Mar 31) |
| ☐ OEP (Newly eligible) | ☐ SEP (Dual LIS change of status) | ☐ SEP (Change in residence) | ☐ SEP (Loss of EGHP coverage) |
| ☐ SEP (Chronic) | ☐ SEP (Dual LIS maintaining) | ☐ AEP (October 15-December 7) | ☐ OEPI |
| ☐ SEP (SEP reason) _____ | | | |

Licensed Sales representative signature (optional)	Date
--	------

Please mail or fax this completed form to:

Enrollee name _____

Agent name/ID number _____

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UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770
Fax: 1-888-950-1170
Fax the front and back of each page

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

UHC Senior Care Options is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

OMB No. 0938-1378

Expires: 12/31/2026

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Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✓ The Member Handbook provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the Member Handbook. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Drug List to make sure your drugs are covered.

Understanding important rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To qualify, you must be 65 or older, be eligible to receive Medicare Part A, and be enrolled in Medicare Part B and MassHealth Standard. You may also need to live in your own home or a nursing facility.

2026 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UCard®. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application date	Application date
Proposed effective date	Proposed effective date
Plan name	Plan name
Health plan/PBP number	Health plan/PBP number
Enrollment tracking number (if applicable)	Enrollment tracking number (if applicable)

Call your Licensed Sales Representative if you have any questions:	H2226-001 & H2226-003
Representative name and ID number	Medicare and MassHealth:
Representative phone number	RxBIN: 610097
	RxPCN: 9999
	RxGRP: MPDCSMA

We're here to help. If you have additional questions, please call Member Services toll-free at **1-844-560-4944**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

Important reminder - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



Important information: 2026 Medicare star ratings



UnitedHealthcare - H2226

For 2026, UnitedHealthcare - H2226 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ★	4 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ☆	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan’s service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **888-867-5511** (toll-free) or **711** (TTY).

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>

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.

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.

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.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

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.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាភាគតិចតិច និងការទំនាក់ទំនងភាគតិចតិចត្រូវបានផ្តល់ជូនដល់អ្នក។ ដូចជាពុទ្ធអក្សរក្នុង មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចតិចនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

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.

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.

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