



2026 Enrollment Guide

UHC Dual Complete NJ-Y001 (HMO D-SNP)

H3113-005-000

Service area: New Jersey - Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren counties

United
Healthcare®
Dual Complete

NJ-Y001
FBDE, QMB+

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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Take advantage of a specially designed plan

This plan is for people with Medicare and full Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need.



Here's how this HMO D-SNP plan works



Always use network providers. The plan does not cover medical care received from providers outside the network. (Except for emergency care, urgent care and renal dialysis services.)



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.



Select a 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.



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.



You never pay a copay or coinsurance to see a network provider. If you get care from a provider out of the network, you may have to pay the full cost yourself.

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 Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



Benefit Highlights

UHC Dual Complete NJ-Y001 (HMO D-SNP)

As a UHC Dual Complete NJ-Y001 (HMO D-SNP) member, you have no out-of-pocket expenses. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.

This is a short description of your 2026 plan benefits. For complete information, please refer to your Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

Monthly plan premium	\$0
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Plan benefits

Doctor's office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$0 copay (referral needed)
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Preventive services	\$0 copay
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Inpatient hospital care	\$0 copay per stay (no limit on days)
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Skilled nursing facility (SNF) (Stay must meet Medicare coverage criteria)	\$0 copay per stay (no limit on days)
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Outpatient hospital, including surgery	\$0 copay
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Outpatient mental health

Group therapy	\$0 copay
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Individual therapy	\$0 copay
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Plan benefits

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)	\$0 copay
Prosthetics (e.g., braces, artificial limbs)	\$0 copay
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Benefits and Services Beyond Original Medicare

Acupuncture	\$0 copay
Chiropractic Services	\$0 copay
Dental Services	\$0 copay
Durable Medical Equipment (DME)	\$0 copay
Family Planning Services and Supplies	\$0 copay
Federally Qualified Health Centers (FQHC)	\$0 copay
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
Hearing services — hearing exams and hearing aids	\$0 copay
Managed Long Term Services and Supports (MLTSS)	\$0 copay
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

Medical Day Care	\$0 copay
Nurse Midwife Services	\$0 copay
Nursing Facility (long term/custodial care)	\$0 copay
Food, over-the-counter (OTC) and utility bill credit	\$246 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
Personal Care Assistant	\$0 copay
Podiatry – routine	\$0 copay
Private Duty Nursing	\$0 copay
Transportation – routine	\$0 copay
Vision Care Services	\$0 copay

Prescription drugs	
Deductible	\$0
Drug coverage	30-day or 100-day supply from retail or mail order network pharmacy
All covered drugs¹	\$0 copay (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 drugs.

**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.

⁹Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

This information is not a complete description of benefits. Contact the plan for more information. Premiums are covered for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP). When joining this plan, you must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.

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Summary of Benefits 2026

UHC Dual Complete® NJ-Y001 (HMO D-SNP)

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Contact us for more information about the plan.

 **MyUHC.com/CommunityPlan**

 Toll-free **1-800-514-4911**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®
Dual Complete**

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NJ-Y001 (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete NJ-Y001. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

A. Disclaimers



This is a summary of health services covered by UHC Dual Complete NJ-Y001 (HMO D-SNP) for January 1, 2026–December 31, 2026. This is only a summary. Read the **Evidence of Coverage** online at MyUHC.com/CommunityPlan for the full list of benefits.

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the NJ FamilyCare program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full NJ FamilyCare benefits.
- UHC Dual Complete NJ-Y001 (HMO D-SNP) es un Plan Altamente Integrado para Personas con Necesidades Especiales que Tienen Elegibilidad Doble (Highly Integrated Dual Eligible Special Needs Plan, HIDE SNP). El plan tiene un contrato con Medicare y un contrato con el programa NJ FamilyCare. La inscripción en UHC Dual Complete NJ-Y001 (HMO D-SNP) depende de la renovación del contrato. Este plan está disponible para cualquier persona que tenga Medicare y beneficios completos de NJ FamilyCare.
- Home support benefits are covered in-home support services such as respite care, non-skilled in-home care, and weight management services.
- You can use your OTC credits for in-home support services. With this benefit, you'll get a credit loaded to your UCard each month to buy covered OTC items. Unused credit expires at the end of each month.

When joining this plan:

1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
2. You will be enrolled automatically into NJ FamilyCare coverage under our plan, and disenrolled from any NJ FamilyCare plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
4. You must understand and follow our plan's rules on referrals.

Cuando se una a este plan:

1. Debe usar proveedores, proveedores de Equipos Médicos Duraderos (Durable Medical Equipment, DME) y farmacias de la red.
2. Se le inscribirá automáticamente en la cobertura de NJ FamilyCare en virtud de nuestro plan y se cancelará su inscripción en cualquier plan de NJ FamilyCare en el que esté inscrito actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid estarán cubiertos por nuestro plan, y debe obtenerlos de proveedores dentro de la red.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit MyUHC.com/CommunityPlan.

3. Se le inscribirá automáticamente en la cobertura de la Parte D en virtud de nuestro plan y se cancelará automáticamente su inscripción en cualquier otro plan de cobertura acreditable o de la Parte D de Medicare en el que esté inscrito actualmente.

4. Debe comprender y seguir las reglas de nuestro plan sobre referidos.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan at **1-800-514-4911** (TTY **711**) or read the **Evidence of Coverage**. You can read and download it online at **MyUHC.com/CommunityPlan**, or you can call Customer Service toll-free at **1-800-514-4911** (TTY **711**) to request a copy.

- Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan UnitedHealthcare UCard®, TTY **711**, 24 hours a day, 7 days a week.
- You can call Customer Service 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. This is called a “standing order”. You can also make changes to your standing order at any time by calling Customer Service.
- This information is available for free in other languages. Please call our Customer Service at the number located at the bottom of this page.
- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- Benefits may change on January 1 of each year.
- Part B premiums are covered by Medicaid for enrollees of UHC Dual Complete NJ-Y001 (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5 Star rating system.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in Arkansas, Guam, American Samoa, U.S. Virgin Islands or Northern Mariana Islands.
- Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.
- The healthy food and utility benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.

You can read the **Medicare & You** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](https://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions	Answers
<p>What’s a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)?</p>	<p>A NJ Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ HIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one UnitedHealthcare UCard®, and no copays for medical services or drugs. A HIDE SNP coordinates all of your care.</p> <p>If you join a HIDE SNP, you don’t lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a HIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up the UHC Dual Complete NJ-Y001 service area are listed in Section B (page 11) of this document.</p>
<p>Will I get the same Medicare and NJ FamilyCare benefits in UHC Dual Complete NJ-Y001 that I get now?</p>	<p>If you’re coming to UHC Dual Complete NJ-Y001 from Original Medicare or another Medicare plan, you may get benefits or services differently. You’ll get almost all of your covered Medicare and NJ FamilyCare benefits directly from UHC Dual Complete NJ-Y001.</p> <p>When you enroll in UHC Dual Complete NJ-Y001, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you’re taking any Medicare Part D drugs that UHC Dual Complete NJ-Y001 doesn’t normally cover, you can get a temporary supply, and we’ll help you to transition to another drug or get an exception for UHC Dual Complete NJ-Y001 to cover your drug if medically necessary.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently asked questions	Answers
<p>Can I use the same health care providers I use now?</p>	<p>That’s often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NJ-Y001 and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in UHC Dual Complete NJ-Y001’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NJ-Y001’s network. <p>To find out if your providers are in the plan’s network, call Customer Service at the number listed at the bottom of this page or read UHC Dual Complete NJ-Y001’s Provider and Pharmacy Directory. You can also visit our website at MyUHC.com/CommunityPlan for the most current listing.</p> <p>If UHC Dual Complete NJ-Y001 is new for you, we’ll work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
<p>What’s a Care Manager?</p>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
<p>What are Managed Long Term Services and Supports (MLTSS)?</p>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
<p>What happens if I need a service but no one in UHC Dual Complete NJ-Y001’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that can’t be provided within our network, UHC Dual Complete NJ-Y001 will cover services provided by an out-of-network provider.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently asked questions	Answers
Where's UHC Dual Complete NJ-Y001 available?	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, NJ. You must live in one of these areas to join the plan.
What's prior authorization?	<p>Prior authorization means that you must get approval from UHC Dual Complete NJ-Y001 before UHC Dual Complete NJ-Y001 will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete NJ-Y001 may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete NJ-Y001 can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NJ-Y001 before the service is provided.</p> <p>Refer to Chapter 3, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p>
What's a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, UHC Dual Complete NJ-Y001 may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>UHC Dual Complete NJ-Y001 can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Customer Service at the number listed at the bottom of this page or refer to Chapter 3, of the Evidence of Coverage.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NJ-Y001?	No. You won't pay any monthly premiums to UHC Dual Complete NJ-Y001 for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of UHC Dual Complete NJ-Y001?	No. You don't pay deductibles in UHC Dual Complete NJ-Y001.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete NJ-Y001?	There's no cost sharing for medical services in UHC Dual Complete NJ-Y001, so your annual out-of-pocket costs will be \$0.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

C. Overview of services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider may need to obtain prior authorization for services.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$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.
You want to use a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Your provider may need to obtain prior authorization for Specialist services. Referral may be required.
	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services are covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network. Urgently needed care services are covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	\$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Your provider may need to obtain prior authorization for services.
You need eye care	Vision services (including annual eye exams)	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Your provider may need to obtain prior authorization for services.
You have a mental health condition	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Your provider may need to obtain prior authorization for services.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p>(Note: This isn't a complete list of the plan's expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	\$0	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p> <p>Your provider may need to obtain prior authorization for services.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a substance use disorder</p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This isn't a complete list of the plan's expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)</p>	<p>\$0</p>	<p>Your provider may need to obtain prior authorization for services.</p>
<p>You need a place to live with people available to help you</p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>Your provider will need to obtain prior authorization for services.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>Your provider will need to obtain prior authorization for services.</p>
	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0</p>	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information,** visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services.
You need help getting to health services	Ambulance services	\$0	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No prior authorization is needed.
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the Evidence of Coverage for more information on these drugs. Your provider may need to obtain prior authorization for certain drugs.
	Medicare Part D drugs Tier 1 Generic and brand name drugs (all covered drugs are in this tier)	\$0	There may be limitations on the types of drugs covered. Refer to UHC Dual Complete NJ-Y001’s List of Covered Drugs (Drug List) at MyUHC.com/CommunityPlan for more information. UHC Dual Complete NJ-Y001 may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>Your provider must get prior authorization from UHC Dual Complete NJ-Y001 for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov/plan-compare.</p> <p>An extended day supply is only available at a subset of the retail pharmacy network. For more information please call Customer Service at 1-800-514-4911, TTY 711, or visit MyUHC.com/CommunityPlan, and/or reading the List of Covered Drugs (Drug List).</p> <p>Contact the Plan for details.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NJ-Y001 List of Covered Drugs (Drug List) for more information.</p>

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Diabetes medications	\$0	There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.
You need foot care	Podiatry services (including routine exams)	\$0	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) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This isn't a complete list of covered DME or supplies. Call Customer Service at the number listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Your provider may need to obtain prior authorization for services/certain equipment.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (continued on next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Your provider may need to obtain prior authorization for services.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$0	<p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.</p> <p>Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by the plan.</p> <p>Your provider may need to obtain prior authorization for some services.</p>
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	\$0	Your provider may need to obtain prior authorization for some services.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Your provider may need to obtain prior authorization for some services.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services. Read the Evidence of Coverage for more information.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete NJ-Y001’s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

D. Additional services UHC Dual Complete NJ-Y001 covers

This isn't a complete list. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** to find out about other covered services.

Additional services UHC Dual Complete NJ-Y001 covers	Your costs
<p>Fitness Program</p> <p>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:</p> <ul style="list-style-type: none"> • Free gym membership • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities 	\$0
<p>Over-the-counter (OTC) and food credit – \$246 credit every month to pay for OTC products – and healthy food for members who qualify</p> <ul style="list-style-type: none"> • Choose from thousands of OTC products, like first aid, pain relievers and more • Buy healthy foods like fruits and 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 • Your credit amount expires at the end of each month 	\$0
<p>Meal Benefit – 28 home-delivered meals (2 meals per day for 14 days) immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay</p>	\$0

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

E. Benefits covered outside of UHC Dual Complete NJ-Y001

This isn't a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other services not covered by UHC Dual Complete NJ-Y001 but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

F. Services not covered by UHC Dual Complete NJ-Y001 (exclusions)

The following services aren't covered by our plan. This isn't a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by UHC Dual Complete NJ-Y001 (exclusions)
Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

G. Your rights and responsibilities as a member of the plan

As a member of UHC Dual Complete NJ-Y001, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can 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, read the **Evidence of Coverage**.

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 race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UHC Dual Complete NJ-Y001 or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - UHC Dual Complete NJ-Y001
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities
- **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. You can call **1-800-514-4911** if you want to change your PCP.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- 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 as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete NJ-Y001 will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-800-514-4911** if you need help with this service
 - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete NJ-Y001 translated into your primary language, 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 use emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by UHC Dual Complete NJ-Y001

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
- Ask for a State Fair Hearing
- Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you're a UHC Dual Complete NJ-Y001 member
 - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify UHC Dual Complete NJ-Y001 Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from UHC Dual Complete NJ-Y001.** You should:
 - Get all your health care from UHC Dual Complete NJ-Y001, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete NJ-Y001 provides a prior authorization for out-of-network care
 - Not allow anyone else to use your UHC Dual Complete NJ-Y001 UnitedHealthcare UCard® to obtain healthcare services

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- Notify UHC Dual Complete NJ-Y001 when you believe that someone has purposely misused UHC Dual Complete NJ-Y001 benefits or services

For more information about your rights, you can read UHC Dual Complete NJ-Y001's **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

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

If you have a complaint or think UHC Dual Complete NJ-Y001 should cover something we denied, call UHC Dual Complete NJ-Y001 at **1-800-514-4911**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of UHC Dual Complete NJ-Y001's **Evidence of Coverage**. You can also call UHC Dual Complete NJ-Y001 Customer Service at the number listed at the bottom of this page.

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

I. 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, contact us.

- Call us at UHC Dual Complete NJ-Y001 Customer Service. Phone numbers are in the footer of this document
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-609-292-1272**. Calls to this number are free.

If you have questions, call UHC Dual Complete NJ-Y001 Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time: 7 days a week Oct–Mar, M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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 us at 1-800-514-4911; TTY: 711.

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك

خدمات المساعدة اللغوية والمراسلات بتنسيقات أخرى، مثل

الطباعة بأحرف كبيرة. اتصل بالرقم 1-800-514-4911; TTY: 711.

মনোযোগ দেবেন: আপনি যদি বাংলায় (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবাগুলি এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটগুলিতে বিনামূল্যে যোগাযোগ, আপনার জন্য উপলব্ধ। আমাদের 1-800-514-4911; TTY: 711 নম্বরে কল করুন।

請注意: 如果您說中文 (Chinese)，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

1-800-514-4911; TTY: 711。

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. અમને 1-800-514-4911 પર ફોલ કરો; TTY: 711.

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 nou nan 1-800-514-4911; TTY: 711.

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। हमें 1-800-514-4911 पर कॉल करें; TTY: 711.

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. Ci chiami al numero 1-800-514-4911; TTY: 711.

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 1-800-514-4911; TTY: 711 번으로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i komunikaty w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-800-514-4911; TTY: 711.

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 1-800-514-4911; TTY: 711.

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 1-800-514-4911; TTY: 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llámenos al 1-800-514-4911; TTY: 711.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa 1-800-514-4911; TTY: 711.

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер 1-800-514-4911; лінія TTY: 711.

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 số 1-800-514-4911; TTY: 711.

UHEX26HM0279513_001

If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare UCard®, call UHC Dual Complete NJ-Y001 Customer Service:



Call 1-800-514-4911

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m. 7 days a week from October through March, Monday–Friday from April through September.

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



Call 1-800-514-4911

Calls to this number are free. 24 hours a day, 7 days a week. UHC Dual Complete NJ-Y001 also has free language interpreter services available for non-English speakers.

TTY 711

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

Helpful resources

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](https://www.uhc.com/caregiving).

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](https://www.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, Evidence of Coverage and more at [UHC.com/CommunityPlan](https://www.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 Evidence of Coverage online.



You're eligible to enroll if:



You're enrolled in Original Medicare Parts A and B



You receive full state Medicaid benefits



You live in the plan's service area

How to enroll

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



Online

Visit **UHC.com/CommunityPlan** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Navigate to the **Medicare Advantage** section
- 3 Look for the **UHC Dual Complete NJ-Y001 (HMO D-SNP)** plan and select the **Enroll** button
- 4 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



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 online or 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.

Scan this code to
complete your
enrollment online



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 Evidence of Coverage
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Paying for OTC products and more – including healthy food and utilities if you qualify. (We'll verify your qualifying condition with your doctor and send you a letter with next steps)
- Spending your earned rewards
- 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
- Review UCard balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UCard.

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
- Standalone Medicare prescription drug (Part D) plans
- Medicare Supplement (Medigap) products
- Dental, vision, hearing products
- Hospital indemnity 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:

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

Treating physician information

Full name	Phone number
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Address

City	State	ZIP code
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Fax number	Email address
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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.



2026 Enrollment Request Form

UHC Dual Complete NJ-Y001 (HMO D-SNP) H3113-005-000

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

Last name	First name	Middle initial
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Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home phone number () -	Mobile phone number () -
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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): _ _ _ - _ - - _ _ _ _

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**)

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

You will receive some plan information, such as your Explanation of Benefits and Annual Notice of Changes, electronically (quicker than mail). We'll email you when new documents are ready to review online.

Check here if you prefer to receive paper copies by mail. You can change your delivery preference at any time.

Enrollee name _____

Agent name/ID number _____

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.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT)*.

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you
- I want to pay from my Social Security check
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account type Checking Savings

Account holder name: _____

Bank routing number _/_/_/_/_/_/_/_/_/_

Bank account number _/_/_/_/_/_/_/_/_/_/_

*Members enrolled in the EFT program agree to these terms: My bank may pay UnitedHealthcare Insurance Company the new charges from my bank Account which may include up to \$200.00 of current retroactive charges plus monthly premium amount. If I choose to stop paying by EFT, I will tell both UHC and my bank. I understand it could take 1-2 months to process the change.

A few questions to help us manage your plan

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

Enrollee name _____

Agent name/ID number _____

- 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 **1-844-560-4944**, 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. Are you enrolled in your state Medicaid program? Yes No

If yes, please give us your Medicaid number: _____

3. 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	

4. 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.

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:

- 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.
- 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 "Evidence of Coverage" 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.

Enrollee name _____

Agent name/ID number _____

- 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.
- 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.
- 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 Customer Service 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 _____

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

Employer group name

Employer group ID	Branch ID
-------------------	-----------

Agent must complete

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

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

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769
Fax: 1-888-950-1169
Fax the front and back of each page

Enrollee name _____
Agent name/ID number _____

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 Dual Complete NJ-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.

OMB No. 0938-1378

Expires: 12/31/2026

Y0066_EFMA_2026_C

CSNJ26HM0320743_000

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 Customer Service Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✓ The Evidence of Coverage (EOC) 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 EOC. 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 Formulary 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.

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
Plan type	Plan type
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:

Representative name and ID number

Representative phone number

RxBIN: 610097

RxPCN: 9999

RxGRP: MPDACUNJ

We're here to help. If you have additional questions, please call Customer Service 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 - H3113

For 2026, UnitedHealthcare - H3113 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ☆ 3.5 stars

Health Services Rating: ★ ★ ★ ☆ 3.5 stars

Drug Services Rating: ★ ★ ★ ★ 4 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 **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **800-514-4911** (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.

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

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

ध्यान आपो: 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.

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

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

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.

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

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

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

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

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