



Annual Notice of Changes 2025

UnitedHealthcare Connected® (Medicare-Medicaid Plan)



UHCCommunityPlan.com
myuhc.com/CommunityPlan



Toll-free 1-800-256-6533, TTY 711
8 a.m.–8 p.m. local time, M–F

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.

**United
Healthcare®**
Community Plan



TEXAS
Health and Human
Services

TEXAS  **Medicaid**
Medicare  **PLAN**
Your Health Plan ★ Your Choice



Here for you every step of the way

With more than 45 years of experience, we understand Medicare coverage is personal and changes to your coverage can affect your life. As America's most chosen Medicare Advantage brand, we're committed to delivering a 2025 plan that fits your needs, especially as some regulations change across the Medicare industry.

This Annual Notice of Changes will tell you what you need to know about your plan benefits, including what's new for 2025 and what's staying the same.

The Annual Enrollment Period (AEP) is October 15–December 7.

It's an opportunity to reflect on your health plan needs. And if your needs have changed, you can explore other plan options. With plans designed for all budgets, stages and ages, UnitedHealthcare has coverage you can count on for your whole life ahead.

A few important reminders:

1. You'll be automatically enrolled in this 2025 plan unless you take action during AEP
2. Your 2025 benefits will be effective January 1, whether you stay in your current plan or switch
3. Your current plan benefits end December 31, take advantage before it's too late



Expert guidance to support you

Questions? Contact your local licensed sales agent or call Customer Service at **1-800-256-6533, TTY 711, 8 a.m.–8 p.m. local time, M–F**



Visit uhc.care/next-year or scan the QR code to:

- Learn about Medicare industry changes
- View your 2025 Annual Notice of Changes online
- Review current year benefit usage

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Medicare Plan Expert is a licensed insurance sales agent/producer. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. © 2024 United HealthCare Services, Inc. All Rights Reserved.

**United
Healthcare®
Community Plan**

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **UHCCommunityPlan.com** to review the details online. All of these documents will be available online by October 15, 2024.

Provider and Pharmacy Directory

Review the 2025 Provider and **Pharmacy Directory** online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

Drug List (Formulary)

Review the 2025 **Drug List** for new restrictions and to make sure the drugs you take will be covered next year. The **Drug List** is a full list of drugs covered by your plan.

Member Handbook

Review your 2025 **Member Handbook** for details about plan costs and benefits. The **Member Handbook** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made, and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of any of the documents listed above, please contact Member Services at **1-800-256-6533** (TTY users should call **711**). Hours are 8 a.m.–8 p.m. local time, M–F.

UnitedHealthcare Connected (Medicare - Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Annual Notice of Changes for 2025

Introduction



You are currently enrolled as a member of UnitedHealthcare Connected®.

Next year, there will be some changes to the plan’s benefits, coverage, rules, and costs. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Member Handbook**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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A. Disclaimers

UnitedHealthcare Connected® (Medicare–Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

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

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to Section F2 for more information.

If you leave our plan, you will still be in the Medicare and Texas Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to Section F).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave UnitedHealthcare Connected®, you will go back to getting your Medicare and Texas Medicaid services separately.

B1. Additional resources

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-800-256-6533**. Someone that speaks Spanish can help you. This is a free service.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-800-256-6533** (TTY **711**), de 8 a.m. a 8 p.m., hora local, de lunes a viernes. La llamada es gratuita.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free.
- This document is available for free in Spanish.
- You can call Member Services and ask us to make a note in our system that you would like this document in Spanish, large print, braille, or audio now and in the future.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com**.

B2. Information about UnitedHealthcare Connected®

- UnitedHealthcare Community Plan of Texas, LLC. is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under UnitedHealthcare Connected® is qualifying health coverage called “minimum essential coverage”. It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at **[irs.gov/affordable-care-act/individuals-and-families](https://www.irs.gov/affordable-care-act/individuals-and-families)** for more information on the individual shared responsibility requirement.
- UnitedHealthcare Connected® plan is offered by UnitedHealthcare Community Plan of Texas, LLC. When this **Annual Notice of Changes** says “we,” “us,” or “our,” it means UnitedHealthcare Community Plan of Texas, LLC. When it says “the plan” or “our plan,” it means UnitedHealthcare Connected®.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in Section D1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in Section D2 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit **[medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage)**. (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **[UHCCCommunityPlan.com](https://www.UHCCCommunityPlan.com)**.

- **Check if your providers and pharmacies will be in our network next year.**

- Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in Section C for information about our **Provider and Pharmacy Directory**.

- **Think about your overall costs in the plan.**

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How do the total costs compare to other coverage options?

- **Think about whether you are happy with our plan.**

If you decide to stay with 2025 UnitedHealthcare Connected®:	If you decide to change plans:
If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in Section F to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 Provider and Pharmacy Directory to find out if your providers or pharmacy are still in our network. An updated **Provider and Pharmacy Directory** is located on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your **Member Handbook**.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2024 (this year)	2025 (next year)
Diabetic Services and Supplies	<p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
Adult day services or other support services	Adult day services are covered by your plan.	Adult day services are not covered by your plan.
Respite care	Respite care is covered by your plan.	Respite care is not covered by your plan.
Pest Control Plug-ins	Pest control plug-ins are covered by your plan.	Pest control plug-ins are not covered by your plan.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

	2024 (this year)	2025 (next year)
Supplies to monitor your blood glucose	Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions are covered by your plan.	Continuous glucose monitor, blood glucose monitors, blood glucose test strips, lancet devices and lancets, and glucose-control solutions are covered by your plan.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F for updated drug information or to ask us to mail you a **List of Covered Drugs**. The **List of Covered Drugs** is also called the **Drug List**.

We made changes to our **Drug List**, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the **Drug List** to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

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

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of the **Member Handbook**.)



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our **Drug List** if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product with the same or fewer rules. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our **Drug List**, but immediately add new rules.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your **Member Handbook**. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under 2025 UnitedHealthcare Connected®. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2025.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$2,000**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your **Member Handbook** for more information on how much you will pay for prescription drugs.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full costs for covered Part D brand name drugs and biologics during the Initial Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

D3. Stage 1: “Initial Coverage Stage”

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

For information about the costs look in **Chapter 6, Section C** of your **Member Handbook**.

Most adult Part D vaccines are covered at no cost to you. The table below shows your costs for drugs in each of our 3 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2024 (this year)	2025 (next year)
Drugs in Tier 1 <i>(Generic Drugs)</i> Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0–\$4.50 per prescription (depending on income level)	Your copay for a one month (30-day) supply is \$0–\$4.90 per prescription (depending on income level)
Drugs in Tier 2 <i>(Brand Drugs)</i> Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0–\$11.20 per prescription (depending on income level)	Your copay for a one month (30-day) supply is \$0–\$12.15 per prescription (depending on income level)
Drugs in Tier 3 <i>(OTC/Non-Part-D Drugs)</i> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0 per prescription.	Your copay for a one month (30-day) supply is \$0 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to **Chapter 6** of your **Member Handbook** for more information on how much you will pay for prescription drugs.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

D4. Stage 2: “Catastrophic Coverage Stage”

Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs. When you reach the out-of-pocket limit for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

- When you are in the Catastrophic Coverage Stage, you will continue to make copays for your Texas Medicaid-covered drugs.
- To locate more information about which of your prescriptions are covered by Texas Medicaid versus Medicare, refer to the **List of Covered Drugs** located at **UHCCommunityPlan.com**.

E. Administrative changes

	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit medicare.gov .

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to:**A different Medicare-Medicaid Plan****Here is what to do:**

Call MAXIMUS at **1-703-712-4000**, 8 a.m.–6 p.m. local time, Monday–Friday. TTY users should call **711**. Tell them you want to leave UnitedHealthcare Connected® and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR
Send MAXIMUS an Enrollment Change Form. You can get the form by calling MAXIMUS at **1-703-712-4000** if you need them to mail you one.

Your coverage with UnitedHealthcare Connected® will end on the last day of the month that we get your request.

2. You can change to:**A Medicare health plan, such as a Medicare Advantage plan or Program of All-inclusive Care for the Elderly (PACE)****Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the **Health Information Counseling & Advocacy Program of Texas (HICAP)**.

You will automatically be disenrolled from UnitedHealthcare Connected® when your new plan's coverage begins.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

3. You can change to:**Original Medicare with a separate Medicare prescription drug plan****Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from UnitedHealthcare Connected® when your Original Medicare coverage begins.

4. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Information Counseling & Advocacy Program of Texas (HICAP) at **1-800-252-3439**.

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from UnitedHealthcare Connected® when your Original Medicare coverage begins.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com**.

G. How to get help

G1. Getting help from UnitedHealthcare Connected®

Questions? We're here to help. Please call Member Services at **1-800-256-6533** (TTY only, call **711**). We are available for phone calls 8 a.m.–8 p.m. local time, M–F. Calls to these numbers are free.

Your 2025 Member Handbook

The **2025 Member Handbook** is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The **2025 Member Handbook** will be available by October 15th. An up-to-date copy of the **2025 Member Handbook** is available on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F to ask us to mail you a **2025 Member Handbook**.

Our website

You can also visit our website at **UHCCommunityPlan.com**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **Drug List (List of Covered Drugs)**.

G2. Getting help from MAXIMUS

MAXIMUS can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call MAXIMUS at **1-703-712-4000**, 8 a.m.–6 p.m. local time, Monday–Friday. TTY users should call **711**.

G3. Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with UnitedHealthcare Connected®.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is **1-866-566-8989**.

G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is **1-800-252-3439**.

G5. Getting help from Medicare

To get information directly from Medicare:

You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's Website

You can visit the Medicare website (**medicare.gov**). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **medicare.gov** and click on "Find plans.")

Medicare & You 2025

You can read the **Medicare & You 2025** 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 get it at the Medicare website (**medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. “Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit **medicare.gov**.

G7. Getting help from Texas Medicaid

The phone number for Texas Medicaid is **1-800-252-8263**. This call is free. TTY users should call **1-800-735-2989** or **711**.



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Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, political beliefs, sex, gender identity or expression, or sexual orientation.

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by us. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance

P.O. Box 30608
Salt Lake City, UT 84130

Email: **UHC_Civil_Rights@uhc.com**

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

Online: **hhs.gov/civil-rights/filing-a-complaint/index.html**

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

By phone: **1-800-368-1019** (TDD **1-800-537-7697**)

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services using the toll-free number on your member identification card.

English: ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the toll-free number on your member identification card.

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número gratuito que aparece en su tarjeta de identificación de miembro.

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi đến số điện thoại miễn phí trên thẻ nhận dạng thành viên của quý vị.

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجاناً. إذا كنت بحاجة إلى المساعدة، فراجع الاتصال بالرقم المجاني المدون على بطاقة هوية عضويتك.

Farsi: توجه: خدمات ترجمه و سایر کمک‌های زبانی به صورت رایگان در اختیار شما قرار دارد. اگر به کمک نیاز دارید، لطفاً با شماره رایگان موجود در کارت شناسایی عضو، تماس بگیرید.

Burmese: "သတိပူရန်- သင့်အတွက် အခကြေးငွေကုန်ကျမှုမရှိဘဲ ဘာသာပြန်ခြင်းနှင့် အခြားဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို ရယူနိုင်ပါသည်။ အကူအညီလိုအပ်ပါက သင်၏အဖွဲ့ဝင် မှတ်ပုံတင်ကတ်တွင် အခမဲ့နံပါတ်ကို ခေါ်ဆိုပါ။"

French: ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro gratuit figurant sur votre carte d'identification de membres.

Chinese: 请注意：您可以免费获得翻译和其他语言帮助服务。如果您需要帮助，请拨打您会员卡上的免费电话号码。

Somali: DIGNIIN: Turjumaada iyo adeegyada kale ee kaalmada luuqadda waxaad ku heleysaa lacag la'aan. Haddii aad u baahan tahay caawimaad, fadlan wac lambarka wicitaanka bilaashka ah ee kaadhkaaga aqoonsiga xubinta dusheeda ku yaal.

Nepali: ध्यान दिनुहोस्: तपाईंका लागि अनुवाद र अन्य भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। यदि तपाईंलाई मद्दत चाहिन्छ भने कृपया माथिको नम्बर फोन गर्नुहोस्।

Swahili: ANGALIA: Tafsiri na huduma zingine za usaidizi wa lugha zinapatikana bila gharama kwako. Ikiwa unahitaji msaada, tafadhali piga simu ya bila malipo iliyo kwenye kitambulisho chako cha mwanachama.

Hindi: यान दें: अनुवाद और अन्य भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया आपके सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 회원 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오.

Urdu: توجه فرمائیں: ترجمہ اور زبان سے متعلق دیگر امدادی خدمات آپ کے لیے بغیر کسی قیمت کے دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہے، تو براہ کرم اپنے ممبر شناختی کارڈ پر موجود ٹول فری نمبر پر کال کریں۔

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по бесплатному номеру, указанному на вашей идентификационной карте участника.

Tagalog: ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, pakitawagan ang walang bayad na numero sa iyong kard ng pagkakakilanlan bilang miyembro.

UnitedHealthcare Connected® (Medicare-Medicaid Plan)

Member Service:



Call 1-800-256-6533

Calls to this number are free. 8 a.m.–8 p.m. local time, M–F.

TTY 711

Calls to this number are free. 8 a.m.–8 p.m. local time, M–F.

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



Write P.O. Box 30769

Salt Lake City, UT 84130-0769



Website [UHCCommunityPlan.com](https://www.UHCCommunityPlan.com)