



UnitedHealthcare Community Plan Member Handbook updates

Listed below are changes to your Member Handbook. Refer to the most recent Member Handbook at [unitedhealthcarecommunityplan.com/Michigan](https://www.unitedhealthcarecommunityplan.com/Michigan). You can also call Member Services at **1-800-903-5253** for more information.

Revision date: February 6, 2026

1. Network adequacy standards – Page 21

We want to make sure you can get the care you need, when you need it. The State of Michigan has rules called network adequacy standards, which help ensure there are enough doctors, specialists, and other providers close to where you live. You can find these rules on our website by visiting www.uhccp.com/mi, scrolling to the Member Resources section, and selecting Find a provider, where the Network Adequacy Standards are listed. You can also call Member Services at **1-800-903-5253** to ask for a copy.

Revision date: January 1, 2026

1. Non-Emergency Medical Transportation (NEMT) services – Pages 51–52

We have updated our transportation vendor to MTM Health, but please note there are no changes to your benefits. Please call 1-888-777-4065 to schedule a ride.

Revision date: October 1, 2025

1. Out of country services – Page 20

Services out of county do not require a prior authorization if the provider is in our network unless it requires prior authorization.

2. Provider advocacy – Page 21

UnitedHealthcare may not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient.

3. Food services – Page 37

Medically Tailored Home Delivered Meal

Through the Medically Tailored Home Delivered Meal service, you will receive up to two healthy meals per day delivered to your home for up to 3 months. These meals are tailored to your health needs.

You will also get help from a registered dietitian. This person is a nutrition expert and will give you guidance on choosing healthy foods.

This service is for members who cannot get enough food when they need it, cannot shop for and cook their own healthy meals, is at risk for nutritional deficiency due to food insecurity AND:

- Have an illness that can be improved with a healthy diet, like diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), hypertension, human immunodeficiency virus (HIV), cancer with malnutrition, sickle cell disease, renal/kidney disease, diabetes during pregnancy, or other pregnancy complications; OR
- Have been in a hospital or skilled nursing facility in the last 60 days.

Produce Prescription

Through the Produce Prescription service, you will receive a voucher to buy fruits and vegetables for up to 3 months.

This service is for members who cannot get enough food when they need it, be at risk for nutritional deficiency due to food insecurity AND:

- Have an illness that can be improved with a healthy diet, like diabetes, heart conditions, stroke, lung disorders, hypertension, human immunodeficiency virus (HIV), cancer, obesity, oral health disease, sickle cell disease, renal/kidney disease, a substance use disorder or a mental health disorder; OR
- Have been in a hospital or skilled nursing facility in the last 90 days; OR
- Are likely to end up in the hospital or another facility if they cannot access healthy food; OR
- Are pregnant and currently have, have a history of or are at risk of complications from being pregnant, including things like diabetes while pregnant, preeclampsia, preterm labor, an infection, and a mental health condition; OR
- Used to be in foster care and is at risk of developing an illness; OR
- Are a child that has too much lead in their blood, lives in a stressful environment or will develop an illness without access to healthy food;
- Are eligible for the Children’s Special Health Care Services (CSHCS) program; OR
- Are an adult eligible for the Persons with Special Health Care Needs (PSHCN) program; OR
- Have a disability.

You can only receive one (1) of the food services listed above (MTM or Produce Prescription) at a given time.

4. Hospice care – Page 40

You have the right to choose hospice care if your doctor and the hospice doctor agree that you have a serious illness and may live six months or less. You can get care from any hospice program. UHC can help you find one. The hospice doctor can be part of your plan or not.

5. Transportation services – Page 51

If you need to travel a long distance for a medical service, there may be additional transportation assistance available to you.

6. Help with public benefit programs – Page 55

You may qualify for other programs that can help with food, money, and home expenses. These include:

- **WIC (Women, Infants, and Children):** Offers healthy food and nutrition support for pregnant women, new moms, and young children.
- **SNAP (Supplemental Nutrition Assistance Program):** Helps pay for groceries.
- **TANF (Temporary Assistance for Needy Families):** Provides cash assistance and other support for families.
- **Utility and Weatherization Programs:** Help lower energy bills and make your home more energy-efficient.

You can learn more and apply for these programs through MI Bridges, Michigan's online tool for finding and applying for benefits. Visit www.michigan.gov/mibridges to get started.

If you need help, call Member Services. They can guide you to resources that explain how to use MI Bridges and apply for benefits.

7. Disenrollment – Page 64

There may be times when your membership in this health plan comes to an end. Either you or the health plan may end your membership.

Disenrollment by plan

The health plan can request your disenrollment for the following:

- If you act in a violent or threatening manner. Violent or threatening situations involve physical acts of violence; physical or verbal threats of violence made against providers, staff, or the public at the health plan's locations, or stalking situations. Special considerations may be made if you have special needs.
- If you moved out of the MHP's service area
- If you are admitted to a nursing facility for longer than 45 days
- If you no longer meets the criteria for enrollment

Disenrollment by you

If you are unhappy with the health plan for any reason, you may disenroll yourself by calling MI Enrolls at 1-800-975-7630, TTY 1-888-263-5897. Reasons you may disenroll include the following reasons:

- If you move
- If the health plan does not cover the service you seek, because of moral or religious objections
- If you need related services to be performed at the same time but not all related services are available within the provider network and receiving the services separately would subject you to unnecessary risk

For any other reasons such as poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

8. Helpful definitions – Page 68

Adverse Benefit Determination: A letter that you receive after an appeal is denied, in whole or in part, or if the plan cannot provide a service in a timely basis. The letter will tell you what action was taken, why the action was taken, and your rights.

Post-Stabilization Services: Services related to an emergency medical condition, provided after a person is stabilized. These services maintain, improve, or fix the stabilized condition.