



Delaware Specific Information

This document contains information specific to the State of Delaware. Please refer to the Provider Reference Guide for general information regarding plan administration.

Table of Contents

1.1 Notice of Updates.....	2
1.2 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H3113-011.....	3
1.3 Covered Benefits – UnitedHealthcare Dual Complete® Select HMO D-SNP (Medicare) H3113-013.....	3

1.1 Notice of Updates

Notice of updates published January 1, 2024.

- UnitedHealthcare Dual Complete[®] Select HMO D-SNP (Medicare) H3113-013 updated effective 01/01/2024.



1.2 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H3113-011

Benefit Plan(s): UDDES-DC

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none"> \$450 allowance every calendar year. Allowance may be used toward frames, lenses, lens extras and contact lenses. In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply. To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none"> 1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”: <ul style="list-style-type: none"> Individuals with a family history of glaucoma Individuals with diabetes mellitus African-Americans ages 50 and older Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care

1.3 Covered Benefits – UnitedHealthcare Dual Complete® Select HMO D-SNP (Medicare) H3113-013

Benefit Plan(s): UDDES-DC2

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none"> \$300 allowance every calendar year. Allowance may be used toward frames, lenses, lens extras and contact lenses. In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply. To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none"> 1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”: <ul style="list-style-type: none"> Individuals with a family history of glaucoma Individuals with diabetes mellitus African-Americans ages 50 and older Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care