

## 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.

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## 1.1 Notice of Updates

Notice of updates published June 1, 2025.

- Updated Eyewear for UnitedHealthcare Dual Complete Medicare plans effective 06/01/2025.

## 1.2 Covered Benefits – UnitedHealthcare Dual Complete® DE-S001 (Medicare) H3113-011

Benefit Plan(s): UDDES-DC

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> <li>1 service date every calendar year.</li> </ul>
Necessary Medical Services	<ul style="list-style-type: none"> <li>Covered as needed when services are performed by an optometrist and are within the scope of licensure.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$250 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year. In-house frame and lenses <b>MUST</b> be used.</li> </ul>
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> <li>One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</li> </ul>
Glaucoma Screening	<ul style="list-style-type: none"> <li>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"> <li>Individuals with a family history of glaucoma</li> <li>Individuals with diabetes mellitus</li> <li>African-Americans ages 50 and older</li> <li>Hispanic-Americans ages 65 and older</li> </ul> </li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>Surgical eye care</li> </ul>

## 1.3 Covered Benefits – UnitedHealthcare Dual Complete® DE-V001 (Medicare) H3113-013

Benefit Plan(s): UDDES-DC2

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> <li>1 service date every calendar year.</li> </ul>
Necessary Medical Services	<ul style="list-style-type: none"> <li>Covered as needed when services are performed by an optometrist and are within the scope of licensure.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$200 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</li> <li>In-house frame and lenses <b>MUST</b> be used.</li> </ul>
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> <li>One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</li> </ul>
Glaucoma Screening	<ul style="list-style-type: none"> <li>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"> <li>Individuals with a family history of glaucoma</li> <li>Individuals with diabetes mellitus</li> <li>African-Americans ages 50 and older</li> <li>Hispanic-Americans ages 65 and older</li> </ul> </li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>Surgical eye care</li> </ul>