

# Quick Reference Guide

Agent Information | Connecticut | UnitedHealthcare Dual Complete® (PPO D-SNP) H0271-014

**Service areas include:** Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

## Agent Tools/Marketing Support

### Producer Help Desk (PHD)

Phone: **1-888-381-8581**

7 a.m. – 9 p.m. CT, Monday – Friday

Email: [phd@uhc.com](mailto:phd@uhc.com)

Contact the Producer Help Desk (PHD) if you are looking for producer portal access, enrollment kits, customer eligibility or application status.

### Jarvis

Online: [UHCJarvis.com](http://UHCJarvis.com)

Jarvis is the go-to for all support resources like UnitedHealthcare Toolkit, LEAN, training, prescription drug list, provider look-up and more.

### UnitedHealthcare Toolkit Support

Phone: **1-877-249-5419**

8 a.m. – 5 p.m. CT, Monday – Friday

Email: [customerservice@uhcagenttoolkit.com](mailto:customerservice@uhcagenttoolkit.com)

Contact if you need help navigating the website or customizing your marketing material.

### Compliance

Email: [compliance\\_questions@uhc.com](mailto:compliance_questions@uhc.com)

For questions or to report a non-compliant activity.

## Provider Information

### Provider Lookup

Online: [UHCprovider.com](http://UHCprovider.com)

### Claim Submissions

Electronic: 87726

Hard Copy: UnitedHealthcare Community Plan

Connecticut

P.O. Box 31350

Salt Lake City, UT 84131-0350

## Enrollment Support

### Product Information

Online: [UHCCommunityPlan.com](http://UHCCommunityPlan.com)

### UnitedHealthcare Enrollment

Fax: **1-501-262-7070**

### Application Cancellation and Withdrawals

Phone: **1-888-867-5554**

Agent is **NOT** permitted to assist members on call.

### Medicaid Eligibility

QMB Plus, SLMB Plus, FBDE, QMB

## Member Support

### Customer Service

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

Online: [UHCCommunityPlan.com](http://UHCCommunityPlan.com)

### Member Portal

Online: [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan)

Help your members register their secure website to access plan information, benefits, search providers, print/view ID cards and more.

## Benefit Contact Information

### Behavioral Health

Phone: **1-800-496-5841**

24 hours a day, 7 days a week

Online: [VirtualVisitsMentalHealth.UHC.com](http://VirtualVisitsMentalHealth.UHC.com)

### Dental

Phone: **1-866-480-1086, TTY 711**

8 a.m. – 8 p.m. local time, 7 days a week

Online: [www.myUHCmedicare.com](http://www.myUHCmedicare.com)

### OTC Benefit

#### Solutran – Catalog

Phone: **1-833-845-8798, TTY 711**

8 a.m. – 8 p.m., local time,

7 days a week, October – March;

Monday – Saturday, April – September

Online: [HealthyBenefitsPlus.com/HWPCard](http://HealthyBenefitsPlus.com/HWPCard)

### Vision (UnitedHealthcare Vision®)

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

### Non-Emergent Transportation (LogistiCare®)

Phone: **1-866-418-9812**

8 a.m. – 5 p.m., Monday – Friday

Online: [logisticare.com](http://logisticare.com)



## Benefit Contact Information (continued)

### Hearing

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

Online: **www.myUHCMedicare.com**

### Fitness Benefit

Online: **myrenewactive.com**

### Virtual Doctor Visits

Phone: **1-866-480-1086**

8 a.m. – 8 p.m. local time, 7 days a week

Online: **www.amwell.com/cm**

### NurseLine

Phone: **1-877-365-7949**

24 hours a day, 7 days a week

## Prescription Drug Information

### Formulary Lookup

Online: **UHCCCommunityPlan.com**

### Prescriptions – Mail Order

Phone: **1-877-889-6358, TTY 711**

24 hours a day, 7 days a week

Online: **OptumRx.com**

## Sample Member ID Card

### UnitedHealthcare Community Plan



UnitedHealthcare  
Dual Complete

Health Plan (80840): 999-99999-99

Member ID: 999999999

Group Number:

Member:  
SUBSCRIBER BROWN


Payer ID:

PCP Name:  
DR. PROVIDER BROWN  
PCP Phone: (999)999-9999



## Sample Eligibility Cards

### Medicare



## MEDICARE HEALTH INSURANCE

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>01-01-2019</b>
<b>MEDICAL (PART B)</b>	<b>01-01-2019</b>

### Connecticut Medicaid



**JOHN J. SAMPLE**  
**123456789**

No cost share

[www.ct.gov/husky](http://www.ct.gov/husky)

