2026 Plan Highlights

UHC Dual Complete CO-V001 (PPO D-SNP)

H2001-052-000

Service area: Colorado - Adams, Alamosa, Arapahoe, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Grand, Huerfano, Jefferson, Kiowa, Kit Carson, Lake, Larimer, Las Animas, Lincoln, Logan, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Sedgwick, Teller, Washington, Weld, Yuma counties

United Healthcare®
Dual Complete

CO-V001
FBDE, QI, QMB, QMB+, SLMB, SLMB+

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— Karen K, UnitedHealthcare Medicare Advantage Member

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— Mary M, UnitedHealthcare Complete Care Member

Medicare member responses based on Human8 survey, May 2025.

Y0066_INTRO_2026_C UHEX26MP0309570_000

Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.

Here's how this PPO D-SNP plan works

Select a primary care provider to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.

$0 copays for preventive services when received in-network. Look at the Summary of Benefits to find out what is covered and how much you'll pay for covered services.

No referral is needed to see a specialist or other provider.

This plan has a maximum annual out-of-pocket amount.

Emergency and urgently needed services are covered anywhere in the world.

This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

This plan includes Special Supplemental Benefits for the Chronically Ill (SSBCI), allowing eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.

Go to **UHC.com/CommunityPlan** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list

Y0066_PlanWorks_2026_M H2001052000

CSCO26LP0321388_000

Benefit Highlights

UHC Dual Complete CO-V001 (PPO D-SNP)

This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly plan premium	$0 with “Extra Help”	$35.20 without “Extra Help”
Annual medical deductible	$0 combined in and out-of-network	
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$5,900 in-network $10,100 combined in and out-of-network	

Plan benefits		
	In-network	**Out-of-network**
Doctor’s office visit		
Primary care provider (PCP)	$0 copay	$35 copay
Specialist	$50 copay (no referral needed)	$75 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	$0 copay	$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	$525 copay per day: days 1-5 $0 copay per day: days 6 and beyond	$525 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $218 copay per day: days 21-100	$0 copay per day: days 1-20 $218 copay per day: days 21-100

Plan benefits		
	In-network	**Out-of-network**
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	$525 copay	40% coinsurance
Outpatient mental health		
Group therapy	$15 copay	$30 copay
Individual therapy	$25 copay	$40 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	20% coinsurance
Diabetes monitoring supplies	$0 copay for covered brands	20% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$260 copay	$360 copay
Diagnostic tests and procedures (non-radiological)	$45 copay	$65 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$25 copay	$40 copay
Ambulance	$255 copay for ground or air	$255 copay for ground or air
Emergency care	$130 copay ($0 copay for emergency care outside the United States) per visit	
Urgently needed services	$50 copay ($0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

Additional plan benefits			
		In-network	**Out-of-network**
Routine physical		$0 copay, 1 per year*	40% coinsurance, 1 per year*
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health*	$75 copay for a routine hearing exam to help support hearing health*
	Hearing aids	$199 - $829 copay for each OTC hearing aid. $199 - $1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.* ▯ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids ▯ Access to one of the largest national networks of hearing professionals with more than 6,500 locations ▯ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period ▯ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
Routine dental benefits	Preventive services	$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:* ▯ No annual deductible ▯ Access to one of the largest national dental networks ▯ Freedom to see any dentist	
Vision services	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	$75 copay for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	$200 allowance every 2 years for 1 pair of frames or contacts* ▯Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives ▯Other covered lenses available with copays from $40 – $153 ▯Access to one of Medicare Advantage's largest national networks of vision providers and retail providers	

Additional plan benefits		
	In-network	**Out-of-network**
	☐Eyewear available from many online providers, including Warby Parker and GlassesUSA ☐You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network	
Fitness program	$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: ☐ Free gym membership at core and premium locations ☐ Access to a large national network of gyms and fitness locations ☐ On-demand workout videos and live streaming fitness classes ☐ Online memory fitness activities	
Routine transportation	$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Foot care - routine	$35 copay, 6 visits per year*	$75 copay, 6 visits per year*

Additional plan benefits		
	In-network	**Out-of-network**
OTC, healthy food, utilities + wellness support	$56 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members Choose from thousands of OTC products, like first aid supplies, pain relievers and more Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you Pay home utilities like electricity, heat, water and internet Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance	
Rewards	Earn up to $165 in rewards when you get started in January[Ω]	
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	

*Benefits are combined in and out-of-network

Prescription drugs	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:	
Deductible	Your deductible amount is $0
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100 you move to the Catastrophic Coverage stage.
Drug coverage	**30-day or 100-day supply from retail network pharmacy**

Prescription drugs	
Generic (including brand drugs treated as generic)	$0, $1.60, or $5.10 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs[1]	$0, $4.90, or $12.65 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

[1] You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

Scan this code to view your Summary of Benefits

United Healthcare® Dual Complete

The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

[Ω]Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.This information is not a complete description of benefits. Contact the plan for more information.

Y0066_MABH_2026_M H2001052000 CSCO26LP0335102_000

What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.

You are here
Enrollment submitted

Download the app or create your account online

UCard arrives in the mail – be sure to activate it

Coverage begins! Start using your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at **myUHC.com/CommunityPlan**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Paying for OTC products and more – including healthy food and utilities if you qualify. (We'll verify your qualifying condition with your doctor and send you a letter with next steps)
- Spending your earned rewards
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to an annual in-home Optum® HouseCalls visit and personalized care coordination from a care navigator as part of your health plan
- Review UCard balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UCard.

Y0066_WTEA_2026_M CSCO26LP0327603_000

Required Information

UHC Dual Complete CO-V001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-368-6879 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-368-6879, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan

coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

CSCO26LP0354185_000

Notes and doodles

Notes and doodles

Notes and doodles

Notes and doodles

Notes and doodles

Notes and doodles

Ready to use your extra benefits?

UHC Dual Complete CO-V001 (PPO D-SNP)

Take advantage of your additional plan benefits by using the providers below.

Call **1-844-368-6879**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHC.com/CommunityPlan** for:

- ☐ Routine vision services: UnitedHealthcare Vision®
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®

Hearing aids
UnitedHealthcare Hearing
1-855-523-9355
UHCHearing.com/Medicare

Prescription drug home delivery
Optum® Home Delivery Pharmacy
1-877-889-6358
myUHC.com/CommunityPlan

Routine transportation
SafeRide
1-866-244-3123
myUHC.com/CommunityPlan

OTC, healthy food, utilities + wellness support
Solutran
1-833-853-8587
myUHC.com/CommunityPlan

UnitedHealthcare has more than 45 years of experience serving members.
You can count on UnitedHealthcare to be there for you every step of the way.

Click. Call. Connect.

Download the UnitedHealthcare app

UHC.com/CommunityPlan

Call toll-free **1-844-560-4944**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Scan this code to download the UnitedHealthcare app

Important plan information

Y0066_EGCov_2026_C

CSCO26LP0319270_000