2026 Plan Highlights

UHC Dual Complete OH-V002 (HMO-POS D-SNP)

H5322-034-000

Service area: Ohio - Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot counties

United Healthcare®
Dual Complete

OH-V002 Skinny POS
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.

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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 for certain covered services if they accept Medicare and the plan, but keep in mind your costs may be higher.

Here's how this HMO-POS D-SNP plan works

Get care from providers in the network or visit out-of-network providers for certain covered services.

Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.

$0 copays for preventive services when received in-network.

Some services require a referral from your doctor. Check your Summary of Benefits for details.

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

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Benefit Highlights

UHC Dual Complete OH-V002 (HMO-POS 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”	$31.40 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)	$5,800 in-network Unlimited out-of-network	

Plan benefits		
	In-network	**Out-of-network**
Doctor’s office visit		
Primary care provider (PCP)	$0 copay	No coverage
Specialist	$30 copay (referral needed)	No coverage
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	No coverage
Preventive services	$0 copay	Flu, pneumonia, or COVID-19 vaccines: $0 copay All other services: No coverage
Inpatient hospital care	$400 copay per day: days 1-7 $0 copay per day: days 8 and beyond	No coverage

Plan benefits		
	In-network	**Out-of-network**
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $218 copay per day: days 21-100	No coverage
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	$400 copay	No coverage
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	No coverage
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	20% coinsurance	No coverage
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	No coverage
Diabetes monitoring supplies	$0 copay for covered brands	No coverage
Diagnostic radiology services (such as MRIs, CT scans)	$200 copay	No coverage
Diagnostic tests and procedures (non-radiological)	$50 copay	No coverage
Lab services	$0 copay	No coverage
Outpatient x-rays	$25 copay	No coverage
Ambulance	$275 copay for ground or air	No coverage (except for emergencies)
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	No coverage
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health	Not covered
	Hearing aids	$0 copay for 2 hearing aids every 2 years • 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 and comprehensive services	$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns and dentures • No annual deductible • Access to one of the largest national dental networks	Not covered
Vision services	Routine eye exam	$0 copay, 1 per year	Not covered
	Routine eyewear	$0 copay for 1 pair standard lenses/frames and $150 allowance toward your purchase of contact lenses every year	No coverage

Additional plan benefits		
	In-network	**Out-of-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	No coverage
Foot care - routine	$30 copay, 8 visits per year	No coverage
OTC, healthy food, utilities + wellness support	$59 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	
Rewards	Earn up to $165 in rewards when you get started in January[Ω]	

Additional plan benefits		
	In-network	**Out-of-network**
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	

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**
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.
*Tier 1 includes enhanced drug coverage.

Scan this code to view your Summary of Benefits

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.

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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.

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Required Information

UHC Dual Complete OH-V002 (HMO-POS 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 1-866-944-3488 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 1-866-944-3488, 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.

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.

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Ready to use your extra benefits?

UHC Dual Complete OH-V002 (HMO-POS D-SNP)

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

Call **1-866-944-3488**, 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: MARCH® Vision Care
- ☐ 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
1-888-462-6048
myUHC.com/CommunityPlan

OTC, healthy food, utilities + wellness support
Solutran
1-833-845-8798
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

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