2027 Plan Highlights

UHC Dual Complete AR-S2 (PPO D-SNP)

H2001-065-000

Service area: Arkansas - Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell counties

United Healthcare® Dual Complete

AR-S2
FBDE, QMB+, 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 Medicare Advantage members don't have to give up the doctor's they rely on — 9 out of 10 members can keep their preferred doctors. 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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Discover a plan that works for you

This PPO D-SNP plan is for people with both Medicare and Medicaid. It offers extra benefits to support your health and well-being.

You'll enjoy:

$0 covered services when you use in-network providers

Access to a broad network of doctors, hospitals and pharmacies – you can also see out-of-network providers nationwide if they accept the plan and participate in Medicare for Medicare-covered services, but keep in mind your costs may be higher

Prescription drug coverage – use network pharmacies for the lowest cost

Plan credits to spend on over-the-counter (OTC) items and wellness support products – plus healthy food and utility bills for members who qualify

How the plan works:

- Choose a primary care provider (PCP) to help manage your care – you're not limited to this PCP, but it's beneficial for your long-term health
- Get care from in-network providers for your plan's lowest cost
- No referral needed to see a network specialist or other provider
- Review your Summary of Benefits to see what's covered
- Plan credits can be used for OTC items and other wellness products. Members with a verified chronic condition and more complex health needs can also use credits for healthy food and utilities.

Scan this code for OTC credit details

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Benefit Highlights

UHC Dual Complete AR-S2 (PPO D-SNP)

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan.

Plan costs	
If you have full Medicaid benefits, you will pay $0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.	
Monthly plan premium	$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$0 combined in and out-of-network

Covered plan benefits and costs		
	In-network	**Out-of-network**
Doctor's office visit		
Primary care provider (PCP)	$0 copay Select a PCP to help manage your care	$0 copay
Specialist	$0 copay No referral required	$0 copay
Virtual visits	$0 copay	Same as a Doctor's office visit
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days	$0 copay per stay for unlimited days
Skilled nursing facility (SNF) (Stay must meet Medicare coverage criteria)	$0 copay per day: days 1-100	$0 copay per day: days 1-100
Outpatient hospital		
Ambulatory surgical center (ASC)	$0 copay	$0 copay
Outpatient hospital, including surgery	$0 copay	$0 copay
Outpatient mental health		
Group therapy	$0 copay	$0 copay
Individual therapy	$0 copay	$0 copay

Covered plan benefits and costs		
	In-network	**Out-of-network**
Virtual visits	$0 copay	Same as an Outpatient mental health office visit
Outpatient rehabilitation services		
Physical and speech therapy	$0 copay	$0 copay
Occupational therapy	$0 copay	$0 copay
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	$0 copay	$0 copay
Prosthetics (e.g., braces, artificial limbs)	$0 copay	$0 copay
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient X-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground or air	$0 copay for ground or air
Emergency care	$0 copay	
Urgently needed services	$0 copay	

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*	30% coinsurance for a routine hearing exam to help support hearing health*
	Hearing aids	$2,200 allowance for 2 hearing aids every 2 years *	If you use an out-of-network provider, you are responsible for

Additional plan benefits			
		In-network	**Out-of-network**
		• A broad selection of 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	90% of the allowance amount.*
Routine dental benefits	Preventive and comprehensive services	$2,500 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • 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*	30% coinsurance for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	$250 allowance every year for 1 pair of eyeglasses (lenses and frames) or contacts* • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers	If you use an out-of-network provider, you are responsible for 90% of the allowance amount*

Additional plan benefits		
	In-network	**Out-of-network**
	• Eyewear available from many online providers, including Warby Parker and GlassesUSA	
Fitness program	$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations	If you use an out-of-network provider, you pay 90% of the total cost
Routine transportation	$0 copayment for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Foot care - routine	$0 copay, 6 visits per year*	30% coinsurance, 6 visits per year*
OTC, healthy food, utilities + wellness support Special Supplemental Benefits for the Chronically Ill (SSBCI) allow 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.	$269 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	If you use an out-of-network store, you pay 90% of the total cost

Additional plan benefits		
	In-network	**Out-of-network**
	and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more	
Rewards	Earn up to $165 in rewards when you get started in January	

*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 $2,400, you move to the Catastrophic Coverage stage.
Drug coverage	**30-day or 100-day supply from a retail network pharmacy**
Generic (including brand drugs treated as generic)	$0, $1.65, or $5.80 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs[3]	$0, $5, or $14.40 copay

Prescription drugs	
	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.

[3]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.

Choose network pharmacies for the best experience and lowest out-of-pocket costs. Using out-of-network pharmacies could mean paying more - or even the full price - for your prescriptions.

Member discounts
As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Find everything you need to know online

Download the UnitedHealthcare app or go to **myUHCMedicare.com** to search for a network provider or pharmacy using our online directories. You can also access our Drug Cost Estimator and view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Summary of Benefits or Evidence of Coverage for a list of all covered services.

Scan this code to view your Summary of Benefits

Required Information

UHC Dual Complete AR-S2 (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.

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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 2025.

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 benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating 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 available only 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, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

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.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program - 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. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.

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Helpful resources

Helping you feel your best at home

As a UnitedHealthcare member, you have access to Optum® Care at Home at no additional cost through your UnitedHealthcare plan. Optum Care at Home helps you with your changing health needs and brings care and support to you.

A yearly health and wellness visit from Optum HouseCalls provides an extra layer of preventive care. This visit, completed by a licensed health care practitioner, lasts up to an hour and includes an exam, tailored health screenings, and a review of your medications and supplements. These services may help identify potential health concerns earlier and support informed decisions about your care. If your health changes, we're here to help with ongoing in-home visits.

Care Navigators are just a call away. They provide support with scheduling appointments, coordinating prescriptions and connecting you to local resources like transportation and meals.

Scan this code or visit **optumcareathome.com** for more information

Resources for caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

You may qualify for Extra Help from Medicare

If you haven't already, you may want to find out if you qualify for Medicare's low-income subsidy, called Extra Help. Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778 or visit ssa.gov
- Your state Medicaid office or visit medicaid.gov

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn about Medicare so you can make informed decisions about your health and Medicare coverage.

MedicareMadeClear.com

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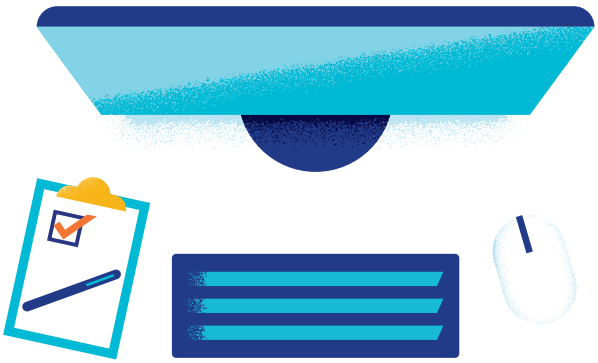
Get more from your Medicare coverage



With this plan you have access to online resources that help you use your plan with confidence. You can find all these documents, directories and other helpful resources on the UnitedHealthcare app or at **UHC.com/Medicare**.

See what drugs are covered

Review the **Drug List (Formulary)** to find out what drugs are covered and any coverage rules.

- If your medication isn't on the list, there may be an alternative covered drug you can discuss with your provider

You can also use the online **Drug Cost Estimator** to:

- Look up covered medications
- View your estimated costs
- See if a lower-cost generic option is available

Visit **UHCdrugcosts.com** or scan the QR code below.

Confirm your providers are in the plan network

This plan includes a network of quality doctors, hospitals, and other providers, designed to help you get the care you need.

Check your pharmacy directory

If your pharmacy isn't in the network, switching to a network pharmacy can help ensure you receive the lowest cost available through your plan.

Review your plan details anytime

Your Summary of Benefits gives you an overview of many key plan features. For a complete picture — including coverage, benefits and plan rules — your Evidence of Coverage is available online whenever you need it.

Scan this code to use the Drug Cost Estimator

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A few more things to know

We'll confirm your eligibility

Members with a qualifying condition and more complex health needs can use their over-the-counter (OTC) credits for healthy food and utilities. We'll confirm if you qualify and send you a letter with your status and next steps. With or without a qualifying condition, credits can be used for covered OTC products and wellness support, like fitness items, in home services, weight management counseling, caregiver relief and more.

You'll receive 2 cards in the mail — each with a different purpose

Your membership comes with 2 easy-to-use cards: Your UnitedHealthcare UCard® and your member ID card. Use your member ID card when visiting a provider or filling a prescription. Use your UCard to access over-the-counter (OTC) products and earned rewards.

What's the difference between a copay and coinsurance?

Copays and coinsurance are both ways you share the cost of care and prescriptions, but they work differently. A **copay** is a fixed dollar amount. You pay the same amount each time for the same service or prescription. **Coinsurance** is a percentage of the cost. The amount you pay depends on how much the service or prescription costs.

What is a deductible?

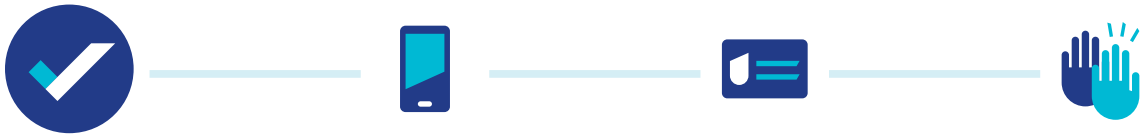
A deductible is the amount you pay for prescriptions and covered services before your plan starts to pay its share. You pay the full cost for prescriptions and covered services until the deductible is met. Some services, like preventive care, may be covered before you meet the deductible. There are separate deductibles for prescriptions and covered medical services. Not all plans have deductibles. Any applicable deductible amounts are listed in the Benefit Highlights.

Watch for your Annual Notice of Change (ANOC)

You'll get an ANOC in the fall. It explains what's changing in your plan for the upcoming year — including costs, benefits and coverage rules. Reviewing the ANOC helps you understand what's changing — so you can feel confident your plan will continue to meet your needs next year. If it's still the right plan for you, you don't need to do anything. Your enrollment will continue automatically.

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.



You are here
Enrollment submitted

Download the app or create your account online

Member ID card and UCard arrive in 2 separate mailings

Coverage begins! Start using your plan

Manage your plan online

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

Use the right card for the job

- Show your member ID card when visiting a provider or pharmacy
- Reach for your UCard when paying for OTC products and spending your earned rewards

Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to a yearly in-home Optum® HouseCalls visit and a Care Navigator who can help you with appointments, prescriptions, local resources and more
- Visit the UCard Hub to check your balance, find covered products, locate thousands of participating stores to shop at and much more

Thank you for choosing UnitedHealthcare

We're here for you — today and along the way. Chat with us on the UnitedHealthcare app or member site. Or call us at the toll-free member phone number on your member ID card.

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Notes & doodles

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Ready to use your extra benefits?

UHC Dual Complete AR-S2 (PPO D-SNP)

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

Call **1-866-480-1086**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept or visit **myUHCMedicare.com** for:

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

Scan this code to find fitness locations

Hearing aids
UnitedHealthcare Hearing
1-877-704-3384
UHCHearing.com/Medicare

Routine transportation
SafeRide
1-833-969-5860
myUHCMedicare.com

OTC, healthy food, utilities + wellness support
Solutran
1-833-853-8587
ucardhub.uhc.com

50 years of experience

UnitedHealthcare has 50 years of experience serving members like you. You can count on us to be there when you need us. Call us when you need 1 on 1 support.

We're happy to help

Download the UnitedHealthcare app

Visit **UHC.com/Medicare**

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

Scan this code to download the UnitedHealthcare app

Important plan information

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