

Benefit Highlights

UHC Dual Choice DC-Y001 (HMO D-SNP)

This is a short description of your 2025 plan benefits. This information is not a complete description of benefits. Please refer to your **Summary of Benefits** or **Enrollee Handbook**.

Limitations, exclusions, and restrictions may apply. Please call Enrollee Services:

1-866-242-7726, TTY **711** for additional assistance.

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare and Medicaid covered services. If your eligibility for Medicaid or Extra Help changes, your cost sharing and premium may change.

Plan costs

Monthly plan premium	\$0
----------------------	-----

Medical benefits

Doctor's office visit

Primary care provider (PCP)	\$0 copay
-----------------------------	-----------

Specialist	\$0 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
---------------------	-----------

Inpatient hospital care	\$0 copay per stay for unlimited days
-------------------------	---------------------------------------

Skilled nursing facility (SNF)	\$0 copay per day: days 1–100
--------------------------------	-------------------------------

Outpatient hospital, including surgery	\$0 copay
--	-----------

Outpatient mental health

Group therapy	\$0 copay
---------------	-----------

Individual therapy	\$0 copay
--------------------	-----------

Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
----------------	--

Diabetes monitoring supplies	\$0 copay for covered brands
------------------------------	------------------------------

Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
--	-----------

Medical benefits

Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient X-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Benefits and services beyond Original Medicare

Routine physical	\$0 copay, 1 per year
Hearing – routine exam	\$0 copay, 1 per year
Fitness benefit	\$0 copayment fitness program, which includes a free gym membership, online fitness classes and memory activities.
Foot care – routine	\$0 copay, 12 visits per year. Additional visits covered by Podiatrist services below.
Food, over-the-counter (OTC) and utility bill credit	\$177 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Rewards	Earn up to \$165 in rewards when you get started in January* \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply.

Benefits and services covered by Medicaid

Adult wellness services	\$0 copay
Women's wellness services	\$0 copay
Screenings	\$0 copay
Tobacco cessation counseling	\$0 copay
Immunizations	\$0 copay

Benefits and services covered by Medicaid

Federally Qualified Health Center (FQHC) services	\$0 copay
--	-----------

Mental health and inpatient substance use disorder treatment	\$0 copay
---	-----------

Dental services	\$0 copay
------------------------	-----------

Hearing – routine exam, hearing aid	\$0 copay
--	-----------

Substance use disorder screening and behavioral counseling	\$0 copay
---	-----------

Family planning services and supplies	\$0 copay
--	-----------

Pregnancy-related services	\$0 copay
-----------------------------------	-----------

Nurse midwife service	\$0 copay
------------------------------	-----------

Nurse practitioner services	\$0 copay
------------------------------------	-----------

Routine screening for sexually transmitted diseases	\$0 copay
--	-----------

HIV/AIDS screening, testing, and counseling	\$0 copay
--	-----------

Podiatrist services	\$0 copay
----------------------------	-----------

Medicaid health home services	\$0 copay
--------------------------------------	-----------

Physical therapy services	\$0 copay
----------------------------------	-----------

Occupational therapy services	\$0 copay
--------------------------------------	-----------

Speech therapy	\$0 copay
-----------------------	-----------

Durable medical equipment	\$0 copay
----------------------------------	-----------

Diet and behavioral counseling	\$0 copay
---------------------------------------	-----------

Prosthetic devices	\$0 copay
---------------------------	-----------

Routine vision	\$0 copay
-----------------------	-----------

Benefits and services covered by Medicaid

Tuberculosis-related services	\$0 copay
--------------------------------------	-----------

Private duty nursing services	\$0 copay
--------------------------------------	-----------

Personal care services	\$0 copay
-------------------------------	-----------

Adult day health program services	\$0 copay
--	-----------

EPD waiver services, including participant directed community supports	\$0 copay
---	-----------

Nursing facility services	\$0 copay
----------------------------------	-----------

Hospice care	\$0 copay
---------------------	-----------

Transportation services	\$0 copay
--------------------------------	-----------

Gender reassignment surgery/services	\$0 copay
---	-----------

Prescription drugs

Annual prescription (Part D) deductible	\$0
--	-----

30-day or 100-day supply from retail network pharmacy

All covered drugs¹	\$0 copay Some covered drugs limited to a 30-day supply
--------------------------------------	--

¹You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.



*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 if you receive Extra Help. It is important to know which providers are part of our network because, with limited exceptions, while you are an enrollee of our plan you must use network providers as shown above to get your medical care and other services. Exceptions apply. Please contact Enrollee Services at 1-866-242-7726, TTY 711 for more information.

Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.

A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and District Medicaid.

Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.