



Selected Year: 2025

Selected LIS Level: None

|                           |                                                                                                                                                                                                                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name                 | UHC Dual Complete CO-S4 (HMO-POS D-SNP) <span>New</span>                                                                                                                                                                                                                                  |
| Plan ID                   | H0624-006-000                                                                                                                                                                                                                                                                             |
| Plan Highlights           | If you have full Medicaid benefits, this plan includes a monthly credit for OTC, healthy food, and utilities, \$0 prescription drugs, and other valued extras. Earn up to \$165* in healthy rewards. Enrolling FBDE, QMB+, SLMB+. Great for Full Dual members currently in H0624-006-000. |
| Premium                   | \$0                                                                                                                                                                                                                                                                                       |
| Medical Deductible        | \$0 INN; N/A OON                                                                                                                                                                                                                                                                          |
| Maximum Out-of-Pocket     | \$0                                                                                                                                                                                                                                                                                       |
| Provider Network          | Access to a local network of providers                                                                                                                                                                                                                                                    |
| PCP / Specialist          | \$0 / \$0; No Referral Required                                                                                                                                                                                                                                                           |
| Inpatient Hospital        | \$0 per admit                                                                                                                                                                                                                                                                             |
| ASC / Outpatient Hospital | \$0 / \$0                                                                                                                                                                                                                                                                                 |
| Skilled Nursing Facility  | \$0 Days 1-100                                                                                                                                                                                                                                                                            |
| Telehealth                | \$0 Virtual Medical & Mental Health visits from Network Providers                                                                                                                                                                                                                         |
| Lab Services              | \$0                                                                                                                                                                                                                                                                                       |
| Rx Deductible             | • \$0 All Tiers                                                                                                                                                                                                                                                                           |
| Rx Retail (30-day)        | • \$0                                                                                                                                                                                                                                                                                     |
| Rx Mail Order (100-day)   | • \$0                                                                                                                                                                                                                                                                                     |
| Dental                    | Covered                                                                                                                                                                                                                                                                                   |
| Eyewear                   | Covered                                                                                                                                                                                                                                                                                   |
| Hearing Aids              | Covered                                                                                                                                                                                                                                                                                   |
| Fitness                   | Covered                                                                                                                                                                                                                                                                                   |
| OTC                       | Covered - OTC/Food/Utilities                                                                                                                                                                                                                                                              |

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

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|                |                                 |
|----------------|---------------------------------|
| Other Benefits | • Post-Discharge Meals: Covered |
|----------------|---------------------------------|

|                                                    |                           |
|----------------------------------------------------|---------------------------|
| Key Metrics <sup>1</sup>                           |                           |
| Service Area Dual Eligibles <sup>2</sup> : 156,987 | YOY Eligible Growth: 2.5% |

1. Jun 2024 CMS.gov MA Ind State/County Enrollment Within UHC 2024 MA Ind Footprint
2. UHC Dual SNP Service Area Only; D-SNP eligibles are based on Jun 2023 CMS.gov data (includes approx. 0 partial duals who may or may not be eligible).

Service Area

Colorado

Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Elbert, Fremont, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Jefferson, Kiowa, Kit Carson, La Plata, Lake, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Teller, Washington, Weld, Yuma

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