



Selected Year: 2025

Selected LIS Level: None

<b>Plan Name</b>	<b>UHC Dual Complete LA-S003 (HMO-POS D-SNP)</b>
<b>Plan ID</b>	<b>H5008-010-000</b>
<b>Plan Highlights</b>	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, 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+, QMB.
<b>Premium</b>	\$0
<b>Medical Deductible</b>	\$0 INN; N/A OON
<b>Maximum Out-of-Pocket</b>	\$0
<b>Provider Network</b>	Access to a local network of providers
<b>PCP / Specialist</b>	\$0 / \$0; No Referral Required
<b>Inpatient Hospital</b>	\$0 per admit
<b>ASC / Outpatient Hospital</b>	\$0 / \$0
<b>Skilled Nursing Facility</b>	\$0 Days 1-100
<b>Telehealth</b>	\$0 Virtual Medical & Mental Health visits from Network Providers
<b>Lab Services</b>	\$0
<b>Rx Deductible</b>	• \$0 All Tiers
<b>Rx Retail (30-day)</b>	• \$0
<b>Rx Mail Order (100-day)</b>	• \$0
<b>Dental</b>	Covered
<b>Eyewear</b>	Covered
<b>Hearing Aids</b>	Covered
<b>Fitness</b>	Covered
<b>OTC</b>	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**

• Transportation: Covered • Post-Discharge Meals: Covered

**Key Metrics <sup>1</sup>**

**Service Area Dual Eligibles <sup>2</sup>:** 267,554

**Current UHC Dual Enrolled:** 71,771

- 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**

**Louisiana**

All counties in state



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