



## Medicare Product Portal | Plan Detail

Selected Year: 2025

Selected LIS Level: None

|                                  |                                                                                                                                                                                                                                                                                                             |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                 | <b>UHC Dual Complete NE-S002 (PPO D-SNP)</b>                                                                                                                                                                                                                                                                |
| <b>Plan ID</b>                   | <b>H2001-054-000</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. (2024 Plan ID: H0271-050-000) |
| <b>Premium</b>                   | \$0                                                                                                                                                                                                                                                                                                         |
| <b>Medical Deductible</b>        | \$0 combined INN and 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 |
|----------------|-----------------------------------------------------------|

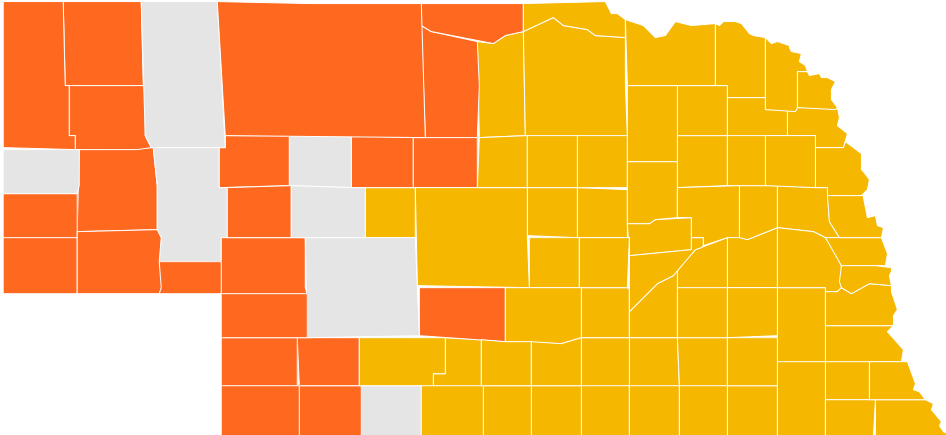
|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Key Metrics <sup>1</sup>              |                                   |
| Service Area Dual Eligibles 2: 44,610 | Current UHC Dual Enrolled: 15,838 |

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

Nebraska

Adams, Antelope, **Arthur**, **Banner**, **Blaine**, Boone, **Box Butte**, Boyd, **Brown**, Buffalo, Burt, Butler, Cass, Cedar, **Chase**, **Cherry**, **Cheyenne**, Clay, Colfax, Cuming, Custer, Dakota, **Dawes**, **Dawson**, **Deuel**, Dixon, Dodge, Douglas, **Dundy**, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, **Grant**, Greeley, Hall, Hamilton, Harlan, **Hayes**, **Hitchcock**, Holt, Howard, Jefferson, Johnson, Kearney, **Keith**, **Keya Paha**, **Kimball**, Knox, Lancaster, Logan, Loup, Madison, Merrick, **Morrill**, Nance, Nemaha, Nuckolls, Otoe, Pawnee, **Perkins**, Phelps, Pierce, Platte, Polk, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, **Sioux**, Stanton, Thayer, **Thomas**, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York



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