



Selected Year: 2025

Selected LIS Level: None

|                           |                                                                                                                                                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name                 | UHC Dual Complete WI-S1 (HMO-POS D-SNP) <span>New</span>                                                                                                                                                                                         |
| Plan ID                   | H3794-006-000                                                                                                                                                                                                                                    |
| 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+, QMB, SLMB, QI. |
| 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 | • Transportation: Covered • Post-Discharge Meals: Covered |
|----------------|-----------------------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| Key Metrics <sup>1</sup>              |                           |
| Service Area Dual Eligibles 2: 83,973 | YOY Eligible Growth: 1.9% |

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

Wisconsin

Brown, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha

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