



2026 H2001-052-000

<b>Plan Name</b>	<b>UHC Dual Complete CO-V001 (PPO D-SNP)</b>
<b>Plan ID</b>	H2001-052-000
<b>Plan Highlights</b>	Designed for a partial dual, offering balanced medical and valued extra benefits.
<b>Premium</b>	\$0 - \$35.20; Part B Rebate: \$1.60**
<b>Medical Deductible</b>	\$0 combined in and out-of-network
<b>Maximum Out-of-Pocket</b>	\$5,900
<b>Provider Network</b>	Access to a local network of providers
<b>Rewards</b>	Up to \$165* in healthy rewards
<b>Special Eligibility (SNPs)</b>	Enrolling CO: FBDE, QI, QMB, QMB PLUS, SLMB, SLMB PLUS. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
<b>PCP / Specialist</b>	\$0 / \$50; No Referral Required
<b>Inpatient Hospital</b>	\$525 copay: days 1-5 \$0 per day after that for unlimited days
<b>ASC / Outpatient Hospital</b>	\$475 copay / \$525 copay; \$0 for colonoscopies
<b>Ambulance</b>	\$255 copay for ground or air

\*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.

\*\*If a member's Medicare Part B premium is paid by Medicaid, or others on their behalf, they will not see the reduction.

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Plan Name	UHC Dual Complete CO-V001 (PPO D-SNP)
ER / Urgent Care	\$130 copay / \$50 copay
Diagnostic Radiology / X-Rays	\$260 copay; \$0 for mammograms / \$25 copay
Lab Services	\$0 copay
Rx Deductible	\$0 Tier 1 • \$615 Tiers 2-5; \$0 with LIS
Rx Retail (30-day)	\$0 Tier 1 • costs vary by LIS level
Rx Mail (Tiers 1-3, 100-day)	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level
Dental	Preventive dental services covered for \$0 copay
Vision	\$0 for a routine eye exam and standard lenses; \$200 every 2 years for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$56/month OTC and wellness support; healthy food and utilities for qualified members

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<b>Plan Name</b>	<b>UHC Dual Complete CO-V001 (PPO D-SNP)</b>
<b>Other Benefits</b>	• Transportation: \$0 INN; 75% OON; 24 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits; combined INN and OON • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

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

**Current Plan Enrollment:** 2,430

**Current Partial Dual Eligibles <sup>2</sup>:** 13,738

**UHC Plan Partial Dual Market Share:** 17.7%

1. Jul 2025 CMS.gov MA Ind State/County Enrollment Within UHC 2026 MA Ind Footprint
2. UHC Dual SNP Service Area Only; D-SNP eligibles are based on Jun 2024 CMS.gov data (includes approx. 13,738 partial duals who may or may not be eligible).

**Service Area**

**Colorado**

Adams, Alamosa, Arapahoe, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Grand, Huerfano, Jefferson, Kiowa, Kit Carson, Lake, Larimer, Las Animas, Lincoln, Logan, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Sedgwick, Teller, Washington, Weld, Yuma

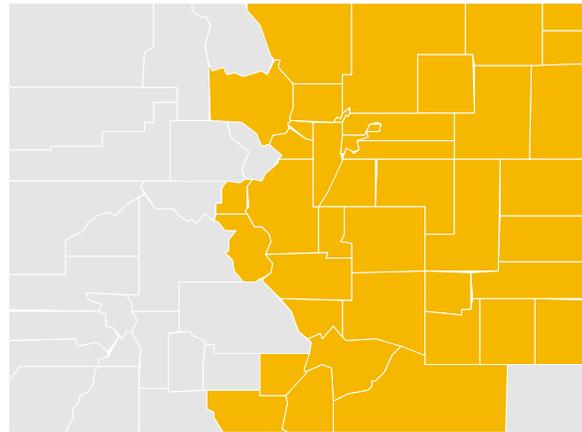
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Footprint Key: ● Dual Footprint ● Dual Expansion ● No Footprint

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