



2026 H6824-002-000

|                                   |   |
|-----------------------------------|---|
| <b>Plan Name</b>                  | <b>UHC Dual Complete HI-Y1 (PPO D-SNP)</b>  |
| <b>Plan ID</b>                    | <b>H6824-002-000</b>  |
| <b>Plan Highlights</b>            | For full dual members, this plan offers a combined Medicare and Medicaid experience, along with extra benefits like a monthly OTC credit, with healthy food and utilities for qualifying members. (H2406-132-000 mapped into this plan) |
| <b>Premium</b>                    | \$0   |
| <b>Medical Deductible</b>         | \$0 combined in and out-of-network  |
| <b>Maximum Out-of-Pocket</b>      | \$0   |
| <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 HI: FBDE, QMB PLUS, SLMB PLUS. Must be enrolled in the UHC Community Plan HI (Medicaid). Integrated SEP available; view your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.                          |
| <b>PCP / Specialist</b>           | \$0 / \$0; No Referral Required   |
| <b>Inpatient Hospital</b>         | \$0 per stay for unlimited days   |
| <b>ASC / Outpatient Hospital</b>  | \$0 / \$0   |
| <b>Ambulance</b>                  | \$0 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.

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| ER / Urgent Care              | \$0 / \$0   |
| Diagnostic Radiology / X-Rays | \$0 / \$0   |
| Lab Services                  | \$0 copay   |
| Rx Deductible                 | \$0 for all covered drugs through Medicaid  |
| Rx Retail (30-day)            | \$0 for all covered drugs through Medicaid  |
| Rx Mail (Tiers 1-3, 100-day)  | \$0 for all covered drugs through Medicaid  |
| Dental                        | \$2,500 towards covered services; \$0 copay for all covered services                      |
| Vision                        | Covered under Medicaid  |
| Hearing Aids                  | Covered under Medicaid  |
| Fitness                       | Free gym membership with premium and core network   |
| OTC                           | \$132.50/month OTC and wellness support; healthy food and utilities for qualified members |

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|                       |  |
|-----------------------|--|
| <b>Plan Name</b>      | <b>UHC Dual Complete HI-Y1 (PPO D-SNP)</b>   |
| <b>Other Benefits</b> | • Transportation: \$0 INN; 75% OON; 24 one-way trips to or from plan approved locations; combined INN and OON • Chiropractic: \$0 INN; 30% OON; 20 visits/year; combined INN and OON • Acupuncture: \$0 INN; 30% OON; 20 visits/year; combined INN and OON |

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

**Service Area Dual Eligibles <sup>2</sup>:** 52,980

**Current UHC Dual Enrolled:** 24,353

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. 0 partial duals who may or may not be eligible).

**Service Area**

**Hawaii**

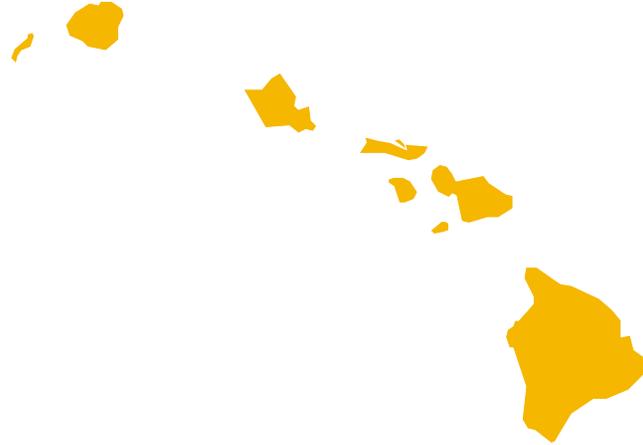
All counties in state

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

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