



2026 H6595-003-000

Plan Name	UHC Dual Complete KY-V001 (HMO-POS D-SNP)
Plan ID	H6595-003-000
Plan Highlights	Designed for a partial dual, offering balanced medical and valued extra benefits.
Premium	\$0 - \$38.40; Part B Rebate: \$0.50**
Medical Deductible	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$6,700
Provider Network	Access to a local network of providers
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Enrolling KY: FBDE, QI, QMB, QMB PLUS, SLMB, SLMB PLUS. Integrated SEP available; view your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.
PCP / Specialist	\$0 / \$30; Referral Required
Inpatient Hospital	\$455 copay: days 1-6 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$455 copay / \$455 copay; \$0 for colonoscopies
Ambulance	\$290 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 KY-V001 (HMO-POS D-SNP)
ER / Urgent Care	\$130 copay / \$50 copay
Diagnostic Radiology / X-Rays	\$190 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	\$1,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
Vision	\$0 for a routine eye exam and standard lenses; \$200 per year 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	\$64/month OTC and wellness support; healthy food and utilities for qualified members

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Plan Name	UHC Dual Complete KY-V001 (HMO-POS D-SNP)
Other Benefits	• Transportation: \$0 INN; 24 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

Key Metrics ¹

Current Plan Enrollment: 4,867 **Current Partial Dual Eligibles ²:** 38,617
UHC Plan Partial Dual Market Share: 12.6%

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. 38,617 partial duals who may or may not be eligible).

Service Area

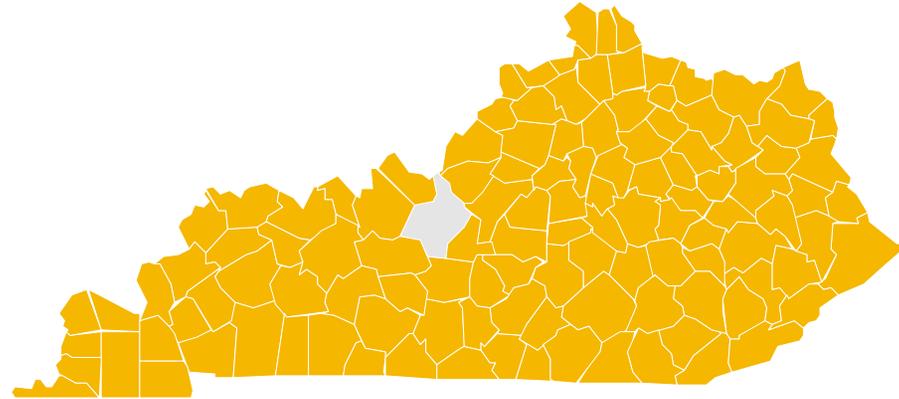
Kentucky
 Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, Woodford

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

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