



2026 H0169-003-000

<b>Plan Name</b>	<b>UHC Dual Complete NE-S001 (HMO-POS D-SNP)</b>
<b>Plan ID</b>	<b>H0169-003-000</b>
<b>Plan Highlights</b>	Must be a full dual or QMB, offering a monthly credit for OTC, plus healthy food and utilities for qualifying members, and coverage for other valued extra benefits.
<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 NE: FBDE, QMB, QMB PLUS, SLMB PLUS. 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; 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
<b>ER / Urgent Care</b>	\$0 / \$0

\*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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0169-003-000

Plan Name	UHC Dual Complete NE-S001 (HMO-POS D-SNP)
Diagnostic Radiology / X-Rays	\$0 / \$0
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	\$2,500 towards covered services; \$0 copay for all covered services
Vision	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear
Hearing Aids	\$1,500 allowance every 2 years through UHC Hearing
Fitness	Free gym membership with core network
OTC	\$145/month OTC and wellness support; healthy food and utilities for qualified members
Other Benefits	• Transportation: \$0 INN; 36 one-way trips to or from approved medically related appointments • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

\*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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0169-003-000

## Key Metrics <sup>1</sup>

**Service Area Dual Eligibles <sup>2</sup>:** 41,883

**Current UHC Dual Enrolled:** 17,736

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

### Nebraska

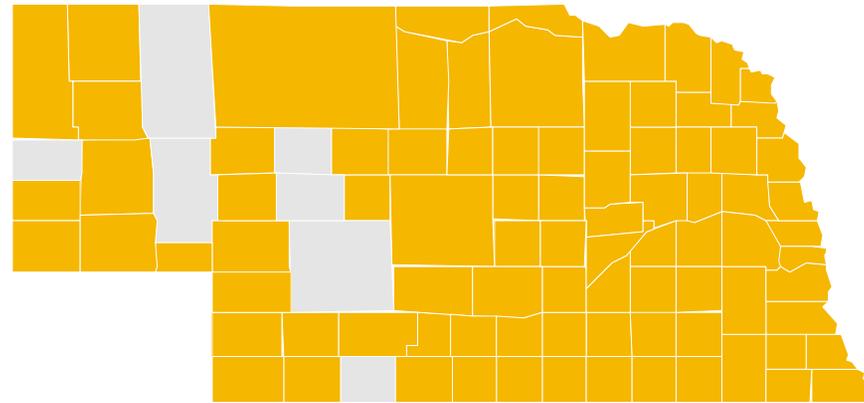
Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Grant, Greeley, 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

\*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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0169-003-000



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

\*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.

**i** For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.