



2026 H1360-003-000

|                                   |                                                                                                                                                               |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                  | <b>UHC Dual Complete NV-S5 (HMO-POS D-SNP)</b> <span>New</span>                                                                                               |
| <b>Plan ID</b>                    | <b>H1360-003-000</b>                                                                                                                                          |
| <b>Plan Highlights</b>            | Must be a full dual, 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 NV: FBDE, QMB PLUS. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.                                           |
| <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.



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|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diagnostic Radiology / X-Rays</b> | \$0 / \$0                                                                                                                                                                                                                  |
| <b>Lab Services</b>                  | \$0 copay                                                                                                                                                                                                                  |
| <b>Rx Deductible</b>                 | \$0 Tiers 1 and 2 • \$514 Tiers 3-5; \$0 with LIS                                                                                                                                                                          |
| <b>Rx Retail (30-day)</b>            | \$0 Tier 1 • costs vary by LIS level                                                                                                                                                                                       |
| <b>Rx Mail (Tiers 1-3, 100-day)</b>  | \$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level                                                                                                                                                                     |
| <b>Dental</b>                        | \$2,500 towards covered services; \$0 copay for all covered services                                                                                                                                                       |
| <b>Vision</b>                        | \$0 for a routine eye exam and standard lenses; \$250 per year for eyewear                                                                                                                                                 |
| <b>Hearing Aids</b>                  | \$2,200 allowance every 2 years through UHC Hearing                                                                                                                                                                        |
| <b>Fitness</b>                       | Free gym membership with premium and core network                                                                                                                                                                          |
| <b>OTC</b>                           | \$129/month OTC and wellness support; healthy food and utilities for qualified members                                                                                                                                     |
| <b>Other Benefits</b>                | • Transportation: \$0 INN; 36 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 |

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**Key Metrics <sup>1</sup>****Service Area Dual Eligibles <sup>2</sup>:** 82,128**YOY Eligible Growth:** 2.6%

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

**Service Area****Nevada**

Clark, Nye, Washoe

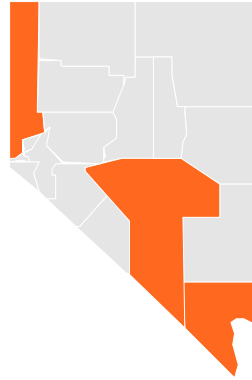
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Footprint Key: ● Dual Footprint ● Dual Expansion ● No Footprint

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