



2026 H5322-028-000

Plan Name	UHC Dual Complete OH-D002 (HMO-POS D-SNP)
Plan ID	H5322-028-000
Plan Highlights	Designed for those with QMB status, offering valued extra benefits.
Premium	\$0 - \$31.40; Part B Rebate: \$0.90**
Medical Deductible	\$0 - \$261 combined in and out-of-network
Maximum Out-of-Pocket	\$0 - \$9,250
Provider Network	Access to a local network of providers
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Enrolling OH: FBDE, QI, QMB, QMB PLUS, SLMB, SLMB PLUS. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
PCP / Specialist	0% - 20% / 0% - 20%; Referral Required
Inpatient Hospital	\$0 - \$1,980 per stay for unlimited days
ASC / Outpatient Hospital	\$0 - 20% / \$0 - 20%; \$0 for colonoscopies
Ambulance	\$0 copay - 20% of the cost for ground or air
ER / Urgent Care	\$0 - \$115 copay / \$0 - \$40 copay

*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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Diagnostic Radiology / X-Rays	\$0 - 20%; \$0 for mammograms / \$0 - 20%
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	Unlimited allowance towards covered services; \$0 copay for all covered services
Vision	\$0 for a routine eye exam and standard lenses; \$150 per year for eyewear
Hearing Aids	\$0 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$116/month OTC and wellness support; healthy food and utilities for qualified members
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

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**2026 H5322-028-000****Key Metrics ¹****Service Area Dual Eligibles ²:** 187,905**Current UHC Dual Enrolled:** 36,452

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**Ohio**

Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot

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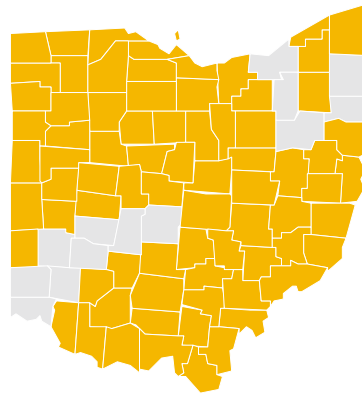
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Footprint Key: ● Dual Footprint ● Dual Expansion ● No Footprint

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