



2026 H1285-001-000

<b>Plan Name</b>	<b>UHC Dual Complete OH-S2 (HMO D-SNP)</b>
<b>Plan ID</b>	<b>H1285-001-000</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 - \$31.40; Part B Rebate: \$1.70**
<b>Medical Deductible</b>	\$0 - \$261 in-network; N/A out-of-network
<b>Maximum Out-of-Pocket</b>	\$0 - \$9,250
<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 OH: FBDE, QMB PLUS, SLMB PLUS. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
<b>PCP / Specialist</b>	0% - 20% / 0% - 20%; Referral Required
<b>Inpatient Hospital</b>	\$0 - \$1,865 per stay for unlimited days
<b>ASC / Outpatient Hospital</b>	\$0 - 20% / \$0 - 20%; \$0 for colonoscopies
<b>Ambulance</b>	\$0 copay - 20% of the cost for ground or air
<b>ER / Urgent Care</b>	\$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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<b>Diagnostic Radiology / X-Rays</b>	\$0 - 20%; \$0 for mammograms / \$0 - 20%
<b>Lab Services</b>	\$0 copay
<b>Rx Deductible</b>	\$0 Tier 1 • \$615 Tiers 2-5; \$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>	Unlimited allowance towards covered services; \$0 copay for all covered services
<b>Vision</b>	\$0 for a routine eye exam and standard lenses; \$150 per year for eyewear
<b>Hearing Aids</b>	\$0 copay per device; 2 devices every year through UHC Hearing
<b>Fitness</b>	Free gym membership with premium and core network
<b>OTC</b>	\$256/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>:** 228,512**Current UHC Dual Enrolled:** 59,618

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

Butler, Clark, Cuyahoga, Franklin, Greene, Hamilton, Madison, Mahoning, Montgomery, Stark, Summit, Trumbull, Warren

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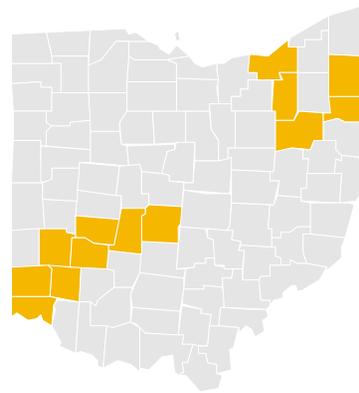
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Footprint Key: ● Dual Footprint ● Dual Expansion ● No Footprint

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