



2026 H5253-122-000

Plan Name	UHC Dual Complete OH-V001 (HMO D-SNP)
Plan ID	H5253-122-000
Plan Highlights	Designed for a partial dual, offering balanced medical and valued extra benefits.
Premium	\$0 - \$31.40; Part B Rebate: \$0.90**
Medical Deductible	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$5,800
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 / \$30; Referral Required
Inpatient Hospital	\$400 copay: days 1-7 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$300 copay / \$400 copay; \$0 for colonoscopies
Ambulance	\$275 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.



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 H5253-122-000

Plan Name	UHC Dual Complete OH-V001 (HMO D-SNP)
ER / Urgent Care	\$130 copay / \$50 copay
Diagnostic Radiology / X-Rays	\$200 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	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	\$61/month OTC and wellness support; healthy food and utilities for qualified members

*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.

 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 H5253-122-000

Plan Name	UHC Dual Complete OH-V001 (HMO D-SNP)
Other Benefits	<ul style="list-style-type: none"> • 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: 1,448

Current Partial Dual Eligibles ²: 35,732

UHC Plan Partial Dual Market Share: 4.1%

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. 35,732 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

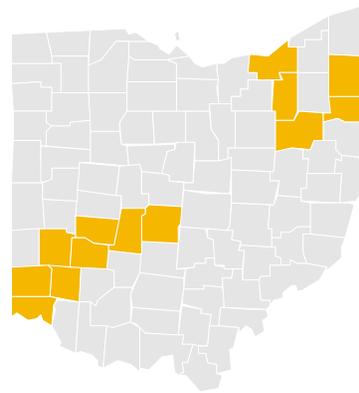
*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

**If a member's Medicare Part B premium is paid by Medicaid, or others on their behalf, they will not see the reduction.

 **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 H5253-122-000



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.

**If a member's Medicare Part B premium is paid by Medicaid, or others on their behalf, they will not see the reduction.

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.