



2026 H2001-080-000

*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 H2001-080-000

Plan Name	UHC Dual Complete WA-V2 (PPO D-SNP)
Plan ID	H2001-080-000
Plan Highlights	Must be a partial dual, offering balanced medical and valued extra benefits.
Premium	\$0 - \$10.50
Medical Deductible	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$6,700
Provider Network	Access to a local network of providers
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Enrolling WA: QI, SLMB. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
PCP / Specialist	\$0 / \$50; No Referral Required
Inpatient Hospital	\$510 copay; days 1-5 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$460 copay / \$510 copay; \$0 for colonoscopies
Ambulance	\$290 copay for ground or air
ER / Urgent Care	\$130 copay / \$50 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.



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 H2001-080-000

Plan Name	UHC Dual Complete WA-V2 (PPO D-SNP)
Diagnostic Radiology / X-Rays	\$260 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	\$1,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
Vision	\$0 for a routine eye exam and standard lenses; \$150 every 2 years for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$39/month OTC and wellness support; healthy food and utilities for qualified members
Other Benefits	<ul style="list-style-type: none"> • Transportation: \$0 INN; 75% OON; 24 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits; combined INN and OON • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year • Chiropractic: \$0 INN; \$75 OON; 12 visits/year; combined INN and OON • Acupuncture: \$0 INN; \$75 OON; 12 visits/year; combined INN and OON

*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 H2001-080-000

Key Metrics ¹

Current Plan Enrollment: 1,595

Current Partial Dual Eligibles ²: 24,432

UHC Plan Partial Dual Market Share: 6.5%

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. 24,432 partial duals who may or may not be eligible).

Service Area

Washington

Benton, Clallam, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

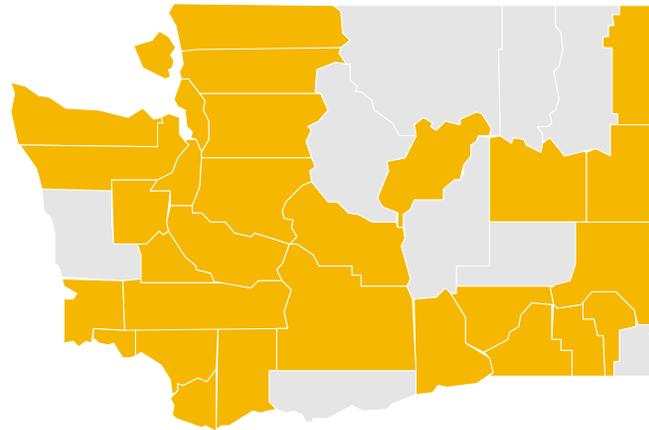
*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.



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 H2001-080-000



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.