



2026 H3794-002-000

Plan Name	UHC Dual Complete WI-D002 (HMO-POS D-SNP)
Plan ID	H3794-002-000
Plan Highlights	Designed for a full dual or QMB, offering a monthly credit for OTC, plus healthy food and utilities for qualifying members, and coverage for other valued extra benefits.
Premium	\$0 - \$18.90; Part B Rebate: \$0.40**
Medical Deductible	\$0 - \$261 in-network; N/A 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 WI: FBDE, QI, QMB, QMB PLUS, SLMB, SLMB PLUS. Integrated SEP available; view your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.
PCP / Specialist	0% - 20% / 0% - 20%; Referral Required
Inpatient Hospital	\$0 - \$2,230 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

*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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Plan Name	UHC Dual Complete WI-D002 (HMO-POS D-SNP)
ER/ Urgent Care	\$0 - \$115 copay / \$0 - \$40 copay
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	\$2,500 towards covered services; \$0 copay for all covered services
Vision	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear
Hearing Aids	\$2,200 allowance every 2 years through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$157/month OTC and wellness support; healthy food and utilities for qualified members

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Plan Name	UHC Dual Complete WI-D002 (HMO-POS D-SNP)
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

Key Metrics ¹

Service Area Dual Eligibles ²: 184,385

Current UHC Dual Enrolled: 55,865

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

Wisconsin

All counties in state

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

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