



Summary of Benefits 2026

UHC Dual Choice DC-Q001 (PPO D-SNP)
H2406-099-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.



UHC.com/CommunityPlan



Toll-free 1-844-560-4944, TTY 711
8 a.m.-8 p.m. local time, 7 days a week

**United
Healthcare®**

Summary of Benefits


January 1, 2026 - December 31, 2026



This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Enrollee Handbook at myUHC.com/CommunityPlan or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

UHC Dual Choice DC-Q001 (PPO D-SNP)

Medical premium, deductible and limits			
		In-network	Out-of-network
Monthly plan premium		\$0	
Part B premium reduction		Up to \$1 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	
Annual medical deductible		This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)		\$0 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.	
Medical benefits			
		In-network	Out-of-network
Inpatient hospital care ² Our plan covers an unlimited number of days for an inpatient hospital stay.		\$0 copay per stay	\$0 copay per stay
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay	\$0 copay
	Outpatient hospital, including surgery ²	\$0 copay	\$0 copay

Medical benefits			
		In-network	Out-of-network
	Outpatient hospital observation services ²	\$0 copay	\$0 copay
Doctor visits	Primary care provider	\$0 copay	\$0 copay
	Specialists ²	\$0 copay	\$0 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening	<input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling <input type="checkbox"/> Prostate cancer screenings (PSA) <input type="checkbox"/> Sexually transmitted infections screenings and counseling <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)	
Any additional preventive services approved by Medicare during the contract year will be covered.			

Medical benefits			
		In-network	Out-of-network
This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.			
Emergency care		\$0 copay (worldwide) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently needed services		\$0 copay (worldwide) per visit	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay	\$0 copay
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay	\$0 copay
	Therapeutic radiology ²	\$0 copay	\$0 copay
	Outpatient X-rays ²	\$0 copay	\$0 copay
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health*	30% coinsurance for a routine hearing exam to help support hearing health*
	Hearing aids ²	\$1,500 allowance every 2 years for 2 hearing aids* <ul style="list-style-type: none"> □ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids □ Access to one of the largest national networks of hearing professionals with more than 6,500 locations □ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 	

Medical benefits			
		In-network	Out-of-network
		<input type="checkbox"/> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
 Routine dental benefits	Preventive and comprehensive services ²	\$1,000 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist	
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Routine eyewear	\$0 copay Plan pays up to \$200 every year for 1 pair of lenses/frames and contacts.*	\$0 copay Plan pays up to \$200 every year for 1 pair of lenses/frames and contacts.*
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay	\$0 copay per stay
	Outpatient group therapy visit ²	\$0 copay	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay	\$0 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits			
		In-network	Out-of-network
Skilled nursing facility (SNF)² (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-100	You pay the Original Medicare cost sharing amount for 2026 which will be set by CMS in the fall of 2025. These are 2025 cost sharing amounts and may change for 2026. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$209.50 copay per day: days 21-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$0 copay	\$0 copay
	Occupational Therapy Visit ²	\$0 copay	\$0 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 copay for air
Routine transportation		\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*

Medical benefits			
		In-network	Out-of-network
Medicare Part B prescription drugs	Chemotherapy drugs ²	\$0 copay	\$0 copay
	Part B covered insulin ²	\$0 copay	\$0 copay
	Other Part B drugs ²	\$0 copay	\$0 copay
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

Prescription drugs	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:	
Deductible	Your deductible amount is \$0
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Drug Coverage	30-day^ or 100-day supply from a retail network pharmacy
Generic (including brand drugs treated as generic)	\$0, \$1.60, or \$5.10 copay Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs ³	\$0, \$4.90, or \$12.65 copay Drugs that are in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)

Prescription drugs

Catastrophic Coverage

Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.


[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³ You pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

Additional benefits

		In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay	\$0 copay
Diabetes management	Diabetes monitoring supplies ²	<p>\$0 copay</p> <p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.</p> <p>Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.</p>	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay

Additional benefits			
		In-network	Out-of-network
	Therapeutic shoes or inserts ²	\$0 copay	\$0 copay
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay	\$0 copay
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	
Home health care²		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Opioid treatment program services²		\$0 copay	\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$0 copay	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay	\$0 copay

Additional benefits		
	In-network	Out-of-network
 OTC, healthy food, utilities + wellness support	<p>\$57 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members</p> <ul style="list-style-type: none"> <input type="checkbox"/> Choose from thousands of OTC products, like first aid supplies, pain relievers and more <input type="checkbox"/> Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water <input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you <input type="checkbox"/> Pay home utilities like electricity, heat, water and internet <input type="checkbox"/> Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more <input type="checkbox"/> If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance 	
Renal dialysis²	\$0 copay	\$0 copay

² May require your provider to get prior authorization from the plan for in-network benefits.

* Benefits are combined in and out-of-network

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what District Medicaid covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Enrollee Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call ESA - Department of Human Services Economic Security Administration (ESA), 1-202-671-4200.

Benefits	Medicaid	UHC Dual Choice DC-Q001 (PPO D-SNP)
Inpatient Hospital Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Doctor Office Visits Medicare cost-sharing covered only by Medicaid	Covered	Covered
Preventive Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Emergency Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Urgently Needed Services Medicare cost-sharing covered only by Medicaid	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays Medicare cost-sharing covered only by Medicaid	Covered	Covered
Hearing Services Medicare cost-sharing covered only by Medicaid	Covered	Covered
Dental Services	Not covered	Covered
Vision Services	Not covered	Covered

Benefits	Medicaid	UHC Dual Choice DC-Q001 (PPO D-SNP)
Inpatient Mental Health Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Mental Health Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Skilled Nursing Facility (SNF) Medicare cost-sharing covered only by Medicaid	Covered	Covered
Ambulance Medicare cost-sharing covered only by Medicaid	Covered	Covered
Transportation (Routine)	Not covered	Covered
Prescription Drug Benefits Medicare co-pay covered only by Medicaid	Covered	Covered
Chiropractic Care	Not covered	Covered with limitations
Diabetes Supplies and Services Medicare cost-sharing covered only by Medicaid	Covered	Covered
Durable Medical Equipment Medicare cost-sharing covered only by Medicaid	Covered	Covered
Foot Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Home Health Care Medicare cost-sharing covered only by Medicaid	Covered	Covered
Hospice	Not covered	Covered
Outpatient Hospital Services Medicare cost-sharing covered only by Medicaid	Covered	Covered
Renal Dialysis Medicare cost-sharing covered only by Medicaid	Covered	Covered
Prosthetic Devices Medicare cost-sharing covered only by Medicaid	Covered	Covered

About this plan

UHC Dual Choice DC-Q001 (PPO D-SNP) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes the following:

District of Columbia: District of Columbia.

Use network providers and pharmacies

UHC Dual Choice DC-Q001 (PPO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHC.com/CommunityPlan** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and with District Medicaid.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-242-7726 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; 8 a.m.-5:30 p.m. M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-242-7726, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; 8 a.m. a 5:30 p.m., de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.