



Summary of Benefits 2026

UHC Dual Complete WA-S3 (HMO-POS D-SNP)
H5008-018-000

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®**
Dual Complete

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 Evidence of Coverage (EOC) 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 Complete WA-S3 (HMO-POS D-SNP)

Medical premium, deductible and limits

Monthly plan premium	\$0 You may need to continue to pay your Medicare Part B premium
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 network providers.
Medicare cost-sharing	If you have full Apple Health (Medicaid) benefits, you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.

Medical benefits

Inpatient hospital care²		\$0 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay
	Outpatient hospital, including surgery ²	\$0 copay
	Outpatient hospital observation services ²	\$0 copay

Medical benefits

Doctor visits

Primary care provider

\$0 copay

Specialists^{1,2}

\$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

Medicare-covered

\$0 copay

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| ☐ Abdominal aortic aneurysm screening | ☐ Lung cancer with low dose computed tomography (LDCT) screening |
| ☐ Alcohol misuse counseling | ☐ Medical nutrition therapy services |
| ☐ Annual wellness visit | ☐ Medicare Diabetes Prevention Program (MDPP) |
| ☐ Bone mass measurement | ☐ Obesity screenings and counseling |
| ☐ Breast cancer screening (mammogram) | ☐ Prostate cancer screenings (PSA) |
| ☐ Cardiovascular disease (behavioral therapy) | ☐ Sexually transmitted infections screenings and counseling |
| ☐ Cardiovascular screening | ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| ☐ Cervical and vaginal cancer screening | ☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 |
| ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | ☐ “Welcome to Medicare” preventive visit (one-time) |
| ☐ Depression screening | |
| ☐ Diabetes screenings and monitoring | |
| ☐ Hepatitis C screening | |
| ☐ HIV screening | |

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

Medical benefits

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.
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Urgently needed services	\$0 copay (worldwide) per visit
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Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay
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Lab services ²	\$0 copay
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Diagnostic tests and procedures ²	\$0 copay
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Therapeutic radiology ²	\$0 copay
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Outpatient X-rays ²	\$0 copay
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Hearing services

Exam to diagnose and treat hearing and balance issues ²	\$0 copay
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Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
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Hearing aids ²	\$2,200 allowance for 2 hearing aids every 2 years ☐ 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 ☐ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered
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Medical benefits



Routine dental benefits

Covered in and out-of-network

Preventive and comprehensive services²

\$2,500 allowance for all covered dental services*

\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures

- ☐ No annual deductible
- ☐ Access to one of the largest national dental networks
- ☐ Freedom to see any dentist



Vision services

Exam to diagnose and treat diseases and conditions of the eye²

\$0 copay

Eyewear after cataract surgery

\$0 copay

Routine eye exam

\$0 copay for a routine eye exam each year to help protect your eyesight and health

Routine eyewear

\$200 allowance every year for 1 pair of frames or contacts

- ☐ Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating
- ☐ Access to one of Medicare Advantage's largest national networks of vision providers and retail providers
- ☐ Eyewear available from many online providers, including Warby Parker and GlassesUSA
- ☐ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

Medical benefits

Mental health

Inpatient visit² \$0 copay per stay

Our plan covers 90 days for an inpatient hospital stay

Outpatient group therapy visit² \$0 copay

Outpatient individual therapy visit² \$0 copay

Virtual mental health visits \$0 copay to talk with a network telehealth provider online through live audio and video

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

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit^{1,2} \$0 copay

Occupational Therapy Visit^{1,2} \$0 copay

Ambulance²

Your provider must obtain prior authorization for non-emergency transportation.

\$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

Medical benefits

Medicare Part B prescription drugs

Chemotherapy drugs ²	\$0 copay
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Part B covered insulin ²	\$0 copay
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Other Part B drugs ²	\$0 copay
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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 drugs³

\$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)

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

Acupuncture services	Routine acupuncture services	\$0 copay, 12 visits per year
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Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay
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	Routine chiropractic services	\$0 copay, 12 visits per year
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Diabetes management	Diabetes monitoring supplies ²	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
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	Diabetes self-management training	\$0 copay
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	Therapeutic shoes or inserts ²	\$0 copay
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Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	\$0 copay
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	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay
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Fitness program

\$0 copay
Your fitness program helps you stay active and connected at the gym, from home or in your

Additional benefits

community. It's available to you at no cost and includes:

- ☐ Free gym membership at core and premium locations
- ☐ Access to a large national network of gyms and fitness locations
- ☐ On-demand workout videos and live streaming fitness classes
- ☐ Online memory fitness activities

Foot care (podiatry services)

Foot exams and treatment²

\$0 copay

Routine foot care

\$0 copay, 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

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.

Opioid treatment program services²

\$0 copay

Outpatient substance use disorder services

Outpatient group therapy visit²

\$0 copay

Outpatient individual therapy visit²

\$0 copay

Additional benefits



OTC, healthy food, utilities + wellness support

\$84 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members

- ☐ Choose from thousands of OTC products, like first aid supplies, pain relievers and more
- ☐ Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water
- ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
- ☐ Pay home utilities like electricity, heat, water and internet
- ☐ Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more

Renal dialysis²

\$0 copay

¹ Requires a referral from your doctor.
² May require your provider to get prior authorization from the plan for in-network benefits.
* Benefits are combined in and out-of-network

Apple Health (Medicaid) Benefits

Information for people with Medicare and Apple Health (Medicaid). Your services are paid first by Medicare and then by Apple Health (Medicaid).

The benefits described below are covered by Apple Health (Medicaid). You can see what Apple Health (Medicaid) covers and what our plan covers.

Coverage of the benefits depends on your level of Apple Health (Medicaid) eligibility. If Medicare doesn't cover a service or a benefit has run out, Apple Health (Medicaid) may help, but you may have to pay a cost share. In some situations, Apple Health (Medicaid) may pay your Medicare cost sharing amount. See your Apple Health (Medicaid) Member Handbook for more details. If you have questions about your Apple Health (Medicaid) eligibility and what benefits you are entitled to, call Washington State Health Care Authority, 1-800-562-3022.

Benefits	Apple Health (Medicaid) Fee-for-Service	UHC Dual Complete WA-S3 (HMO-POS D- SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services Eye exams	Covered	Covered
Vision Services Vision hardware - Child	Covered	Covered
Vision Services Vision hardware - Adult	Not covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation - Non-medical	Not covered	Covered
Transportation - Medical	Covered	Covered
Prescription Drug Benefits	Covered	Covered

Benefits	Apple Health (Medicaid) Fee-for-Service	UHC Dual Complete WA-S3 (HMO-POS D- SNP)
Chiropractic Care - Age 20 and younger	Covered	Covered
Chiropractic Care - Age 21 and older	Not Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete WA-S3 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS 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 Apple Health (Medicaid), and don't pay anything for covered medical services. How much Apple Health (Medicaid) covers depends on your income, resources, and other factors. Some people get full Apple Health (Medicaid) benefits.

Your eligibility to enroll in this plan depends on your type of Apple Health (Medicaid).

You can enroll in this plan if you are in one of these Apple Health (Medicaid) categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Apple Health (Medicaid) coverage of Medicare cost-share and are also eligible for full Apple Health (Medicaid) benefits. Apple Health (Medicaid) pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Apple Health (Medicaid) pays your Part B premium and provides full Apple Health (Medicaid) benefits. You are eligible for full Apple Health (Medicaid) benefits. At times you may also be eligible for limited assistance from Apple Health (Medicaid) in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Apple Health (Medicaid). There may be cases where you have to pay cost sharing when a service or benefit is not covered by Apple Health (Medicaid).
- **Full Benefits Dual Eligible (FBDE):** Apple Health (Medicaid) may provide limited assistance with Medicare cost-sharing. Apple Health (Medicaid) also provides full Apple Health (Medicaid) benefits. You are eligible for full Apple Health (Medicaid) benefits. At times you may also be eligible for limited assistance from Apple Health (Medicaid) in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Apple Health (Medicaid). There may be cases where you have to pay cost sharing when a service or benefit is not covered by Apple Health (Medicaid).

If your category of Apple Health (Medicaid) eligibility changes, your cost share may also increase or decrease. You must recertify your Apple Health (Medicaid) enrollment to continue to receive your Medicare coverage. If you feel you have been billed more than your required cost share, please reach out to Customer Service for help.

Our service area includes these counties in:

Washington: Asotin, Benton, Clark, Columbia, Douglas, Franklin, Garfield, Kittitas, Lincoln, Pend Oreille, Skamania, Spokane, Walla Walla, Whitman, Yakima.

Use network providers and pharmacies

UHC Dual Complete WA-S3 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network.

This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. 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 Complete WA-S3 (HMO-POS 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 State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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.

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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 1-866-944-4984 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; 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 1-866-944-4984, 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; 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 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

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.

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.