Summary of Benefits 2026

UHC Dual Complete WA-Q1 (PPO D-SNP)
H2001-079-000

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

Y0066_SB_H2001_079_000_2026_M

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-Q1 (PPO D-SNP)

Medical premium, deductible and limits			
		In-network	**Out-of-network**
Monthly plan premium		$0	
Part B premium reduction		Up to $0.50 If your Medicare Part B premium is paid by Apple Health (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

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

Medical benefits			
		In-network	**Out-of-network**
		▯ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
Routine dental benefits	Preventive and comprehensive services[2]	$1,500 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 eye[2]	$0 copay	$0 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	30% coinsurance for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	$150 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			
		In-network	**Out-of-network**
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	
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
Ambulance[2] 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

Medical benefits			
		In-network	**Out-of-network**
Routine transportation		$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
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] Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	$0 copay	$0 copay

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**
Acupuncture services	Routine acupuncture services	$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay	$0 copay
	Routine chiropractic services	$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
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	$0 copay

Additional benefits			
		In-network	**Out-of-network**
		and Accu-Chek Aviva Plus.	
	Diabetes self-management training	$0 copay	$0 copay
	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
Fitness program		$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your 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 treatment[2]	$0 copay	$0 copay
	Routine foot care	$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Meal benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	
Home health care[2]		$0 copay	$0 copay

Additional benefits			
		In-network	**Out-of-network**
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 services[2]		$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
OTC, healthy food, utilities + wellness support		$55 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 ☐If you use an out-of-network provider for in-home services, weight management coaching or respite care, you pay 75% coinsurance	
Renal dialysis[2]		$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

About this plan

UHC Dual Complete WA-Q1 (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 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 (QMB)**: You get Apple Health (Medicaid) coverage of Medicare cost-share but are not eligible for full Apple Health (Medicaid) benefits. Apple Health (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 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: 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.

Use network providers and pharmacies

UHC Dual Complete WA-Q1 (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 Complete WA-Q1 (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 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 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 comunique 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.

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.