Summary of Benefits 2027

UHC Dual Complete ME-S1 (PPO D-SNP)

H2001-068-001

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

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

UnitedHealthcare® Dual Complete

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Summary of Benefits

January 1, 2027 - December 31, 2027

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 **myUHCMedicare.com** 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 ME-S1 (PPO D-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$0 You may need to continue to pay your Medicare Part B premium	
Annual medical deductible	Your medical deductible is $0 or the Original Medicare Part B deductible amount combined in and out-of-network. The 2026 Original Medicare deductible amount is $283. The 2027 amount will be set by CMS in the fall of 2026. Our plan will provide updated rates as soon as they are released.	
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.	$0 or $14,800 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
Medicare cost-sharing	If you have full Medicaid benefits, you will pay $0 for your Medicare-covered services as noted by the cost-sharing in this chart.	If you have full Medicaid benefits and your provider accepts Medicaid, you will pay $0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.

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 or $2,030 copay per stay

Medical benefits			
		In-network	**Out-of-network**
Outpatient hospital	Ambulatory surgical center (ASC)[2]	$0 copay	$0 copay or 40% coinsurance
	Outpatient hospital, including surgery[2]	$0 copay	$0 copay or 40% coinsurance
	Outpatient hospital observation services[2]	$0 copay	$0 copay or 40% coinsurance
Doctor visits	Primary care provider	$0 copay	$0 copay or 30% coinsurance
	Specialists[2]	$0 copay	$0 copay or 30% coinsurance
	Virtual medical visits	$0 copay	Same as a Doctor's office visit

Medical benefits			
		In-network	**Out-of-network**
Preventive services	Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	$0 copay	$0 copay - 40% coinsurance (depending on the service)
	• 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. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.		
Emergency care		$0 copay 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 per visit	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay	$0 copay or 40% coinsurance
	Lab services[2]	$0 copay	$0 copay

Medical benefits			
		In-network	**Out-of-network**
	Diagnostic tests and procedures[2]	$0 copay	$0 copay or 40% coinsurance
	Therapeutic radiology[2]	$0 copay	$0 copay or 20% coinsurance
	Outpatient X-rays[2]	$0 copay	$0 copay or 40% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$0 copay or 30% coinsurance
	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]	$2,200 allowance for 2 hearing aids every 2 years* • A broad selection of 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount.*
Routine dental benefits	Preventive and comprehensive services	$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 eye[2]	$0 copay	$0 copay or 30% coinsurance

Medical benefits			
		In-network	**Out-of-network**
	Eyewear after cataract surgery	$0 copay	$0 copay or 40% coinsurance
	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	$300 allowance every year for 1 pair of eyeglasses (lenses and frames) or contacts* • 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount*
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay	$0 copay or $2,030 copay per stay
	Outpatient group therapy visit[2]	$0 copay	$0 copay or 30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay	$0 copay or 30% coinsurance
	Virtual mental health visits	$0 copay	Same as an Outpatient mental health office visit

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	$0 copay per day: days 1-100 or You pay the Original Medicare cost sharing amount for 2027 which will be set by CMS in the fall of 2026. These are the 2026 cost sharing amounts and may change for 2027. Our plan will provide updated rates as soon as they are released. $0 copay per day: days 1-20 $217 copay per day: days 21-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$0 copay	$0 copay or 30% coinsurance
	Occupational Therapy Visit[2]	$0 copay	$0 copay or 30% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay for ground $0 copay for air	$0 copay or 20% coinsurance for ground $0 copay or 20% coinsurance for air
Routine transportation		$0 copayment for 36 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 or 20% coinsurance
	Part B covered insulin[2]	$0 copay	$0 copay or 20% coinsurance
	Other Part B drugs[2] Part B drugs may be subject to Step Therapy. See your Evidence of	$0 copay	$0 copay for allergy antigens $0 copay or 20% coinsurance for all others

Medical benefits			
		In-network	**Out-of-network**
	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 $2,400, 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, $1.65, or $5.80 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, $5, or $14.40 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 plan 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 or 30% coinsurance
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Contour® and Accu-Chek® brands.	$0 copay or 20% coinsurance

Additional plan benefits			
		In-network	**Out-of-network**
		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-Check Aviva Plus.	
	Diabetes self-management training	$0 copay	$0 copay or 40% coinsurance
	Therapeutic shoes or inserts[2]	$0 copay	$0 copay or 20% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	$0 copay	$0 copay or 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay	$0 copay or 20% coinsurance
 **Fitness program**		$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations	If you use an out-of-network provider, you pay 90% of the total cost
Foot care (podiatry services)	Foot exams and treatment[2]	$0 copay	$0 copay or 30% coinsurance
	Routine foot care	$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*

Additional plan benefits			
		In-network	**Out-of-network**
Home health care[2]		$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.	
Opioid treatment program services[2]		$0 copay	$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$0 copay	$0 copay or 30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay	$0 copay or 30% coinsurance

Additional plan benefits

	In-network	Out-of-network
OTC, healthy food, utilities + wellness support Special Supplemental Benefits for the Chronically Ill (SSBCI) allow eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.	$200 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 and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more	If you use an out-of-network store, you pay 90% of the total cost
Renal dialysis[2]	$0 copay	$0 copay or 20% coinsurance

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

*Benefits are combined in and out-of-network.

Member discounts

As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

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 Office of MaineCare Services 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 Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Office of MaineCare Services, 1-855-797-4357.

Benefits	Medicaid	UHC Dual Complete ME-S1 (PPO 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	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered with limitations	Covered with limitations
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 ME-S1 (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 Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. 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.
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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 these counties in:

Maine: Androscoggin, Cumberland, Kennebec, York.

Use network providers and pharmacies

UHC Dual Complete ME-S1 (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/Medicare** 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 ME-S1 (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.

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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.

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 benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating 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 available only 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, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program - Medicare Advantage reward offerings may vary by plan and are not available in all plans.By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.