



# Summary of Benefits 2025

**UHC Dual Complete HI-S001 (PPO D-SNP)**  
H2406-051-000

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, 2025 - December 31, 2025**

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](https://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 HI-S001 (PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$0 You may need to continue to pay your Medicare Part B premium	
<b>Annual medical deductible</b>	Your medical deductible is \$0 or \$257 combined in and out-of-network for covered medical services you receive from providers. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
<b>Maximum out-of-pocket amount</b> (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 \$14,000  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
<b>Medicare cost-sharing</b>	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
<b>Inpatient hospital care<sup>2</sup></b>		\$0 copay per stay	\$0 copay or 30% coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Outpatient hospital observation services <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$0 copay or 30% coinsurance
	Specialists <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
<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	

## Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li><input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li> </ul>

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 (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) <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
Lab services <sup>2</sup>	\$0 copay	\$0 copay
Diagnostic tests and procedures <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
Therapeutic radiology <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
Outpatient X-rays <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance

### Hearing services

Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
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Medical benefits			
		In-network	Out-of-network
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	\$2,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <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	
	<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay	\$0 copay or 30% coinsurance per stay
	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b> Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-100	\$0 copay or 30% coinsurance per stay, up to 100 days
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Occupational Therapy Visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance

Medical benefits			
		In-network	Out-of-network
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>	Your provider must obtain prior authorization for non-emergency transportation.	\$0 copay for ground	\$0 copay or 20% coinsurance for ground
		\$0 copay for air	\$0 copay or 20% coinsurance for air
<b>Routine transportation</b>		\$0 copay for 24 one-way trips to or from grocery stores and pharmacies *	75% coinsurance *
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
	Part B covered insulin <sup>2</sup>	\$0 copay	\$0 copay or 20% coinsurance
	Other Part B drugs <sup>2</sup> Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay	\$0 copay or 20% coinsurance

## Good news for 2025


The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drugs	
<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<b>30-day<sup>^</sup> or 100-day supply from a retail or mail order network pharmacy</b>
All covered drugs <sup>3</sup>	\$0 copay (Some covered drugs are limited to a 30-day supply)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.


<sup>3</sup> You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.

Additional benefits			
		In-network	Out-of-network
<b>Acupuncture services</b>	Routine acupuncture services	\$0 copay, 20 visits per year*	30% coinsurance, 20 visits per year*
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Routine chiropractic services	\$0 copay, 20 visits per year*	30% coinsurance, 20 visits per year*
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
		We only cover Accu-Chek® and OneTouch® brands.	
		Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.	
		Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.	
		Other brands are not covered by your plan.	
	Diabetes self-management training	\$0 copay	\$0 copay or 30% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
 <b>Fitness program</b>		\$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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Free gym membership</li> <li><input type="checkbox"/> Access to a large national network of gyms and fitness locations</li> <li><input type="checkbox"/> On-demand workout videos and live streaming fitness classes</li> <li><input type="checkbox"/> Online memory fitness activities</li> </ul>	
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay or 30% coinsurance
<b>Hospice</b>		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.	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	\$0 copay or 30% coinsurance



## Additional benefits

	In-network	Out-of-network
 <b>Food, over-the-counter (OTC) and utility bill credit</b>	\$103 credit every month to pay for OTC products, healthy food and utility bills <ul style="list-style-type: none"><li><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more</li><li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li><li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li><li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li></ul>	
<b>Renal dialysis<sup>2</sup></b>	\$0 copay	\$0 copay or 20% coinsurance

<sup>2</sup> 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 Department of Human 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 MQD/EB-E Hawaii Section, 1-800-316-8005.

Benefits	Medicaid	UHC Dual Complete HI-S001 (PPO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered with limitations
<b>Dental Services</b>	Covered FFS by State	Covered
<b>Vision Services</b>	Covered	Covered with limitations
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Not Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UHC Dual Complete HI-S001 (PPO D-SNP)</b>
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

## About this plan

UHC Dual Complete HI-S001 (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 (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency 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.
- **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:

**Hawaii:** Hawaii, Honolulu, Kalawao, Kauai, Maui.

## Use network providers and pharmacies

UHC Dual Complete HI-S001 (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](https://www.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 HI-S001 (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 [www.medicare.gov](http://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 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 1-866-622-8054, 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.

### 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.

### Fitness program

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

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**Food, over-the-counter (OTC) and utility bill credit**

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

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.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

**Rewards Program**

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