Summary of Benefits 2025

UHC Dual Complete OH-D001 (HMO-POS D-SNP)
H5253-059-000

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_H5253_059_000_2025_M

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** 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 OH-D001 (HMO-POS D-SNP)

Medical premium, deductible and limits	
Monthly plan premium	$39.30
Part B premium reduction	$0.30 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.
Annual medical deductible	Your medical deductible is $257 for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.
Maximum out-of-pocket amount (does not include prescription drugs)	$9,350 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay $0 for your Medicare-covered services as noted by the cost-sharing in this chart.

Medical benefits	
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.	$0 copay per stay, or; $1,950 copay per stay

Medical benefits		
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $0 copay or 20% coinsurance otherwise
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $0 copay or 20% coinsurance otherwise
	Outpatient hospital observation services[2]	$0 copay or 20% coinsurance
Doctor visits	Primary care provider	$0 copay or 20% coinsurance
	Specialists[2]	$0 copay or 20% coinsurance
	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

- ☐ 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

Medical benefits		
		▯ “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 or $110 copay ($0 copay for emergency care outside the United States) 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 or $45 copay ($0 copay for urgently needed services outside the United States) per visit
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay for each diagnostic mammogram $0 copay or 20% coinsurance otherwise
	Lab services[2]	$0 copay
	Diagnostic tests and procedures[2]	$0 copay or 20% coinsurance
	Therapeutic radiology[2]	$0 copay or 20% coinsurance
	Outpatient X-rays[2]	$0 copay or 20% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay or 20% coinsurance
	Routine hearing exam	$0 copay, 1 per year
	Hearing aids[2]	$3,200 allowance every year for 2 hearing aids ▯ A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids ▯ Access to one of the largest national networks of hearing professionals with more than 7,000 locations

Medical benefits		
		☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period
Routine dental benefits Covered in-network and out-of-network.	Preventive and comprehensive[2]	$2,500 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns ☐ 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
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay, 1 per year
	Routine eyewear	$450 allowance 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

Medical benefits		
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay, or; $1,950 copay per stay
	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance
	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, or; $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 or 20% coinsurance
	Occupational Therapy Visit[2]	$0 copay or 20% coinsurance
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay or 20% coinsurance for ground $0 copay or 20% coinsurance for air
Routine transportation		$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

Medical benefits		
Medicare Part B prescription drugs Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs[2]	$0 copay or 20% coinsurance
	Part B covered insulin[2]	$0 copay or 20% coinsurance, up to $35
	Other Part B drugs[2] Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	$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	
Deductible	$0
Initial Coverage	**30-day^ or 100-day supply from a retail or mail order network pharmacy**
All covered drugs[3]	$0 copay (Some covered drugs are limited to a 30-day supply)

^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 will pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs.

Additional benefits		
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay or 20% coinsurance
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands.

Additional benefits		
		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
	Therapeutic shoes or inserts[2]	$0 copay or 20% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	$0 copay or 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay or 20% coinsurance
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 ☐ 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 or 20% coinsurance
	Routine foot care	$0 copay, 8 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

Additional benefits		
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
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance
Food, over-the-counter (OTC) and utility bill credit		$194 credit every month to pay for OTC products, healthy food and utility bills ☐ Choose from thousands of OTC products, like first aid, pain relievers and more ☐ Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water ☐ Pay home utility bills like electricity, heat, water and internet ☐ Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you
Renal dialysis[2]		$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

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is $257 per year for covered medical services you receive from providers as described below.Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network
List of applicable services

Outpatient hospital
- ☐ Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient hospital observation services

Doctor visits
- ☐ Primary
- ☐ Specialists

Diagnostic tests, lab and radiology services, and X-rays
- ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- ☐ Lab services
- ☐ Diagnostic tests and procedures
- ☐ Therapeutic radiology
- ☐ Outpatient X-rays

Hearing services
- ☐ Exam to diagnose and treat hearing and balance issues

Vision services
- ☐ Exam to diagnose and treat diseases and conditions of the eye
- ☐ Eyewear after cataract surgery

Mental health
- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Physical therapy and speech and language therapy visit

Ambulance

Medicare Part B drugs
- ☐ Chemotherapy drugs
- ☐ Other Part B drugs

Chiropractic services
- ☐ Manual manipulation of the spine to correct subluxation

Diabetes management
- ☐ Diabetes monitoring supplies
- ☐ Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies
- ☐ Durable medical equipment (e.g. wheelchairs, oxygen)
- ☐ Prosthetics (e.g., braces, artificial limbs)

Foot care (podiatry services)
- ☐ Foot exams and treatment

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services
- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Renal dialysis

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 Ohio Department of 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 Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Ohio Department of Medicaid - Medicaid Consumer Hotline, 1-800-324-8680, TTY 711.

Benefits	Medicaid	UHC Dual Complete OH-D001 (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	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	Covered with limitations
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered

Benefits	Medicaid	UHC Dual Complete OH-D001 (HMO-POS D-SNP)
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered
Additional Dental Services	Covered	Covered
Additional Foot Care	Not Covered	Covered
Family Planning	Covered	Covered with limitations
Additional Vision Services	Covered	Covered
Home and Community Based Services (HCBS)	Covered	Not covered
Over the Counter Items	Covered	Covered
Physical Exam for Job Placement	Covered	Not covered
Prenatal and Postpartum Care	Covered	Not covered
Healthchek	Covered	Not covered
Alcohol and Drug Addiction	Covered	Covered
Acupuncture	Covered	Covered with limitations

About this plan

UHC Dual Complete OH-D001 (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 Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

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).
- **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 applicable).
- **Qualifying Individual (QI)**: Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- **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.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **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:

Ohio: Butler, Clark, Cuyahoga, Franklin, Greene, Hamilton, Madison, Mahoning, Montgomery, Stark, Summit, Trumbull, Warren.

Use network providers and pharmacies

UHC Dual Complete OH-D001 (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. 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 OH-D001 (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 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 1-866-944-3488 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 1-866-944-3488, 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

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.

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.