



# Summary of Benefits 2025

**UHC Dual Complete WA-V2 (PPO D-SNP)**

H2001-080-000

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](https://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 WA-V2 (PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$26.20	
<b>Part B premium reduction</b>	\$0.20 If your Medicare Part B premium is paid by Apple Health (Medicaid), or others on your behalf, you will not see the reduction.	
<b>Annual medical deductible</b>	This plan does not have a medical deductible.	
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$6,800  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$14,000  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
	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.	

Medical benefits		
	In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b> Our plan covers an unlimited number of days for an inpatient hospital stay.	\$450 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$595 copay per day: for days 1-24 \$0 copay per day: for days 25 and beyond

Medical benefits			
		In-network	Out-of-network
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$400 copay otherwise	\$595 copay
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$450 copay otherwise	\$595 copay
	Outpatient hospital observation services <sup>2</sup>	\$450 copay	\$595 copay
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$25 copay
	Specialists <sup>2</sup>	\$50 copay	\$75 copay
	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*	20% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 20% 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 <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling	

## Medical benefits

	In-network	Out-of-network
<ul style="list-style-type: none"> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for</li> </ul>		<ul style="list-style-type: none"> <li>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

\$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

\$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) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$250 copay otherwise	20% coinsurance
Lab services <sup>2</sup>	\$0 copay	\$0 copay
Diagnostic tests and procedures <sup>2</sup>	\$45 copay	20% coinsurance
Therapeutic radiology <sup>2</sup>	20% coinsurance	20% coinsurance
Outpatient X-rays <sup>2</sup>	\$25 copay	\$30 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$75 copay
Routine hearing exam	\$0 copay, 1 per year*	\$75 copay, 1 per year*

## Medical benefits

		In-network	Out-of-network
	Hearing aids <sup>2</sup>	<p>\$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.*</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li><input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li><input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>	
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	<p>\$1,500 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <p>50% coinsurance for bridges and dentures</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>	
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$75 copay
	Eyewear after cataract surgery	\$0 copay	20% coinsurance
	Routine eye exam	\$0 copay, 1 per year*	\$75 copay, 1 per year*
	Routine eyewear	<p>\$250 allowance for 1 pair of frames or contacts*</p> <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives</li> <li>• Other covered lenses available with copays from \$40 - \$153</li> <li>• Access to one of Medicare Advantage's largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul>	

Medical benefits			
		In-network	Out-of-network
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$450 copay per day: days 1-4 \$0 copay per day: days 5-90	\$595 copay per day: days 1-24 \$0 copay per day: days 25-90
	Outpatient group therapy visit <sup>2</sup>	\$15 copay	\$30 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$40 copay
	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 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-100
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$35 copay	\$75 copay
	Occupational Therapy Visit <sup>2</sup>	\$35 copay	\$75 copay
	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.		\$290 copay for ground \$290 copay for air	\$290 copay for ground \$290 copay for air
<b>Routine transportation</b>		\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*

Medical benefits			
		In-network	Out-of-network
<b>Medicare Part B prescription drugs</b> In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs <sup>2</sup>	20% coinsurance	20% coinsurance
	Part B covered insulin <sup>2</sup>	20% coinsurance, up to \$35	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.	20% coinsurance	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, 12 visits per year*	\$75 copay, 12 visits per year*

Additional benefits			
		In-network	Out-of-network
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	\$75 copay
	Routine chiropractic services	\$0 copay, 12 visits per year*	\$75 copay, 12 visits per year*
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay  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.	20% coinsurance
	Diabetes self-management training	\$0 copay	20% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance	20% coinsurance
	<b>Durable medical equipment (DME)</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance



Additional benefits			
		In-network	Out-of-network
<b>and related supplies</b>	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance	20% coinsurance
	<b>Fitness program</b>	<p>\$0 copay</p> <p>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:</p> <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>	\$40 copay	\$75 copay
	Routine foot care	\$40 copay, 6 visits per year*	\$75 copay, 6 visits per year*
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay
<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>	\$15 copay	\$30 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$40 copay

Additional benefits		
	In-network	Out-of-network
 <b>Food, over-the-counter (OTC) and utility bill credit</b>	\$49 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>	20% coinsurance	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

## About this plan

UHC Dual Complete WA-V2 (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.

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

- **Qualifying Individual (QI):** Apple Health (Medicaid) pays your part B premium only. Apple Health (Medicaid) does not pay your cost-share. You do not have full Apple Health (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):** Apple Health (Medicaid) pays your Part B premium only. Apple Health (Medicaid) does not pay your cost-share. You do not have full Apple Health (Medicaid) benefits. There may be some services that do not have a member cost share amount.

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-V2 (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 WA-V2 (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 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

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.