



2026 Plan Highlights

UHC Dual Complete WA-Q1 (PPO D-SNP)

H2001-079-000

Service area: 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 counties

United
Healthcare®
Dual Complete

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— **Karen K, UnitedHealthcare
Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— **Mary M, UnitedHealthcare
Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

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Take advantage of a specially designed plan

This plan is for people with Medicare and Washington Apple Health (Medicaid) coverage and has many benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan.



Here's how this PPO D-SNP plan works



Select a primary care provider to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.



This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.



\$0 covered services when received in-network. Look at the Summary of Benefits to find out what services are covered.



This plan includes Special Supplemental Benefits for the Chronically Ill (SSBCI), allowing 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.



No referral is needed to see a specialist or other provider.



Emergency and urgently needed services are covered anywhere in the world.

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. See your Evidence of Coverage for a list of all covered services.

Scan this
code to view
the drug list



Benefit Highlights

UHC Dual Complete WA-Q1 (PPO D-SNP)

This is a short description of your 2026 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
If you are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.		
Monthly plan premium	\$0	
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$0 combined in and out-of-network	
Plan benefits		
	In-network	Out-of-network
Doctor’s office visit		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay	\$0 copay

Plan benefits		
	In-network	Out-of-network
Outpatient mental health		
Group therapy	\$0 copay	\$0 copay
Individual therapy	\$0 copay	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	
Additional plan benefits		
	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*

Additional plan benefits			
		In-network	Out-of-network
 Hearing services	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	\$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 □ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
 Routine dental benefits	Preventive and comprehensive services	\$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	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	

Additional plan benefits		
	In-network	Out-of-network
	☐ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network	
 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	
Routine transportation	\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Foot care - routine	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Routine chiropractic services	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
Routine acupuncture services	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*

Additional plan benefits		
	In-network	Out-of-network
 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	
Rewards	Earn up to \$165 in rewards when you get started in January ^Ω	
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	

* Benefits are combined in and out-of-network

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 you move to the Catastrophic Coverage stage.
Drug coverage	30-day or 100-day supply from retail network pharmacy

Prescription drugs	
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 drugs¹	\$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)
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.

¹ 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.

**Scan this code to view
your Summary of
Benefits**



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 chronic conditions not listed.

² 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 located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at myUHC.com/CommunityPlan. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Paying for OTC products and more – including healthy food and utilities if you qualify. (We'll verify your qualifying condition with your doctor and send you a letter with next steps)
- Spending your earned rewards
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- You have access to an annual in-home Optum® HouseCalls visit and personalized care coordination from a care navigator as part of your health plan
- Review UCard balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UCard.

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](https://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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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.

Notes and doodles

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Ready to use your extra benefits?

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Take advantage of your additional plan benefits by using the providers below.



Call **1-866-944-4984**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHC.com/CommunityPlan** for:

- ☐ Routine vision services: UnitedHealthcare Vision®
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®



Hearing aids

UnitedHealthcare Hearing
1-877-704-3384
UHChearing.com/Medicare



Routine acupuncture and chiropractic services

OptumHealth Care Solutions, LLC
(Optum®)
1-866-785-1654



Prescription drug home delivery

Optum® Home Delivery Pharmacy
1-877-889-6358
MyUHC.com/CommunityPlan



myUHC.com/CommunityPlan

Routine transportation

SafeRide
1-866-244-3123
myUHC.com/CommunityPlan



OTC, healthy food, utilities + wellness support

Solutran
1-833-853-8587
myUHC.com/CommunityPlan



UnitedHealthcare has more than 45 years of experience serving members. You can count on UnitedHealthcare to be there for you every step of the way.

Click. Call. Connect.



Download the UnitedHealthcare app



UHC.com/CommunityPlan



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

Important plan information

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Scan this code
to download the
UnitedHealthcare
app



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