

<b>Plan Name</b>	<b>UHC Dual Complete KY-S3 (PPO D-SNP)</b>
<b>Plan ID</b>	<b>H1889-030-000</b>
<b>Plan Highlights</b>	Must be a full dual, offering a monthly credit for OTC, plus healthy food and utilities for qualifying members, and coverage for other valued extra benefits.
<b>Monthly Premium</b>	\$0
<b>Medical Deductible</b>	\$0 combined in and out-of-network
<b>Maximum Out-of-Pocket</b>	\$0
<b>Provider Network</b>	Access to a local network of providers
<b>Rewards</b>	Up to \$165* in healthy rewards
<b>Special Eligibility (SNPs)</b>	Enrolling KY: FBDE, QMB PLUS, SLMB PLUS. Integrated Care SEP available; view your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.
<b>PCP / Specialist</b>	\$0 / \$0; No Referral Required
<b>Inpatient Hospital</b>	\$0 per stay for unlimited days
<b>ASC / Outpatient Hospital</b>	\$0 / \$0
<b>Ambulance</b>	\$0 for ground or air
<b>ER / Urgent Care</b>	\$0 / \$0
<b>Diagnostic Radiology / X-Rays</b>	\$0 / \$0
<b>Lab Services</b>	\$0 copay

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

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<b>Rx Deductible</b>	\$0 Tier 1 • \$615 Tiers 2-5; \$0 with LIS
<b>Rx Retail (Tiers 1-5, 30-days)</b>	\$0 Tier 1 • costs vary by LIS level
<b>Rx Mail (Tiers 1-3, 100-days)</b>	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level
<b>Dental</b>	\$2,000 towards covered services; \$0 copay for all covered services
<b>Eyewear</b>	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear
<b>Hearing Aids</b>	\$2,500 allowance every 2 years through UHC Hearing
<b>Fitness</b>	Free gym membership with premium and core network
<b>OTC</b>	\$112/month OTC and wellness support; healthy food and utilities for qualified members
<b>Other Benefits</b>	<ul style="list-style-type: none"> <li>• Transportation: \$0 INN; 75% OON; 24 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits; combined INN and OON</li> <li>• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year</li> </ul>

### Key Metrics <sup>1</sup>

**Service Area Dual Eligibles 2:** 165,471

**Current UHC Dual Enrolled:** 29,532

1. Jul 2025 CMS.gov MA Ind State/County Enrollment Within UHC 2026 MA Ind Footprint

2. UHC Dual SNP Service Area Only; D-SNP eligibles are based on Jun 2024 CMS.gov data (includes approx. 0 partial duals who may or may not be eligible).

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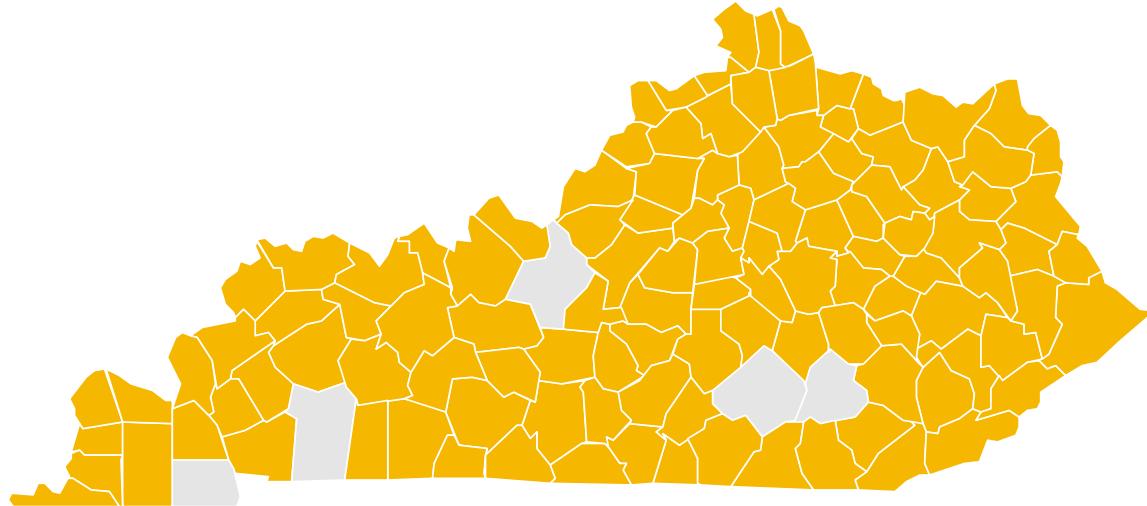
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**Service Area****Kentucky**

Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Campbell, Carlisle, Carroll, Carter, Casey, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, Woodford

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Footprint Key:  Dual Footprint  Dual Expansion  No Footprint

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