

Plan Name	UHC Dual Complete KY-V001 (HMO-POS D-SNP)
Plan ID	H6595-003-000
Plan Highlights	Designed for a partial dual, offering balanced medical and valued extra benefits.
Monthly Premium	\$0 - \$38.40; Part B Rebate: \$0.50**
Medical Deductible	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$6,700
Provider Network	Access to a local network of providers
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Enrolling KY: FBDE, QI, QMB, QMB PLUS, SLMB, SLMB PLUS. Integrated Care SEP available; view your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.
PCP / Specialist	\$0 / \$30; Referral Required
Inpatient Hospital	\$455 copay: days 1-6 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$455 copay / \$455 copay; \$0 for colonoscopies
Ambulance	\$290 copay for ground or air
ER / Urgent Care	\$130 copay / \$50 copay
Diagnostic Radiology / X-Rays	\$190 copay; \$0 for mammograms / \$25 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.

**If a member's Medicare Part B premium is paid by Medicaid, or others on their behalf, they will not see the reduction.

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Lab Services	\$0 copay
Rx Deductible	\$0 Tier 1 • \$615 Tiers 2-5; \$0 with LIS
Rx Retail (Tiers 1-5, 30-days)	\$0 Tier 1 • costs vary by LIS level
Rx Mail (Tiers 1-3, 100-days)	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level
Dental	\$1,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
Eyewear	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$64/month OTC and wellness support; healthy food and utilities for qualified members
Other Benefits	<ul style="list-style-type: none"> • Transportation: \$0 INN; 24 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

Key Metrics ¹

Current Plan Enrollment: 4,867

Current Partial Dual Eligibles 2: 38,617

UHC Plan Partial Dual Market Share: 12.6%

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. 38,617 partial duals who may or may not be eligible).

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Service Area**Kentucky**

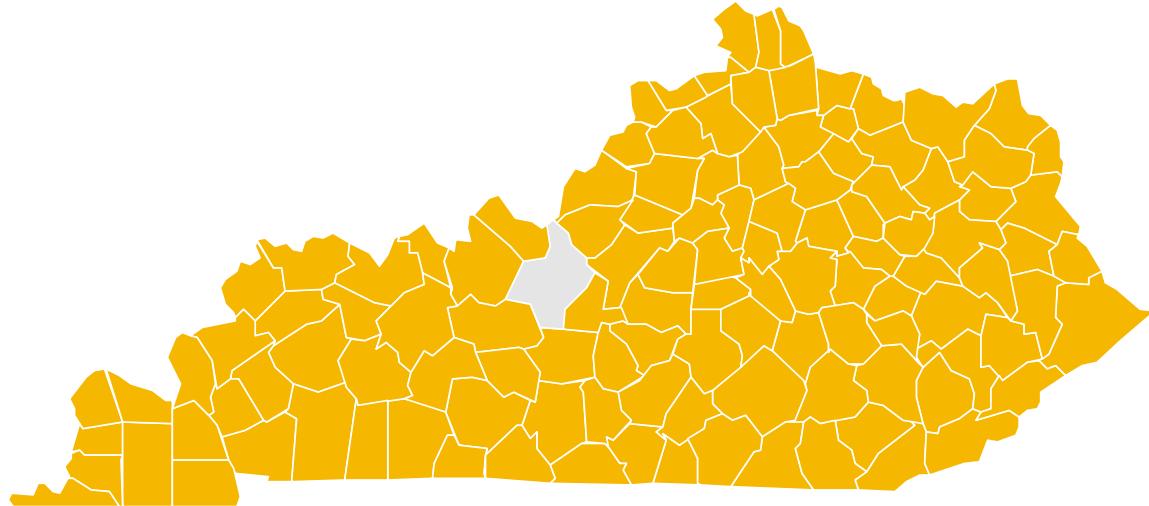
Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, 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, Laurel, 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, Pulaski, 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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