



2026 Plan Highlights

UHC Dual Complete NY-S002 (HMO-POS D-SNP)

H3387-014-001

Service area: New York - Albany, Broome, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Rensselaer, Rockland, Schenectady, Seneca, St. Lawrence, Tioga, Ulster, Warren, Wayne, Westchester, Wyoming, Yates counties

United
Healthcare®
Dual Complete

NY-S002 Dental Only POS
FBDE, QMB+

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.

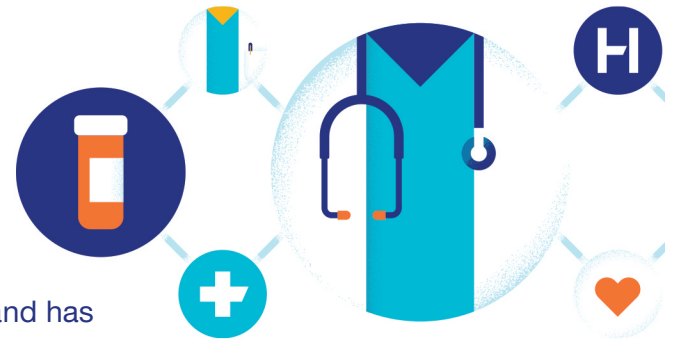
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Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra 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. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



Here's how this HMO-POS D-SNP plan works



Get care from providers in the network or visit out-of-network providers for covered dental services.



Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.



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



Some services require a referral from your doctor. Check your Summary of Benefits for details.



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



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.



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.

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 NY-S002 (HMO-POS 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 have full Medicaid benefits, 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 |
|-----------------------------|-----|

Plan benefits

Doctor’s office visit

| | |
|-----------------------------|-----------|
| Primary care provider (PCP) | \$0 copay |
|-----------------------------|-----------|

| | |
|------------|-----------------------------|
| Specialist | \$0 copay (referral needed) |
|------------|-----------------------------|

| | |
|----------------|--|
| Virtual visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
|----------------|--|

| | |
|----------------------------|-----------|
| Preventive services | \$0 copay |
|----------------------------|-----------|

| | |
|--------------------------------|---------------------------------------|
| Inpatient hospital care | \$0 copay per stay for unlimited days |
|--------------------------------|---------------------------------------|

| | |
|---|-------------------------------|
| Skilled nursing facility (SNF) (Stay must meet Medicare coverage criteria) | \$0 copay per day: days 1-100 |
|---|-------------------------------|

| | |
|---|-----------|
| Outpatient hospital, including surgery | \$0 copay |
|---|-----------|

Outpatient mental health

| | |
|---------------|-----------|
| Group therapy | \$0 copay |
|---------------|-----------|

| | |
|--------------------|-----------|
| Individual therapy | \$0 copay |
|--------------------|-----------|

| | |
|----------------|--|
| Virtual visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
|----------------|--|

Plan benefits

Durable medical equipment (DME) and related supplies

| | |
|---|------------------------------|
| DME (e.g., wheelchairs, oxygen) | \$0 copay |
| Prosthetics (e.g., braces, artificial limbs) | \$0 copay |
| Diabetes monitoring supplies | \$0 copay for covered brands |
| Diagnostic radiology services (such as MRIs, CT scans) | \$0 copay |
| Diagnostic tests and procedures (non-radiological) | \$0 copay |
| Lab services | \$0 copay |
| Outpatient x-rays | \$0 copay |
| Ambulance | \$0 copay for ground or air |
| Emergency care | \$0 copay (worldwide) |
| Urgently needed services | \$0 copay (worldwide) |

Additional plan benefits

| | |
|---|--|
| Routine physical | \$0 copay, 1 per year |
|  Hearing services | Routine hearing exam \$0 copay for a routine hearing exam to help support hearing health |
| | Hearing aids \$2,200 allowance for 2 hearing aids every 2 years <ul style="list-style-type: none"> <input type="checkbox"/> A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids <input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 6,500 locations <input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period <input type="checkbox"/> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered |

Additional plan benefits

| | | |
|---|---|---|
|  <p>Routine dental benefits</p> <p>Covered in and out-of-network.</p> | <p>Preventive and comprehensive services</p> | <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures*</p> <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist |
|  <p>Vision services</p> | <p>Routine eye exam</p> | <p>\$0 copay, 1 per year</p> |
| | <p>Routine eyewear</p> | <p>\$0 copay Plan pays up to \$200 every year for 1 pair of lenses/frames and contacts</p> |
|  <p>Fitness program</p> | <p>\$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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Free gym membership at core locations <input type="checkbox"/> Access to a large national network of gyms and fitness locations <input type="checkbox"/> On-demand workout videos and live streaming fitness classes <input type="checkbox"/> Online memory fitness activities | |
| <p>Routine transportation</p> | <p>\$0 copay for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies</p> | |
| <p>Foot care - routine</p> | <p>\$0 copay, 4 visits per year</p> | |

Additional plan benefits



OTC, healthy food, utilities + wellness support

\$149 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

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

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)

Prescription drugs

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 NY-S002 (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 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 1-800-514-4912 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 1-800-514-4912, 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.

聯合健康保險提供免費服務以協助您與我們溝通。例如：其他語言版本、盲人點字、大字體、語音內容，或者，您可申請口譯員。如需其他資訊，請聯絡我們的客戶服務部，電話號碼 1-800-514-4912 (聽力語言殘障服務專線 (TTY) 使用者請撥 711)。服務時間上午 8 時至晚上 8 時：10 月至 3 月每週 7 天；4 月至 9 月週一至週五。

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 size may vary by local market.

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.

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.

Ready to use your extra benefits?

UHC Dual Complete NY-S002 (HMO-POS D-SNP)

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



Call **1-800-514-4912**, 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: MARCH® Vision Care
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®



Hearing aids

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



Prescription drug home delivery

Optum® Home Delivery Pharmacy
1-877-889-6358
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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