

2026 Michigan Landscape

United Healthcare

2026 MI Landscape

DSNP

DSNP Integration HIDE Plan -10 Counties

Wayne, Barry, Berrien, Branch, Calhoun,
Cass, Kalamazoo, St. Josephs, Van Buren,
Macomb

DSNP HMO Plan County Additions – 5 counties

Clinton, Eaton, Ingham, Isabella, Presque Isle

DSNP PPO County Additions -7 counties

Alpena, Clinton, Eaton, Ingham, Isabella,
Montmorency, Presque Isle

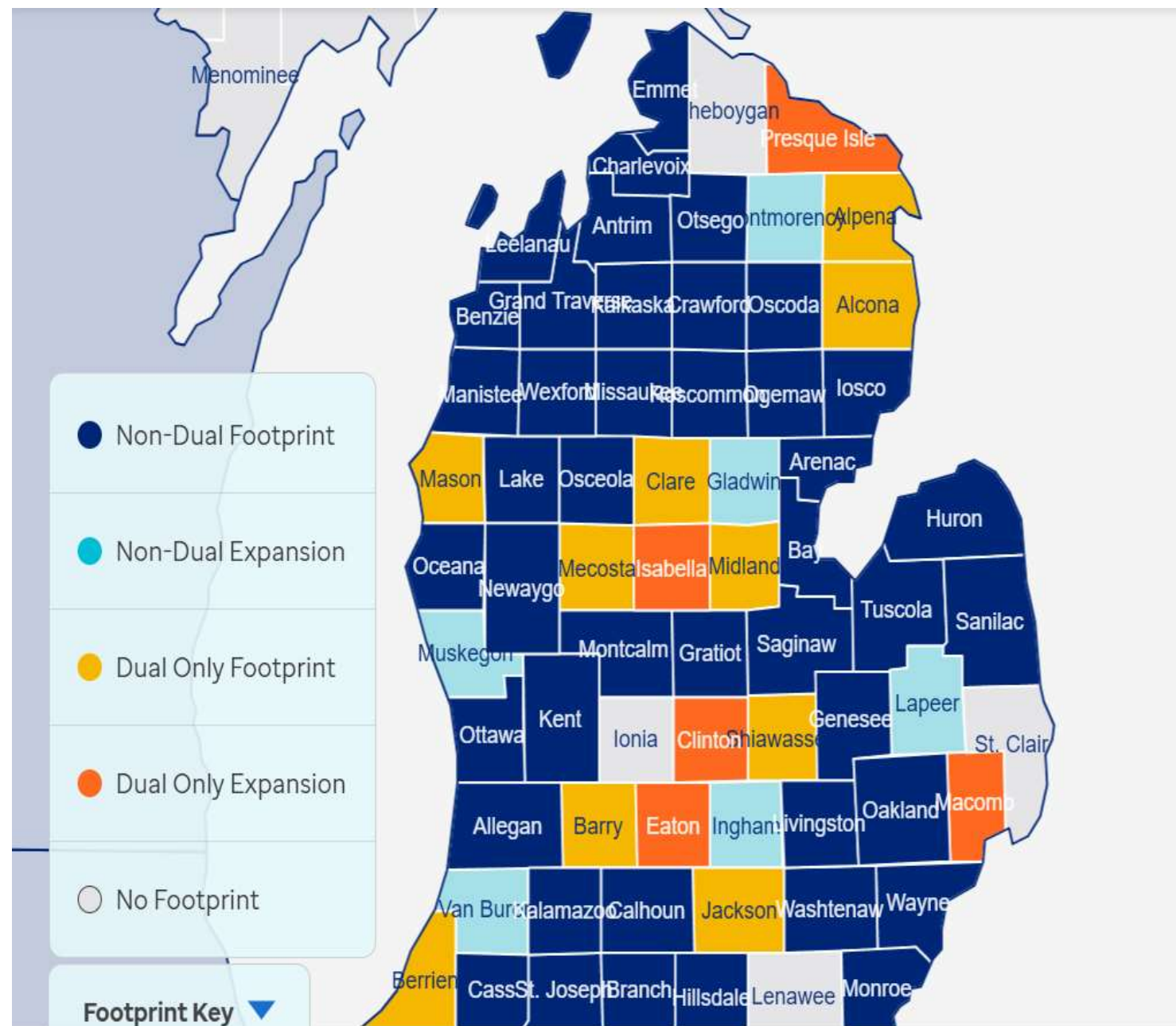
DSNP County Deletions – U.P. – 4 counties

Dickinson, Gogebic, Iron, Ontonagon

Partial DSNP County Additions- 5 counties

Clinton, Eaton, Ingham, Isabella, Presque Isle

Partial DSNP County Deletions- 10 HIDE counties + U.P.



2026 MI Landscape

MA- NON DUAL

Non Dual (MA All plans) - 6 County Additions

Gladwin, Ingham, Lapeer, Montmorency, Muskegon, Van Buren,

Non Dual (MA) – County Deletions:

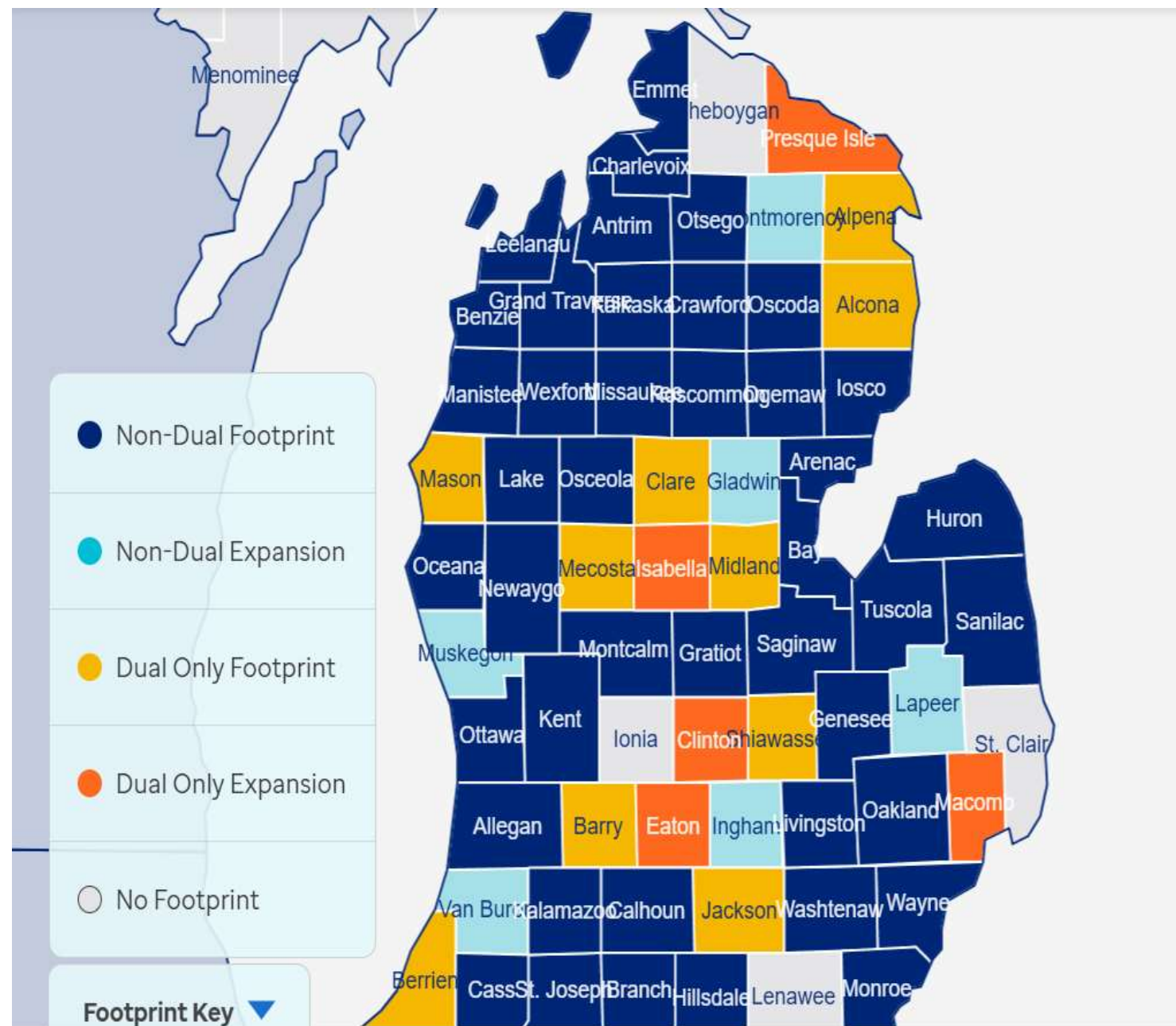
H0294-017- Alcona, Mecosta & U.P

H0294-018 – Alcona & Mecosta

Patriot – Same Adds, Same Deletions

Chronic – Same Adds, Same Deletions

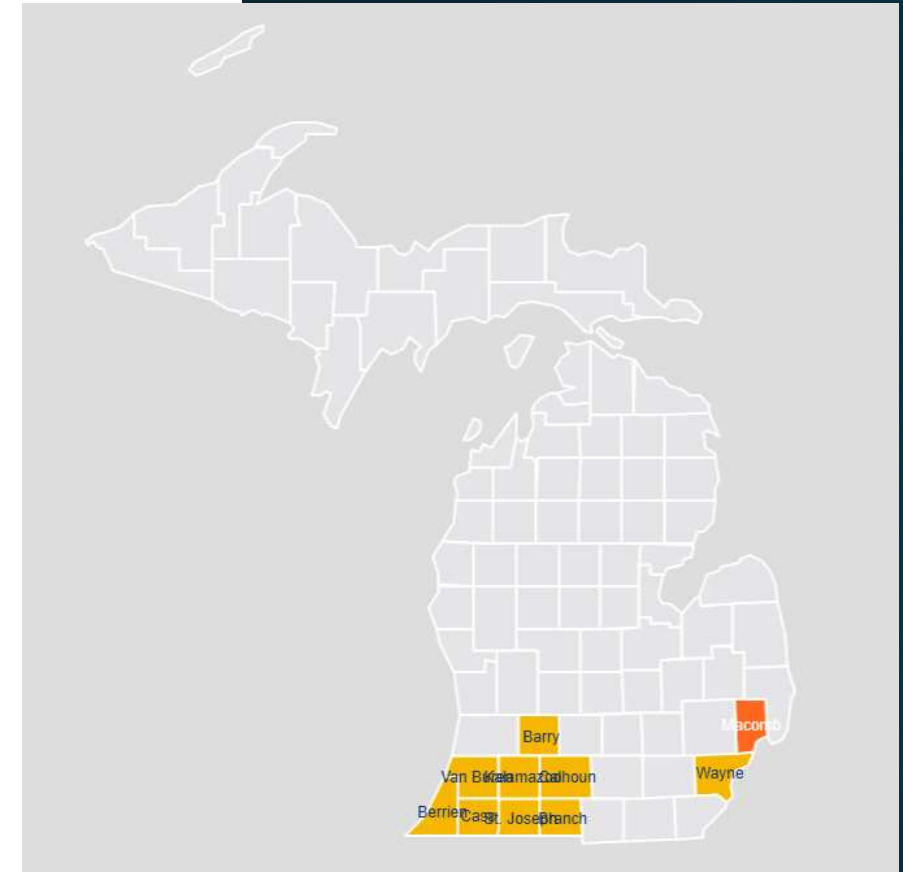
Network Additions – Trinity (July 1st) & McLaren (Oct1st)



New DSNP HIDE Plan

H2247-005 MI-YI

- 10 Counties – **Macomb**, Wayne, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph's, Van Buren
- All previous DSNP plans will no longer have these counties in their Service area. Only HIDE plan available in these counties.
- Current members on HMO H2247-004 (MI-S3) will be Mapped (Cross walked)to the new HMO HIDE plan. H2247-005 (MI YI)
- Current “ Full Dual” Members on HMO H2247-001 (MI-S002) will be mapped (crosswalked) to new Hide Plan in these 9 counties. However, QMB members – will have to be moved to new plan.
- Current Full Dual Members on PPO- H2001-039 (MI-S001) will need to complete new application for the New HIDE plan in these counties. Will not be mapped(crosswalked)
- MI Choice Waiver / Pace must complete acknowledgement form prior to enrollment. We must keep these on file and submit to MDHHA upon request. If prospect is hesitant to enroll, we can submit to the state. State can clarify risks to member
- State also is mandating LTSS agent training.



Acknowledgement form for MI Choice Waiver and Pace Members

MI Coordinated Health Acknowledgment Form

<Date> Member ID: <Member's Plan ID#>
Beneficiary ID: <Member's Medicaid ID#>

<Name>
<Address>
<City>, <State> <ZIP>
<Name>:

This form is to acknowledge that I am choosing to enroll in <HIDE SNP> for my Medicare and Medicaid benefits as part of the MI Coordinated Health program.

I have been informed and acknowledge that:

- By choosing to enroll in MI Coordinated Health (MICH) my enrollment from <MI Choice/PACE> will end the last day of the month prior to my enrollment in MICH.
- Services that I received in <MI Choice/PACE> may not be available or may be provided in a different way in MICH.
- I may need to have continuous enrollment in a Home and Community Based waiver program to keep my Medicaid eligibility.
- If I reside in a residential setting, such as an adult foster care or home for the aged or receive services in a non-residential setting, such as an adult day program, the facility must be compliant with federal regulations in order to remain enrolled in a Medicaid HCBS program.
- My signature/verbal attestation (or my authorized representative's signature/verbal attestation) on this form means that I understand this form. If an authorized representative signs the form, that person's signature means he or she is authorized under State law to complete this form on my behalf, and proof of this authority is available upon request.
- If I am not comfortable enrolling today, the <HIDE SNP> can collaborate with MDHHS to determine how these factors may affect me before moving forward with the enrollment into MI Coordinated Health. I may also seek additional information by contacting Person-Centered Options Counseling (PCOC) to discuss my options and services between programs. PCOC is an organization contracted by the State of Michigan to provide clients with an in-depth conversation to help them determine and understand their needs

and preferences for long term services and supports and navigate through the possible pros and cons of available alternatives.

PCOC Contact Information
Statewide Call Center: 1-800-803-7174
Hours: Monday – Friday, 8 AM – 8 PM
TTY: Please dial 711

Additional Information from MDHHS (completed upon request from <HIDE SNP>):

Additional Comments from <HIDE SNP>:

Member signature:	Date:
If you are the authorized representative, you must provide the following information, sign, and date below:	
Name: (Please <u>Print</u>) _____	
Signature: _____	
Address: _____	
Phone Number: (____) _____ - _____	

Relationship to Enrollee: _____
Today's Date/ Time: _____
If verbal attestation is obtained, please sign below:
Name: (Please Print) _____
Signature: _____

Election Period Changes

The new rules from CMS are designed to enhance the care and benefits for dual-eligible membership



**SEP Enrollment
Process Updating
to Monthly**



**Limits to D-SNP
Enrollment**

**Can we use the
Integrated Care SEP
election in 2026?**



**Yes, any Full Dual
member with UHC
Medicaid may enroll
in a HIDE or FIDE.**



Watch for more training coming
soon

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VBID / SSBCI

VBID & SSBCI

- **VBID** offers a broader set of qualifying criteria than SSBCI. This includes **low-income subsidy**, having an **eligible chronic condition**, or **living in an underserved area**.
- VBID also allows flexibility to offer expanded benefits on both Part C and Part D benefits.
- For VBID, most plans use low-income subsidy as qualifying criteria, which means that everyone in a D-SNP plan typically qualifies.
- **SSBCI** eligibility is more limited and requires members to meet three criteria:
 - have a qualifying chronic condition,
 - be at high risk for hospitalization, and
 - require intensive care coordination
- **One note is that SSBCI does not apply to Part D benefits.**

Current members

- If we have access to information from the member's current plan that they have been diagnosed with an eligible condition, we'll complete the eligibility verification, and the member will have access to SSBCI benefits without any action needed.
- For current members who have an eligible condition, but we are unable to verify through claims data, members will be able to self-indicate through the member portal, app or by calling UnitedHealthcare, which will allow us to collect authorization to search additional prior history and initiate provider outreach if necessary.
- As part of the self-indication process, members will need to provide the name of their **treating physician**, **their condition**, and be asked to **complete a HIPPA authorization**.

New Members

- For new members enrolling on a UnitedHealthcare plan with SSBCI, members will be able to self-indicate if they have one of the qualifying conditions at the time of enrollment.
- With this indication, they will need to supply a provider's name who can verify their condition and also grant permission for UnitedHealthcare to access available data to verify the condition.
- UnitedHealthcare will take care of the provider outreach and data analysis to complete the verification.

New Members Cont

- **New members who self-indicate they have an eligible condition** will have 60 days to access SSBCI benefits once their plan becomes effective while the verification process is happening.
- If we are unable to verify that they have an eligible condition within the first 60 days on the plan, members will lose access to SSBCI benefits. They will still have access to their core plan benefits/ OTC and will remain active in the plan.

New Members Cont

1. Have a qualifying condition. These include but are not limited to:

- Diabetes mellitus (type 1 or type 2)
 - Cardiovascular disorders
 - Chronic heart failure
 - Chronic hypertension (chronic high blood pressure)
 - Chronic hyperlipidemia (chronic high cholesterol)
 - Autoimmune disorders
 - Cancer
 - Chronic alcohol use disorder and other substance use disorders (SUDs)
 - Chronic gastrointestinal disease
 - Chronic kidney disease (CKD)
 - Chronic lung disorders
 - Chronic and disabling mental health conditions
 - Dementia
 - HIV/AIDS
 - Immunodeficiency and immunosuppressive disorders
 - Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy
 - Neurologic disorders
 - Overweight, obesity and metabolic syndrome
-
- Post-organ transplantation care
 - Severe hematologic disorders
 - Stroke
 - Conditions associated with cognitive impairment
 - Conditions with functional challenges and require similar services including spinal cord injuries, paralysis, limb loss, stroke and arthritis

2026 DSNP Plans

Plan Name	UHC Dual Complete MI-Y1 (HMO D-SNP)	UHC Dual Complete MI-S3 (HMO D-SNP)	UHC Dual Complete MI-S002 (HMO-POS D-SNP)	UHC Dual Complete MI-S001 (PPO D-SNP)
Plan ID	H2247-005-000	H2247-004-000	H2247-001-000	H2001-039-000
Plan Highlights	For full dual members, this plan offers a combined Medicare and Medicaid experience, along with extra benefits like a monthly OTC credit, with healthy food and utilities for qualifying members. (2025 full dual members in H2247-004-000 and H2247-001-000 mapped into this plan)	Must be a full dual, best for those who prioritize the monthly OTC credit, with healthy food and utilities for qualifying members, over other extra benefits.	Must be a full dual or QMB, offering a monthly credit for OTC, plus healthy food and utilities for qualifying members, and coverage for other valued extra benefits.	Must be a full dual or QMB, offering a monthly credit for OTC, plus healthy food and utilities for qualifying members, and coverage for other valued extra benefits.
Premium	\$0	\$0	\$0	\$0

2026 DSNP Plans

Plan Name	UHC Dual Complete MI-Y1 (HMO D-SNP)	UHC Dual Complete MI-S3 (HMO D-SNP)	UHC Dual Complete MI-S002 (HMO-POS D-SNP)	UHC Dual Complete MI-S001 (PPO D-SNP)
Rx Retail (30-day)	\$0 Tier 1 • costs vary by LIS level	\$0 Tier 1 • costs vary by LIS level	\$0 Tier 1 • costs vary by LIS level	\$0 Tier 1 • costs vary by LIS level
Rx Mail (Tiers 1-3, 100-day)	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level	\$0 Tier 1 • costs for Tiers 2 and 3 vary by LIS level
Dental	Covered under Medicaid	Covered under Medicaid	\$3,000 towards covered services; \$0 copay for all covered services	\$2,000 towards covered services; \$0 copay for all covered services
Vision	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear	\$0 for a routine eye exam and standard lenses; \$200 per year for eyewear
Hearing Aids	\$2,500 allowance every 2 years through UHC Hearing	\$1,500 allowance every 2 years through UHC Hearing	\$2,200 allowance every 2 years through UHC Hearing	\$2,200 allowance every 2 years through UHC Hearing
Fitness	Free gym membership with premium and core network	Free gym membership with premium and core network	Free gym membership with premium and core network	Free gym membership with premium and core network

2026 DSNP Plans

Plan Name	UHC Dual Complete MI-Y1 (HMO D-SNP)	UHC Dual Complete MI-S3 (HMO D-SNP)	UHC Dual Complete MI-S002 (HMO-POS D-SNP)	UHC Dual Complete MI-S001 (PPO D-SNP)
OTC	\$223/month OTC and wellness support; healthy food and utilities for qualified members	\$206/month OTC and wellness support; healthy food and utilities for qualified members	\$175/month OTC and wellness support; healthy food and utilities for qualified members	\$104/month OTC and wellness support; healthy food and utilities for qualified members
Other Benefits	• Transportation: \$0 INN; 84 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	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• 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	• 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 • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

2026 MAPD Plans

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-0002 (PPO)	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Plan ID	H0294-017-000	H0294-018-000	H0294-022-000
Plan Highlights	Medicare Advantage plan offering the coverage of Original Medicare with added benefits.	Medicare Advantage plan offering the coverage of Original Medicare with added benefits.	Great for veterans or consumers who don't need Rx coverage and want a Part B rebate with valued extra benefits.
Premium	\$0	\$64	\$0; Part B Rebate: \$100.00
Medical Deductible	\$1,250 combined in and out-of-network	\$0 combined in and out-of-network	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$6,700	\$5,400	\$6,700
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide	Includes UnitedHealthcare Medicare National Network for network care nationwide	Includes UnitedHealthcare Medicare National Network for network care nationwide

2026 MAPD Plans

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-0002 (PPO)	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Diagnostic Radiology / X-Rays	\$240 copay; \$0 for mammograms / \$30 copay	\$260 copay; \$0 for mammograms / \$30 copay	\$260 copay; \$0 for mammograms / \$30 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$600 Tiers 3-5	\$0 Tiers 1 and 2 • \$600 Tiers 3-5	N/A
Rx Retail (30-day)	\$0/\$10/16%/41%/26% • Insulin: \$35	\$0/\$8/17%/39%/26% • Insulin: \$35	N/A
Rx Mail (Tiers 1-3, 100-day)	\$0/\$0/16% • Insulin: \$105	\$0/\$0/17% • Insulin: \$105	N/A
Dental	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available	\$1,500 towards covered services; \$0 copay for preventive services; 50% for comprehensive services	\$2,500 towards covered services; \$0 copay for preventive services; 50% for comprehensive services

2026 MAPD Plans

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-0002 (PPO)	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Vision	\$0 for a routine eye exam and standard lenses; \$300 every 2 years for eyewear	\$0 for a routine eye exam and standard lenses; \$200 every 2 years for eyewear	\$0 for a routine eye exam and standard lenses; \$150 every 2 years for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network	Free gym membership with premium and core network	Free gym membership with premium and core network
OTC	Not Covered	\$25/quarter OTC credit	\$30/quarter OTC credit
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

2026 MAPD Plans

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-0002 (PPO)	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Service Area	<p>Michigan</p> <p>Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford</p>	<p>Michigan</p> <p>Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford</p>	<p>Michigan</p> <p>Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford</p>

New Referral Process

- All services obtained on or after Jan 1-2026 will require a referral.
- New and Existing members must ask their PCP for a referral, on or after Jan 1- 2026. (systems won't accept prior for any open access plans)
- Providers can submit electronically with or without seeing patient.
- If member shows up to specialist appt without a referral, provider may: Contact PCP for real time referral, turn the member away & reschedule appt.
- Emergency or urgent care does not need a referral.

Exceptions Referral Process

- **MI HIDE Plan** does **not** require referrals.
- Any PCP service
- Anesthesiology referral, not required during surgery.
- Emergency room, Emergency Ambulance, Urgent care, or telehealth Visit.
- Pathologist or inpatient consulting physician.
- Supplemental benefits, such as Hearing, Vision, Dental or fitness membership,
- Services by : Obstetrician/Gynecologist, Oncologist, Hematologist, Nuclear Medicine, Infectious Disease Specialist, Neonatology, Emergency Medicine, Disease Management, Radiologist, Therapeutic Radiologist, Nutritionist, Podiatrist, Chiropractor, Audiologist, Optometrist, Ophthalmologist
- Mental Health/ Substance Abuse with Behavioral Health Clinician.
- Cardiac or Pulmonary Rehabilitation Services.
- Home Health Agency Services
- All Lab, Xrays, Radiological Test, Non-Radiological Diagnostics test.
- Radiation Therapy
- DME, Prosthetic/ Orthotic Devices, Medical Supplies, Diabetic Testing, Medicare Part B drugs.

2026 CSNP Plans



2026 H0294-048-000

Plan Name	UHC Complete Care Support MI-3 (PPO C-SNP)
Plan ID	H0294-048-000
Plan Highlights	For qualifying members with LIS, the premium is \$0 with low-cost specialist visits and access to a monthly OTC / healthy food credit.
Premium	\$8.80; Part B Rebate: \$0.70
Medical Deductible	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$6,700
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder
PCP / Specialist	\$0 / \$45; No 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	\$275 copay for ground or air
ER / Urgent Care	\$130 copay / \$50 copay

2026 CSNP Plans



2026 H0294-048-000

Plan Name	UHC Complete Care Support MI-3 (PPO C-SNP)
Diagnostic Radiology / X-Rays	\$260 copay; \$0 for mammograms / \$25 copay
Lab Services	\$0 copay
Rx Deductible	\$615 for all Medicare covered part D drugs; \$0 with LIS
Rx Retail (30-day)	25% for all Medicare covered part D drugs • Insulin: \$35 • costs vary by LIS level
Rx Mail (Tiers 1-3, 100-day)	25% for all Medicare covered part D drugs • Insulin: \$105 • costs vary by LIS level
Dental	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available
Vision	\$0 for a routine eye exam and standard lenses; \$300 every 2 years 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	\$44/month OTC; healthy food for qualified members
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year



Thank You