Washington State Health Care Authority

UnitedHealthcare Community Plan of Washington
Apple Health Medicare Connect – 2026 Supplemental Benefits

This guide shares an overview of UnitedHealth Care Community Plan of Washington's supplemental benefits (SB) and value-added items and services (VAIS) for their Apple Health Medicare Connect, Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP).

UnitedHealthcare is one out of six Apple Health Medicare Connect (D-SNP) plan options. View the full Apple Health Medicare Connect supplemental benefits guide for links to the other plan's guides.

Use this guide to help clients choose an Apple Health Medicare Connnect MA plan that best fits their needs. Learn more about **Apple Health Medicare Connect**.

Note: This document has not been approved for sharing with clients and should only be used as a resource to assist clients in selecting a plan. Do not share this document with clients.

Legend: UnitedHealthcare Medicare Advantage Contract Numbers

Contract number	Contract Name	Apple Health (Medicaid) Coverage
H2001-051	UHC Dual Complete WA-S5 (PPO D-SNP)	Full-Benefit Dually Eligible (FBDE), Qualified Medicare Beneficiary (QMB)+, Specified Low-Income Medicare Beneficiary (SLMB)+
H2001-078	UHC Dual Complete WA-S1 (PPO D-SNP)	FBDE, QMB+, SLMB+
H2001-079	UHC Dual Complete WA-Q1 (PPO D-SNP)	QMB
H2001-080	UHC Dual Complete WA-V2 (PPO D-SNP)	Qualifying Indvidiuals (QI), SLMB
H2001-081	UHC Dual Complete WA-S2 (PPO D-SNP)	FBDE, QMB+, SLMB+
H5008-002	UHC Dual Complete WA-S6 (HMO-POS D-SNP)	FBDE, QMB+, SLMB+
H5008-015	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	QI, SLMB
H5008-018	UHC Dual Complete WA-S3 (HMO-POS D-SNP)	FBDE, QMB+, SLMB+
H5008-019	UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	QMB
H5008-020	UHC Dual Complete WA-S4 (HMO-POS D-SNP)	FBDE, QMB+, SLMB+

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

UnitedHealthcare - Supplemental benefits and value-added items and services

Supplemental benefits (SB), include benefits that address social and environmental factors including dental, vision, or other non-medical needs.

Value-added items and services (VAIS) are not covered by Medicare and are offered to clients by their Medicare Advantage (MA) health plan. Common VAIS and SB are found in the table below, visit the plans webpages for a complete list.

SB and VAIS comparison chart

Note: The products and services described are neither offered nor guaranteed under our contract with Apple Health. They are not subject to the Apple Health appeals process. Any disputes regarding these products and services may be subject to the managed care organization (MCO) grievance process.

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Food security

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP)	H2001-051	$128.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	FBDE, QMB+, SLMB +
UHC Dual Complete WA-S1 (PPO D-SNP)	H2001-078	$129.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	FBDE, QMB+, SLMB +
UHC Dual Complete WA-Q1 (PPO D-SNP)	H2001-079	$55.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP)	H2001-080	$39.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	QI, SLMB
UHC Dual Complete WA-S2 (PPO D-SNP)	H2001-081	$204.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	FBDE, QMB+, SLMB +
UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP)	H5008-002, H5008-018	$84.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	FBDE, QMB+, SLMB +
UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H5008-015	$38.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	QI, SLMB
UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H5008-019	$42.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	QMB
UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H5008-020	$154.00 benefit every month for food allowance (also includes qualifying utility bills). Credit expires at the end of month.	FBDE, QMB PLUS, SLMB PLUS

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Housing support

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-079, H2001-080, H2001-081, H5008-002, H5008-015, H5008-018, H5008-019, H5008-020	N/A	N/A

Life transition support/kit

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-079, H2001-080, H2001-081, H5008-002, H5008-015, H5008-018, H5008-019, H5008-020	N/A	N/A

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Transportation

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP)	H2001-051, H2001-078	Up to 24 one-way trips via van per year, for plan approved locations.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	Up to 24 one-way trips via van per year, for plan approved locations.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	Up to 24 one-way trips via van per year, for plan approved locations.	QI, SLMB
UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-081, H5008-020	Up to 36 one-way trips via van per year, for plan approved locations.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP)	H5008-002, H5008-018	Up to 24 one-way trips via van per year, for plan approved locations.	FBDE, QMB+, SLMB+

Fitness/healthy lifestyles (gym membership)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	$0.00; Premium and core gym network	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	$0.00; Premium and core gym network	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	$0.00; Premium and core gym network	QI, SLMB

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Senior activities/clubs

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-079, H2001-080, H2001-081, H5008-002, H5008-015, H5008-018, H5008-019, H5008-020	N/A	N/A

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Hearing benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	$2,200 credit every year combined for prescription or over-the-counter (OTC) hearing aids; $0 for each hearing aid device; Limited to 2 prescription or OTC hearing aid devices every two years. 1 visit per year covered.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP)	H2001-079	$1,500 credit every year combined for prescription or OTC hearing aids, $0 for each hearing aid device; Limited to 2 prescription or OTC hearing aid devices every two years. 1 visit per year covered.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	$199 - $1,249 for each hearing aid device combined for prescription or OTC hearing aids; Limited to 2 prescription or OTC hearing aid devices every year. 1 visit per year covered.	QI, SLMB
UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H5008-019	$2,200 credit every year combined for prescription or OTC hearing aids; $0 for each hearing aid device; Limited to 2 prescription or OTC hearing aid devices every two years. 1 visit per year covered.	QMB

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Vision benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-081, H5008-002, H5008-018, H5008-020	Combined credit of $200 towards all covered eyewear; $0 cost share for contact lenses every year; $0 cost share for 1 pair of eyeglass lenses every year; $0 cost share for 1 pair of eyeglass frames every year. 1 visit per year covered.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-S1 (PPO D-SNP)	H2001-078	Combined credit of $250 towards all covered eyewear; $0 cost share for contact lenses every year; $0 cost share for 1 pair of eyeglass lenses every year; $0 cost share for 1 pair of eyeglass frames every year. 1 visit per year covered.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	Combined credit of $150.00 towards all covered eyewear; $0.00 cost share for contact lenses every year; $0.00 cost share for 1 pair of eyeglass lenses every year; $0.00 cost share for 1 pair of eyeglass frames every year. 1 visit per year covered.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	Combined credit of $150 towards all covered eyewear; $0 cost share for contact lenses every two years; $0 - $153 cost share for 1 pair of eyeglass lenses every two years; $0 cost share for 1 pair of eyeglass frames every two years. 1 visit per year covered.	QI, SLMB

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Dental benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	$0; 1 oral exam(s), $0; 2 cleaning(s) every year, $0; 2 fluoride treatment(s) every year, $0; 1 dental X-ray(s). Frequency varies based on dentist recommendation. Plan paid benefit up to $2,500.00 per year.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	$0; 1 oral exam(s), $0; 2 cleaning(s) every year, $0; 2 fluoride treatment(s) every year, $0; 1 dental X-ray(s). Frequency varies based on dentist recommendation. Plan paid benefit up to $1,500.00 per year.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	$0; 1 oral exam(s), $0; 2 cleaning(s) every year, $0; 2 fluoride treatment(s) every year, $0; 1 dental X-ray(s). Frequency varies based on dentist recommendation. Plan paid benefit up to $1,000.00 per year.	QI, SLMB

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Pest control/clean up services

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-079, H2001-080, H2001-081, H5008-002, H5008-015, H5008-018, H5008-019, H5008-020	N/A	N/A

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Over-the-counter medications

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP)	H2001-051	$128 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-S1 (PPO D-SNP)	H2001-078	$129 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP)	H2001-079	$55 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP)	H2001-080	$39 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	QI, SLMB
UHC Dual Complete WA-S2 (PPO D-SNP)	H2001-081	$204 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP)	H5008-002, H5008-018	$84 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	FBDE, QMB+, SLMB+

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UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H5008-015	$38 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	QI, SLMB
UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H5008-019	$42 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	QMB
UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H5008-020	$154 benefit every month. Credit amount combined between over-the-counter (OTC) debit card, home & bathroom safety devices and modifications, weight loss support, respite care, in-home support, fitness equipment and wearables, food allowance, and qualifying utility bills. Credit expires at the end of the month.	FBDE, QMB+, SLMB+

Cellular phone

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-079, H2001-080, H2001-081, H5008-002, H5008-015, H5008-018, H5008-019, H5008-020	N/A	N/A

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Telehealth resources

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	$0; Covers: Other health care professional, physician specialist services, primary care physician services, and urgently needed services.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	$0; Covers: Other health care professional, physician specialist services, primary care physician services, and urgently needed services.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	$0; Covers: Other health care professional, physician specialist services, primary care physician services, and urgently needed services.	QI, SLMB

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Rewards programs

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	Meet Your 2025 Ucard ($5) once active, annual and physical wellness visit ($15) once per year, annual flu shot ($5) once per year, SNP health assessment ($10) once per year, Get Moving Monthly Challenge ($10) per month, Connect with Others ($10) per year, HouseCalls ($50) once per year.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	Meet Your 2025 Ucard ($5) once active, annual and physical wellness visit ($15) once per year, annual flu shot ($5) once per year, SNP health assessment ($10) once per year, Get Moving Monthly Challenge ($10) per month, Connect with Others ($10) per year, HouseCalls ($50) once per year.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	Meet Your 2025 Ucard ($5) once active, annual and physical wellness visit ($15) once per year, annual flu shot ($5) once per year, SNP health assessment ($10) once per year, Get Moving Monthly Challenge ($10) per month, Connect with Others ($10) per year, HouseCalls ($50) once per year.	QI, SLMB

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Additional services (acupuncture, LGBTQIA+, etc.)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
UHC Dual Complete WA-S5 (PPO D-SNP), UHC Dual Complete WA-S1 (PPO D-SNP), UHC Dual Complete WA-S2 (PPO D-SNP), UHC Dual Complete WA-S6 (HMO-POS D-SNP), UHC Dual Complete WA-S3 (HMO-POS D-SNP), UHC Dual Complete WA-S4 (HMO-POS D-SNP)	H2001-051, H2001-078, H2001-081, H5008-002, H5008-018, H5008-020	**Acupuncture**: 12 visit(s) every year. **Meal benefit:** Up to 28 meals over 14 days; unlimited times per year. Members can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge.	FBDE, QMB+, SLMB+
UHC Dual Complete WA-Q1 (PPO D-SNP), UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	H2001-079, H5008-019	**Acupuncture**: 12 visit(s) every year. **Meal benefit:** Up to 28 meals over 14 days; unlimited times per year. Members can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge.	QMB
UHC Dual Complete WA-V2 (PPO D-SNP), UHC Dual Complete WA-V001 (HMO-POS D-SNP)	H2001-080, H5008-015	**Acupuncture**: 12 visit(s) every year. **Meal benefit:** Up to 28 meals over 14 days; unlimited times per year. Members can receive two meals per day for 14 days, unlimited times per year after an inpatient hospital or skilled nursing facility discharge.	QI, SLMB

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