UnitedHealthcare 2026 Plan Year

West Virginia | D-SNP Enrollment At A Glance

Scan the QR code or follow the Jarvis path below to access the UHC D-SNP landing page and learn more about UHC D-SNPs

Jarvis > Knowledge Center > Medicare Product Resources > Dual Special Needs Plans

Information Valid for Plan Year 2026 Only

Overview

This guide will help you understand which consumers may be eligible to enroll in a UnitedHealthcare D-SNP plan and outline alternative Special Enrollment Period (SEP) options for plans that do not qualify for the Integrated Care SEP.

Dual Eligibles

85K
Dual Eligibles

46K
Full Dual Eligibles (54%)

21K
QMB Eligibles (25%)

18K
Partial Dual Eligibles (21%)

UHC D-SNP Service Area Only; estimates based on June 2024 CMS.gov data

2026 Footprint

Unable to sell any duals during monthly Integrated Care SEP.

Counties with no Integrated Care SEP

Summary of D-SNP Enrollment Eligibility

Any dual-eligible consumer can enroll in a UHC D-SNP plan during AEP and MA-OEP

1. There are no changes to enrolling in D-SNP plans during AEP and MA-OEP. Use the Jarvis Medicare and Medicaid Verification (MMV) tool linked on the D-SNP landing page to verify plan eligibility (see QR code above or navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup).
    1. NOTE: MMV does not verify partial Medicaid eligibility. To verify your client's partial Medicaid eligibility, send a secure email with a copy of the applicant's Medicaid Award Letter to MandRenrollment@uhc.com. Your client can obtain a copy of the award letter from their local county office or the West Virginia Department of Health & Human Services.

Dual-eligible consumers are limited to special circumstances SEPs (see below)

1. Special circumstance SEPs still apply to all D-SNP consumers; client must be Medicaid eligible. Refer to the D-SNP Landing Page for more information (QR code or Jarvis file path above). Special circumstance SEPs include (but are not limited to) your client:
    a. Being eligible for Medicare prior to turning 65 and is now turning 65 (IEP2).
    b. Losing coverage from an employer.
    c. Moving outside of the service area for the current plan or into the service area of a new plan.
    d. Moving into a long-term care facility, such as a nursing home.
    e. Moving out of a long-term care facility, such as a nursing home.
    f. Recently had a change in or is no longer eligible for Extra Help paying for Medicare prescription drug coverage or Medicaid.
    g. Was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)).
    h. Enrolled in a plan by Medicare (or the state) and wants to choose a different plan within 3 months.
    i. Delayed enrollment into Medicare Part B and now has Part B (ICEP-Delayed Part B).
    j. Recently enrolled in a Medicare Advantage plan for the first time and wants to make a change during the first 3 months of enrollment.

Unique Medicaid Considerations

- Partial consumers will not be found using the UHC Medicare and Medicaid Verification (MMV) tool on Jarvis. If the consumer is partial, please contact the Producer Help Desk (PHD) at 1-888-381-8581, to verify your client's D-SNP eligibility.

Plan Information *(Click plan name for details)*

Plan Name	Plan Eligibility and Overview	SEP Sales Opportunity
UHC Dual Complete WV-S2 (PPO D-SNP) **H2001-082-000**	**Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) **Plan Focus:** Must have full Medicaid benefits. $192 credit every month for OTC, plus healthy food and utilities for qualifying members.	**Limited** - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan
UHC Dual Complete WV-S001 (PPO D-SNP) **H2001-030-000**	**Eligible Membership:** Full Dual or QMB Only (FBDE, QMB+, SLMB+, QMB) **Plan Focus:** Designed for a Qualified Medicare Beneficiary (QMB) who doesn't have full Medicaid benefits but gets all their Medicare-covered services provided at $0. $106 credit every month for OTC, plus healthy food and utilities for qualifying members.	**Limited** - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan
UHC Dual Complete WV-V001 (PPO D-SNP) **H2001-061-000**	**Eligible Membership:** All Dual* (FBDE, QMB+, SLMB+, QMB, SLMB, QI) **Plan Focus:** Designed for those who don't have full Medicaid benefits but get help paying their Medicare Part B premium and pay some of their own Medicare-covered costs. $91 credit every month for OTC, plus healthy food and utilities for qualifying members.	**Limited** - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan

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.

*"All Dual" means any level of Dual Eligible member may sign up for the plan: Full Dual = FBDE, QMB+, SLMB+ | QMB = QMB | Partial Dual = SLMB, QI

Underlined are the dual eligibles most suited for each plan.