UnitedHealthcare 2027 Plan Year

Michigan | 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 2027 Only

Overview

This guide will help you understand key changes for D-SNP enrollment eligibility beginning January 2027, as well as which consumers may be eligible to enroll in a UnitedHealthcare D-SNP and how to enroll.

Dual Eligibles

351K
Dual Eligibles

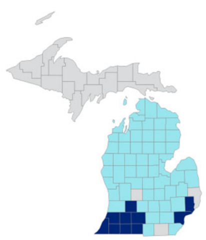
287K
Full Dual Eligibles (82%)

10K
QMB Eligibles (3%)

54K
Partial Dual Eligibles (15%)

UHC D-SNP Service Area Only; estimates based on June 2026 CMS.gov data

2027 Footprint



Medicare-First Counties; Enrollment Restrictions Apply

No UHC Medicaid

No UHC D-SNP

Summary of 2027 Enrollment Requirements

New 2027 CMS Alignment Requirements Apply in Michigan

- In 2027, there are new exclusively aligned enrollment CMS requirements for Full Dual eligibles (FBDE, QMB+) where UHC offers managed Medicaid:
  a. One Full Dual Plan Option per Service Area. Full dual members will have only one UHC plan available per service area. Select plans will be frozen for new enrollment.
  b. New UHC Dual Complete MI-Y1 Enrollees Will Be Aligned with UHC for Both Medicare and Medicaid. Full Dual members who newly enroll in UHC Dual Complete MI-Y1 must be enrolled with UHC for both their Medicare and Medicaid coverage. If a member joins the plan and is enrolled in a different Medicaid plan, their Medicaid coverage will transition to UHC's Medicaid plan after D-SNP enrollment. ***Note:*** *Consumers must already be enrolled in Medicaid before enrolling in a Full Dual D-SNP.*

Any Dual-Eligible Consumer Can Enroll During AEP And MA-OEP, With Limitations During SEP

- See Plan Information table below for SEP enrollment availability detail by plan. Use the Jarvis Medicare and Medicaid Verification (MMV) tool to verify plan eligibility before you submit the application. Navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup.

To enroll in UHC Dual Complete MI-Y1, consumers must be Medicaid eligible.

Additional Considerations: Consumers eligible for the UHC Dual Complete MI-Y1 plan who are on the MI Choice or PACE waiver programs must complete a state required MI Acknowledgement Form prior to the application being approved by UHC. UnitedHealthcare will communicate with the consumer if the form is required.

Plan Information

Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Complete MI-Y1 (HMO) **H2247-006-001** *Barry Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren*	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Plan Focus:** Must have full Medicaid benefits. Joining this plan will also enroll you in Michigan Coordinated Health Program (MICH) for a combined Medicare and Medicaid experience.	**Integrated Care SEP:** Full dual consumers are eligible to join this plan outside of AEP and OEP using the Integrated Care SEP, in addition to special circumstance SEPs.
UHC Dual Complete MI-Y1 (HMO) **H2247-006-002** *Macomb, Wayne*	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Plan Focus:** Must have full Medicaid benefits. Joining this plan will also enroll you in Michigan Coordinated Health Program (MICH) for a combined Medicare and Medicaid experience.	**Integrated Care SEP:** Full dual consumers are eligible to join this plan outside of AEP and OEP using the Integrated Care SEP, in addition to special circumstance SEPs.
UHC Dual Complete MI-S3 (HMO) **H2247-004-000**	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Plan Focus:** Must have full Medicaid benefits.	**Limited SEPs:** Outside of AEP and OEP, consumers are limited to special circumstance SEPs.
UHC Dual Complete MI-Q1 (HMO-POS) **H2247-001-000**	• **Eligible Membership:** QMB Only (QMB) • **Plan Focus:** Must be a Qualified Medicare Beneficiary with $0 Medicare-covered services but not full Medicaid.	**Limited SEPs:** Outside of AEP and OEP, consumers are limited to special circumstance SEPs.

Plan Information (Continued)

Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Advantage MI-V1 (HMO-POS) **H2247-003-000**	• **Eligible Membership:** QMB or Partial (QMB, SLMB, QI) • **Plan Focus:** Designed for partial Medicaid recipients who get help with their Medicare Part B premium and pay some of their own Medicare-covered costs.	**Limited SEPs:** Outside of AEP and OEP, consumers are limited to special circumstance SEPs.
UHC Dual Complete MI-S001 (Local PPO) **H2001-039-000**	• **Frozen Enrollment:** This plan isn't accepting new members starting January 1, 2027.	**N/A:** This plan isn't accepting new members starting January 1, 2027.

Underlined are the dual eligibles most suited for each plan.