

2026 Agent Quick Reference Guide

Special Supplemental Benefits for the Chronically Ill (SSBCI)



Special Supplemental Benefits for the Chronically Ill

Special Supplemental Benefits for the Chronically Ill (SSBCI) is a program that allows Medicare Advantage plans to offer additional benefits to members with one or more complex conditions, who are at high risk for hospitalization or adverse health outcomes and who require intensive care coordination.

Like Value-Based Insurance Design (VBID), SSBCI allows Medicare Advantage plans to offer non-medical and non-primarily health-related benefits—such as healthy foods and utilities—tailored to individuals with serious chronic illnesses.

2026 Changes



The Centers for Medicare & Medicaid Services (CMS) is terminating the Medicare Advantage (MA) Value-Based Insurance Design (VBID) model December 31, 2025.

As VBID ends, Medicare Advantage plans will experience changes. However, the SSBCI program will remain a key component to support individuals with specific chronic health needs. **For UnitedHealthcare, there are important changes to Dual Special Needs Plans (D-SNPs).**

Why does SSBCI matter to UnitedHealthcare members?

SSBCI allows Medicare Advantage plans to offer non-primarily health-related benefits tailored to the unique needs of chronically ill individuals, such as the healthy food and utilities benefit. The UnitedHealthcare healthy food and utilities benefit was historically offered through VBID.

However, with VBID being terminated, UnitedHealthcare is making sure the healthy food and utilities benefit is still being offered through SSBCI.* **This is a change in particular for D-SNP members who may now need to take steps to qualify for SSBCI.**

**Benefits vary by plan/area.*

What are supplemental benefits?

All Medicare Advantage plans are required to offer the same benefits as Original Medicare*, benefits beyond this are considered supplemental benefits. Medicare Advantage plans have also been able to offer supplemental benefits such as gym memberships, dental, vision and credits for over-the-counter expenses.

Beyond these, Medicare Advantage plans began offering non-medical supplemental benefits to address health-related social needs. Through the VBID model and SSBCI, Medical Advantage plans also began to offer non-medical supplemental benefits addressing social needs, like food, transportation, and utilities .**

*(except hospice)

**Benefits vary by plan/area.

What does this mean for D-SNP members?



SSBCI benefits

Qualifying D-SNP members will be able to use their OTC credit on covered healthy foods and approved utilities like electricity or home heat such as natural gas and transportation in select markets.



To access SSBCI benefits, members must have a verified qualifying condition.

Therefore, not all UnitedHealthcare D-SNP plan enrollees will qualify to use their OTC credits toward non-primarily health-related supplemental benefits such as healthy food or utilities. However, all plan members can still use their credit toward over-the-counter (OTC) products and wellness support.



SSBCI does not apply to Part D benefits.

VBID previously allowed UnitedHealthcare D-SNPs to offer \$0 copays on all covered prescriptions. Without VBID, members may see changes to their covered prescription drug benefit. Drugs costs will vary by individual and plan.

D-SNP SSBCI Eligible Conditions

To qualify for SSBCI benefits, members must meet specific criteria, including having one or more qualifying conditions. Keep in mind, **SSBCI verification is different than the C-SNP verification**. C-SNP Verification is for the chronic conditions associated with enrollment into the C-SNP plan (Diabetes, Chronic Heart Failure, Cardiovascular Disorders).

Below is the list of UnitedHealthcare's D-SNP SSBCI qualifying conditions (may vary by carrier):

- ☐ 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

**To be eligible for SSBCI, members must meet several requirements will need to be confirmed by the plan, including diagnosis of a qualifying chronic condition, plan eligibility, and additional clinical criteria such as being at high risk for hospitalization or adverse health outcomes and requiring intensive care coordination.*



UnitedHealthcare aims to make the transition to SSBCI benefits seamless for most current members.

>90%

UnitedHealthcare estimates more than 90% of existing UnitedHealthcare D-SNP members will be verified for SSBCI benefits*.

If UnitedHealthcare has internal data of a qualifying condition, the member's record is also reviewed for high risk of hospitalization and intensive care management. This could mean:

- Member gains access to SSBCI benefits
- No action is needed from member

*Internal UHC analysis of 2025 claims and health records

New Member and Plan Change Journey



D-SNP Enrollment

Member Self-Indicates Condition on Enrollment with HIPAA authorization



Plan Effective

60-day access to Healthy Food/Utilities begins



Provider Notified

Member receives status reminders, agent tracks status in Jarvis Book of Business



Member is Verified



Member is NOT Verified

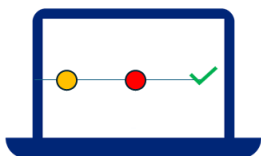


Members who self-indicate a qualifying condition will have 60 days to access SSBCI benefits once their plan becomes effective while the verification process is happening.

If we are **unable to verify** that they have an eligible condition within the first 60 days on the plan, members will no longer have access to the healthy food and utilities benefits.* They will still have access to OTC, wellness support and fitness benefits and well as rewards and discounts (if available on the member's plan).

*The member will not have to pay UnitedHealthcare back their used healthy food/utilities credit if they do not qualify.

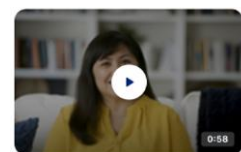
SSBCI Resources:



Jarvis Book of Business Verification Tracking
(Coming this AEP)



SSBCI National Training Webinar
(For more information on verification process)



Member SSBCI Video

Frequently Asked Question (FAQ)

When will members find out about the changes?

UnitedHealthcare will review members' health history internally (beginning in August) and communicate to them after their Annual Notice of Change ANOC (late September or early October). Remember, you cannot discuss plan year benefits with consumer until October 1.

How will we notify members of their SSBCI eligibility?

If we're able to verify a member's SSBCI eligibility, they will receive a confirmation letter in their preferred delivery method. If we can't verify a qualifying condition for the SSBCI benefit, the member will receive a letter letting them know we couldn't verify their qualifying condition, and they need to go online or call us if they have one of the qualifying conditions.

Can members provide their own attestation of their qualifying condition instead of treating physician?

While members can self-indicate to having a qualifying condition, members cannot self-attest. The qualifying condition needs to be verified using existing health plan data or by the member's treating physician. This does not have to be their Primary Care Provider (PCP).

What additional benefits will members get if they qualify?

Qualifying D-SNP members will be able to use approved utilities like electricity or home heat such as natural gas. Qualifying for benefits offered through the SSBCI program does not change the dollar amount of a member's available OTC credit.

Will members be disenrolled from their plan if we cannot obtain the documentation of a qualifying condition for SSBCI?

No, D-SNP members will not be disenrolled from the plan. Members who do not qualify for healthy foods and home utilities will still be able to access their OTC and wellness offerings such as weight management coaching, fitness wearables, fitness equipment, home care, and respite care.

If UnitedHealthcare can't verify that a member has a qualifying condition, they will receive a letter letting them know they will not have access to spend their OTC credit on healthy food and/or utilities and their 60-day grace period will end. Anyone who does not self-indicate an eligible condition at the time of enrollment or after they receive their ANOC, will not have the 60-day grace period.

If the member self-indicates online or by calling us, they'll have a 60-day grace period to use the benefits offered through the SSBCI program when their plan coverage begins while we verify their condition (a grace period warning letter will be sent 30 days before it ends if we are still verifying their qualifying condition).

The member will receive a follow-up letter letting them know whether they qualify for the SSBCI benefit.

Frequently Asked Question (FAQ), cont.

If a member uses their credit on food or utilities during the grace period, do they have to pay the funds back?

No. The member does not have to pay UnitedHealthcare back. At the end of the grace period, the benefit access will be changed to cover approved OTC products and additional access to wellness support. Wellness support* includes select fitness items or assistance through The Helper Bees for in-home services, weight management counseling, caregiver relief and more.

What happens if a member is diagnosed with a condition more than 60 days after their plan effective date?

If a member who doesn't initially qualify is diagnosed with a qualifying condition later, the healthy food and utilities benefit will be granted once we confirm the diagnosis and SSBCI eligibility. Those members will be able to use their credit for healthy food and utilities immediately upon confirmation. Plan members who don't qualify can continue to use their credit to buy covered OTC products and, if DSNP, certain home support services or to buy covered fitness equipment and activity trackers, based on plan design.

If we have verified the member on one plan and then they change plans mid-year, will they have to re-verify and if so, will they have another grace period?

A member switching from one UnitedHealthcare plan to another must be treated as a "new" member and follow the new member verification and communication journey. We may ask them to sign a new HIPAA authorization to make their verification process quicker. This is the same for members who are switching from a C-SNP to a D-SNP or a D-SNP to another D-SNP.

Are members able to see if they are eligible for SSBCI?

A member can track their qualification status by logging on to their member site, in the UnitedHealthcare mobile app or by calling customer service.

Aside from completing the SSBCI questions on the enrollment form in JarvisEnroll for new members and plan switchers, are there any additional actions agents will be able to take to support their members during the verification process?

Coming soon! You will be able to follow your SSBCI member's verification process on Jarvis. The Book of Business will show you if your member has been verified with the date or if the verification is in process. You will receive notification alerts if a condition has not yet been verified in the Jarvis Notification Center. Watch for these upcoming enhancements!

* Only D-SNP members qualify for wellness support benefit.