Benefit Highlights

UHC Complete Care CO-1P (HMO-POS C-SNP)

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan.

Plan costs	
Monthly plan premium	$0
Annual medical deductible	No deductible
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$4,100

Covered plan benefits and costs when received in-network	
Doctor's office visit	
Primary care provider (PCP)	$0 copay Select a PCP to help manage your care
Specialist	$20 copay Requires a referral from your PCP
Virtual visits	$0 copay
Preventive services	$0 copay
Inpatient hospital care	$375 copay per day: days 1-6 $0 copay per day: days 7 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $221 copay per day: days 21-100
Outpatient hospital	
Ambulatory surgical center (ASC)	$325 copay
Outpatient hospital, including surgery	$375 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay
Virtual visits	$0 copay
Outpatient rehabilitation services	
Physical and speech therapy	$10 copay

Covered plan benefits and costs when received in-network	
Occupational therapy	$10 copay
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Diabetes monitoring supplies	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$285 copay
Diagnostic tests and procedures (non-radiological)	$5 copay
Lab services	$0 copay
Outpatient X-rays	$5 copay
Ambulance	$200 copay for ground or air
Emergency care	$150 copay per visit
Urgently needed services	$65 copay per visit

Additional plan benefits		
Routine physical	$0 copay, 1 per year	
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	$700 allowance for 2 hearing aids every year • A broad selection of high-value and brand name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered.

Additional plan benefits		
Routine dental benefits Covered in and out-of-network.	Preventive and comprehensive services	$1,000 allowance for all covered dental services* $0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride 50% coinsurance for covered comprehensive services like fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist
Vision services	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	$200 allowance every 2 years for 1 pair of eyeglasses (lenses and frames) or contacts • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA • You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network
Fitness program	$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no additional cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations	
Routine transportation	$0 copayment for 24 one-way trips to or from approved medically related appointments and pharmacies	
Foot care - routine	$20 copay, 6 visits per year	
OTC and food credit	$50 credit every month for over-the-counter (OTC) products, plus healthy food for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water	

Additional plan benefits	
	• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target, and at neighborhood stores near you
Rewards	Earn up to $165 in rewards when you get started in January
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

*Benefits are combined in and out-of-network

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages		
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $685 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.	
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400, you move to the Catastrophic Coverage stage.	
Tier drug coverage	**Standard Retail (30-day supply)**	**Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[3]	$0 copay	$0 copay
Tier 3: Preferred Brand	22% coinsurance	22% coinsurance
Covered Insulin Drugs[4]	22% coinsurance, up to $25 copay	22% coinsurance, up to $75 copay
Tier 4: Non-Preferred Drug[5]	33% coinsurance	N/A
Tier 5: Specialty Tier[5]	26% coinsurance	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

[3]Tier includes enhanced drug coverage.

[4]You pay no more than 22% of the total drug cost or a $25 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

[5]Limited to a 30-day supply

Choose network pharmacies for the best experience and lowest out-of-pocket costs. Using out-of-network pharmacies could mean paying more - or even the full price - for your prescriptions.

Member discounts

As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Find everything you need to know online

Download the UnitedHealthcare app or go to **myUHCMedicare.com** to search for a network provider or pharmacy using our online directories. You can also access our Drug Cost Estimator and view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Summary of Benefits or Evidence of Coverage for a list of all covered services.

Scan this code to view your Summary of Benefits

Required Information

UHC Complete Care CO-1P (HMO-POS C-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Routine dental benefits - If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

Routine eyewear - Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program - The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC and food credit - OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program - Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the **Rewards Program Terms of Service**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.

