



# Summary of Benefits 2024

**UHC Complete Care GS-001A (Regional PPO C-SNP)**  
R2604-002-000

Look inside to learn more about the plan and the health and drug services it covers.  
Call Customer Service or go online for more information about the plan.



**Toll-free 1-866-367-7527, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week



**[UHC.com/Medicare](https://UHC.com/Medicare)**

**United  
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# Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myUHCmedicare.com](https://myUHCmedicare.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC Complete Care GS-001A (Regional PPO C-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$20.70	
Annual medical deductible	You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2024 which will be set by CMS in the fall of 2023. This is the 2023 deductible amount and may change for 2024. Our plan will provide updated rates as soon as they are released. The 2023 Medicare Deductible amount is \$226.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$8,850  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.  If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.	If you are a QMB or you have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.


Medical benefits			
		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or; \$1,750 copay per stay	\$1,750 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise	\$0 copay for a colonoscopy 20% coinsurance otherwise
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise	\$0 copay for a colonoscopy 20% coinsurance otherwise
	Outpatient hospital observation services <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
<b>Doctor visits</b>	Primary care provider	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Specialists <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol misuse counseling</li> <li>Annual wellness visit</li> </ul>	

Medical benefits		
	In-network	Out-of-network
	<ul style="list-style-type: none"> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings and monitoring</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Lung cancer with low dose computed tomography (LDCT) screening</li> </ul>	<ul style="list-style-type: none"> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screenings and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screenings and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>



Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

<b>Emergency care</b>	Depending on your level of Medicaid eligibility, \$0 copay or \$80 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Urgently needed services</b>	Depending on your level of Medicaid eligibility, \$0 copay or \$40 copay (\$0 copay for urgently needed services outside the United States) per visit

Medical benefits			
		In-network	Out-of-network
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay for each diagnostic mammogram Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise	\$0 copay for each diagnostic mammogram 20% coinsurance otherwise
	Lab services <sup>2</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Therapeutic radiology <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient X-rays <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year*	20% coinsurance, 1 per year*
	Hearing aids <sup>2</sup>	\$1,100 allowance for a broad selection of OTC and brand-name prescription hearing aids* <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®</li> <li>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>	

## Medical benefits

		In-network	Out-of-network
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	<p>\$2,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Medicare Advantage's largest national dental network</li> <li>• Freedom to see any dentist</li> <li>• If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</li> </ul>	
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Routine eyewear	<p>\$150 allowance for frames or contacts*</p> <ul style="list-style-type: none"> <li>• Access to one of Medicare Advantage's largest national networks of vision provider and retail network</li> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating</li> <li>• Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses</li> <li>• Eyewear available from many online providers, including Warby Parker, GlassesUSA and more</li> </ul>	

Medical benefits			
		In-network	Out-of-network
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or; \$1,750 copay per stay	\$1,750 copay per stay
	Outpatient group therapy visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b> (Stay must meet Medicare coverage criteria)  Our plan covers up to 100 days in a SNF.		Depending upon your level of Medicaid eligibility, you pay \$0 copay per day: days 1-100, or; You pay the Original Medicare cost sharing amount for 2024 which will be set by CMS in the fall of 2023. These are 2023 cost sharing amounts and may change for 2024. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$200 copay per day: days 21-100	20% coinsurance per stay, up to 100 days

Medical benefits			
		In-network	Out-of-network
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Occupational Therapy Visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>	Your provider must obtain prior authorization for non-emergency transportation.	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for ground	20% coinsurance for ground
		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for air	20% coinsurance for air
<b>Routine transportation</b>		\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies *	75% coinsurance *



Medical benefits			
		In-network	Out-of-network
<b>Medicare Part B prescription drugs</b> In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Part B covered insulin <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance, up to \$35	20% coinsurance
	Other Part B drugs <sup>2</sup>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay for allergy antigens Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for all others	\$0 copay for allergy antigens 20% coinsurance for all others

## Prescription drug payment stages if you qualify for Low-Income Subsidy (LIS)

**Annual Prescription Deductible** Your deductible amount is \$0

### 30-day^ or 100-day supply from a retail network pharmacy

Generic (including brand drugs treated as generic) \$0, \$1.55, or \$4.50 copay  
(Some covered drugs are limited to a 30-day supply)

All other drugs \$0, \$4.60, or \$11.20 copay  
(Some covered drugs are limited to a 30-day supply)

## Prescription drug payment stages if you do not qualify for LIS

**Annual Prescription Deductible** \$545 for Part D prescription drugs

**Initial Coverage** In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.

Drug Coverage	Retail		Mail Order
	30-day supply^	100-day supply	100-day supply
<b>All covered drugs<sup>3</sup></b>	25% coinsurance	25% coinsurance (Some covered drugs are limited to a 30-day supply)	25% coinsurance (Some covered drugs are limited to a 30-day supply)


**Coverage Gap (Donut hole)** In this stage, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.


**Catastrophic Coverage** After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.


Additional benefits			
		In-network	Out-of-network
<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	40% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	40% coinsurance

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	40% coinsurance
 <b>Fitness program</b>		\$0 copay for Renew Active® <ul style="list-style-type: none"> <li>• A free gym membership at a gym near you</li> <li>• Access to the largest national network of gyms and fitness locations</li> <li>• Access to many premium gyms and fitness locations</li> <li>• An annual personalized fitness plan</li> <li>• Members who need help can bring a workout assistant to the gym</li> <li>• Access to thousands of on-demand workout videos and live streaming fitness classes</li> <li>• Social activities at local health and wellness classes, clubs and events</li> <li>• Online Fitbit® Community for Renew Active — no Fitbit device needed</li> <li>• Access to the AARP® Staying Sharp® App</li> </ul>	
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 6 visits per year*	\$0 copay, 6 visits per year*
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
<b>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay

Additional benefits			
		In-network	Out-of-network
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
 <b>Over-the-Counter (OTC) Credit</b>		\$245 credit every quarter for OTC products like pain relievers, cold remedies and vitamins in-store or online <ul style="list-style-type: none"> <li>• Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you</li> </ul>	
<b>Personal emergency response system</b>		\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
<b>Renal Dialysis<sup>2</sup></b>		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\* Benefits are combined in and out-of-network

Member discounts	
	<p>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.</p>

## Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

### Annual medical deductible

Your deductible is the 2024 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2023 Medicare deductible amount is \$226. The 2024 amount will be set by CMS in the fall of 2023. Our plan will provide updated rates as soon as they are released. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

### Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network List of applicable services	Out-of-network List of applicable services
<b>Outpatient hospital</b> <ul style="list-style-type: none"><li>• Ambulatory surgical center (ASC), excluding diagnostic colonoscopy</li><li>• Outpatient hospital, including surgery, excluding diagnostic colonoscopy</li><li>• Outpatient hospital observation services</li></ul>	<b>Outpatient hospital</b> <ul style="list-style-type: none"><li>• Ambulatory surgical center (ASC)</li><li>• Outpatient hospital, including surgery</li><li>• Outpatient hospital observation services</li></ul>
<b>Doctor visits</b> <ul style="list-style-type: none"><li>• Primary</li><li>• Specialists</li></ul>	<b>Doctor visits</b> <ul style="list-style-type: none"><li>• Primary</li><li>• Specialists</li></ul>
<b>Diagnostic tests, lab and radiology services, and X-rays</b> <ul style="list-style-type: none"><li>• Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram</li><li>• Lab services</li><li>• Diagnostic tests and procedures</li><li>• Therapeutic radiology</li><li>• Outpatient X-rays</li></ul>	<b>Diagnostic tests, lab and radiology services, and X-rays</b> <ul style="list-style-type: none"><li>• Diagnostic radiology services (e.g. MRI)</li><li>• Lab services</li><li>• Diagnostic tests and procedures</li><li>• Therapeutic radiology</li><li>• Outpatient X-rays</li></ul>
<b>Hearing services</b>	<b>Hearing services</b>

<ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues</li> </ul>	<ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues</li> </ul>
<b>Vision services</b>	<b>Vision services</b>
<ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Eyewear after cataract surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Eyewear after cataract surgery</li> </ul>
<b>Mental health</b>	<b>Mental health</b>
<ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>
<b>Physical therapy and speech and language therapy visit</b>	<b>Physical therapy and speech and language therapy visit</b>
<b>Ambulance</b>	<b>Ambulance</b>
<b>Medicare Part B drugs</b>	<b>Medicare Part B drugs</b>
<ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>
<b>Chiropractic care</b>	<b>Chiropractic care</b>
<ul style="list-style-type: none"> <li>• Manual manipulation of the spine to correct subluxation</li> </ul>	<ul style="list-style-type: none"> <li>• Manual manipulation of the spine to correct subluxation</li> </ul>
<b>Diabetes management</b>	<b>Diabetes management</b>
<ul style="list-style-type: none"> <li>• Diabetes monitoring supplies</li> <li>• Therapeutic shoes or inserts</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes monitoring supplies</li> <li>• Diabetes self-management training</li> <li>• Therapeutic shoes or inserts</li> </ul>
<b>Durable medical equipment (DME) and related supplies</b>	<b>Durable medical equipment (DME) and related supplies</b>
<ul style="list-style-type: none"> <li>• Durable medical equipment (e.g. wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> </ul>	<ul style="list-style-type: none"> <li>• Durable medical equipment (e.g. wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> </ul>
<b>Foot care</b>	<b>Foot care</b>
<ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>
<b>Occupational therapy visit</b>	<b>Occupational therapy visit</b>
<b>Opioid treatment program services</b>	<b>Opioid treatment program services</b>
<b>Outpatient substance abuse</b>	<b>Outpatient substance abuse</b>
<ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>
<b>Renal dialysis</b>	<b>Renal dialysis</b>
	<b>Inpatient services</b>
	<ul style="list-style-type: none"> <li>• Inpatient hospital</li> <li>• Inpatient mental health</li> </ul>
	<b>Skilled nursing facility (SNF)</b>
	<b>Home health care</b>

## About this plan

UHC Complete Care GS-001A (Regional PPO C-SNP) is a Medicare Advantage RPPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

UHC Complete Care GS-001A (Regional PPO C-SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure, and Diabetes.

Our service area includes **Georgia, and South Carolina.**

## Use network providers and pharmacies

UHC Complete Care GS-001A (Regional PPO C-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHC.com/Medicare](https://www.uhc.com/Medicare)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.



## Required Information

UHC Complete Care GS-001A (Regional PPO 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.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-370-4892, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### 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 2023.

### 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 \$100-400 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 Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or

used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

### **Over-the-Counter (OTC) Credit**

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Additional authorizations may be required to access discount programs. 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 services are 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**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.