Summary of Benefits 2026

UHC Complete Care Support GS-1A (Regional PPO C-SNP)
R2604-002-000

Look inside to learn more about the plan and the health and drug services it covers. Contact us for more information about the plan.

UHC.com/Medicare

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

United Healthcare®

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Summary of Benefits

January 1, 2026 - December 31, 2026

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** 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 Support GS-1A (Regional PPO C-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$18.10	
Annual medical deductible	Your medical deductible is the Original Medicare Part B deductible amount combined in and out-of-network as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services. The 2025 deductible amount is $257. The 2026 amount will be set by CMS in the fall of 2025. Our plan will provide updated rates as soon as they are released.	
Maximum out-of-pocket amount (does not include prescription drugs)	$9,250 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 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**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		Depending upon your level of Medicaid eligibility, you pay $0 copay per stay, or $1,800 copay per stay	$1,800 copay per stay
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$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[2]	$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[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
Doctor visits	Primary care provider	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Specialists[2]	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	
Preventive services	Routine physical	$0 copay, 1 per year*	$0 copay, 1 per year*
	Medicare-covered	$0 copay • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement	$0 copay

Medical benefits		
	In-network	**Out-of-network**
	• Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Hepatitis C screening • HIV screening • Lung cancer with low dose computed tomography (LDCT) screening	• Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • “Welcome to Medicare” preventive visit (one-time)
	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.	
Emergency care	Depending on your level of Medicaid eligibility, $0 copay or $115 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.	
Urgently needed services	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**
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$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[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Therapeutic radiology[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Outpatient X-rays[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$0 copay
	Routine hearing exam	$0 copay, 1 per year*	20% coinsurance, 1 per year*
Routine dental benefits	Preventive services	$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:* • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	$0 copay
	Eyewear after cataract surgery	$0 copay	$0 copay

Medical benefits			
		In-network	**Out-of-network**
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	$0 copay for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	$250 allowance every year for 1 pair of frames or contacts* • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating • 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	
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	Depending upon your level of Medicaid eligibility, you pay $0 copay per stay, or $1,800 copay per stay	$1,800 copay per stay
	Outpatient group therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit[2]	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	

Medical benefits			
		In-network	**Out-of-network**
Skilled nursing facility (SNF)[2] (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 2026 which will be set by CMS in the fall of 2025. These are 2025 cost sharing amounts and may change for 2026. Our plan will provide updated rates as soon as they are released. $0 copay per day: days 1-20 $209.50 copay per day: days 21-100	20% coinsurance per stay, up to 100 days
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Occupational Therapy Visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance for ground Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine transportation		$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**
Medicare Part B prescription drugs 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[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Part B covered insulin[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance, up to $35	20% coinsurance
	Other Part B drugs[2] 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

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. 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 if you qualify for Low-Income Subsidy (LIS)	
Deductible	Your deductible amount is $0
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 $2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Drug Coverage	**30-day^ or 100-day supply from a retail network pharmacy**
Generic (including brand drugs treated as generic)	$0, $1.60, or $5.10 copay (Some covered drugs are limited to a 30-day supply)
All other drugs[3]	$0, $4.90, or $12.65 copay (Some covered drugs are limited to a 30-day supply)

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

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

[3] You pay no more than 25% of the total drug cost or a $35 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.

Prescription drug payment stages if you do not qualify for LIS			
Deductible	Your plan has a $615 prescription drug deductible. You pay the full cost for your drugs 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 $2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.		
Drug Coverage	**Retail**		**Mail Order**
	30-day supply^	**100-day supply**	**100-day supply**
All covered drugs[3]	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)
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.		

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

[3] You pay no more than 25% of the total drug cost or a $35 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.

Additional benefits			
		In-network	**Out-of-network**
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance

Additional benefits			
		In-network	**Out-of-network**
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	40% coinsurance
	Diabetes self-management training	$0 copay	$0 copay
	Therapeutic shoes or inserts[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	40% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	40% coinsurance

Additional benefits			
		In-network	**Out-of-network**
Fitness program		$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities	
Foot care (podiatry services)	Foot exams and treatment[2]	$0 copay	$0 copay
	Routine foot care	$0 copay, 6 visits per year*	$0 copay, 6 visits per year*
Meal benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	
Home health care[2]		$0 copay	$0 copay
Hospice		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.	
Opioid treatment program services[2]		$0 copay	$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance

Additional benefits

	In-network	Out-of-network
OTC and food credit	$31 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, vegetables, meat, seafood, dairy products and water •Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you	
Renal dialysis[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance	20% coinsurance

[2] 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

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.

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 2026 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2025 Medicare deductible amount is $257. The 2026 amount will be set by CMS in the fall of 2025. 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
Outpatient hospital • Ambulatory surgical center (ASC), excluding diagnostic colonoscopy • Outpatient hospital, including surgery, excluding diagnostic colonoscopy • Outpatient hospital observation services	**Outpatient hospital** • Ambulatory surgical center (ASC) • Outpatient hospital, including surgery • Outpatient hospital observation services
Doctor visits • Primary • Specialists	**Doctor visits** • Primary • Specialists
Diagnostic tests, lab and radiology services, and X-rays • Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram and in-home vascular screening • Lab services • Diagnostic tests and procedures • Therapeutic radiology • Outpatient X-rays	**Diagnostic tests, lab and radiology services, and X-rays** • Diagnostic radiology services (e.g. MRI) • Lab services • Diagnostic tests and procedures • Therapeutic radiology • Outpatient X-rays

Hearing services • Exam to diagnose and treat hearing and balance issues	**Hearing services** • Exam to diagnose and treat hearing and balance issues
Vision services • Exam to diagnose and treat diseases and conditions of the eye • Eyewear after cataract surgery	**Vision services** • Exam to diagnose and treat diseases and conditions of the eye • Eyewear after cataract surgery
Mental health • Outpatient group therapy visit • Outpatient individual therapy visit	**Mental health** • Outpatient group therapy visit • Outpatient individual therapy visit
Physical therapy and speech and language therapy visit	**Physical therapy and speech and language therapy visit**
Ambulance	**Ambulance**
Medicare Part B drugs • Chemotherapy drugs • Other Part B drugs	**Medicare Part B drugs** • Chemotherapy drugs • Other Part B drugs
Chiropractic services • Manual manipulation of the spine to correct subluxation	**Chiropractic services** • Manual manipulation of the spine to correct subluxation
Diabetes management • Diabetes monitoring supplies • Therapeutic shoes or inserts	**Diabetes management** • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts
Durable medical equipment (DME) and related supplies • Durable medical equipment (e.g. wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs)	**Durable medical equipment (DME) and related supplies** • Durable medical equipment (e.g. wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs)
Foot care • Foot exams and treatment	**Foot care** • Foot exams and treatment
Occupational therapy visit	**Occupational therapy visit**
Opioid treatment program services	**Opioid treatment program services**
Outpatient substance use disorder services • Outpatient group therapy visit • Outpatient individual therapy visit	**Outpatient substance use disorder services** • Outpatient group therapy visit • Outpatient individual therapy visit

Renal dialysis	Renal dialysis
	Inpatient services • Inpatient hospital • Inpatient mental health
	Skilled nursing facility (SNF)
	Home health care

About this plan

UHC Complete Care Support GS-1A (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 Support GS-1A (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 Support GS-1A (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** 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 Support GS-1A (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 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 provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-370-4892 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

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 7 a.m. a 10 p.m. hora del Centro: 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.

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 $100-450 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 benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium 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 only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria.

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.

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.