



Summary of Benefits 2024

UHC Complete Care TX-0024 (HMO-POS C-SNP)
H0609-058-000

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

**United
Healthcare®**

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 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 TX-0024 (HMO-POS C-SNP)

Medical premium, deductible and limits

Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Annual medical deductible	This plan does not have a medical deductible.
Maximum out-of-pocket amount (does not include prescription drugs)	\$3,500 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

Medical benefits

Inpatient hospital care^{1,2}

\$75 copay per day: days 1-5
\$0 copay per day: days 6 and beyond

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient hospital

Cost-sharing for additional plan covered services will apply.

Ambulatory surgical center (ASC)^{1,2}
\$0 copay for a colonoscopy
\$50 copay otherwise

Outpatient hospital, including surgery^{1,2}
\$0 copay for a colonoscopy
\$70 copay otherwise

Outpatient hospital observation services^{1,2}
\$70 copay

Doctor visits

Primary care provider
\$0 copay

Specialists^{1,2}
\$10 copay

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

Medicare-covered
\$0 copay

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <ul style="list-style-type: none"> <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling |
|---|--|

Medical benefits

- 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

\$90 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

\$40 copay (\$0 copay for urgently needed services outside the United States) per visit

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)^{1,2} \$0 copay for each diagnostic mammogram \$105 copay otherwise

Lab services^{1,2} \$0 copay

Diagnostic tests and procedures^{1,2} \$20 copay

Therapeutic radiology^{1,2} \$60 copay

Outpatient X-rays^{1,2} \$0 copay

Medical benefits



Hearing services

Exam to diagnose and treat hearing and balance issues^{1,2}

\$0 copay

Routine hearing exam

\$0 copay, 1 per year

Hearing aids²

Copays from \$99 to \$1,249 for a broad selection of OTC and brand-name hearing aids

- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period



Routine dental benefits

Covered in-network and out-of-network.

Preventive and comprehensive²

\$2,500 allowance for all covered dental services*

\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns

50% coinsurance for bridges and dentures

- No annual deductible
- Medicare Advantage's largest national dental network
- Freedom to see any dentist
- If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay

Medical benefits



Vision services

Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay
Eyewear after cataract surgery ¹	\$0 copay
Routine eye exam	\$0 copay, 1 per year
Routine eyewear	\$300 allowance for frames or contacts <ul style="list-style-type: none">• Access to one of Medicare Advantage's largest national networks of vision provider and retail network• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating• Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses• Eyewear available from many online providers, including Warby Parker, GlassesUSA and more

Mental health

Inpatient visit ^{1,2}	\$75 copay per day: days 1-5 \$0 copay per day: days 6-90
Our plan covers 90 days for an inpatient hospital stay	
Outpatient group therapy visit ^{1,2}	\$15 copay
Outpatient individual therapy visit ^{1,2}	\$25 copay
Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Skilled nursing facility (SNF)^{1,2}

\$0 copay per day: days 1-20
\$203 copay per day: days 21-100

Our plan covers up to 100 days in a SNF.

Medical benefits

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit^{1,2} \$10 copay

Occupational Therapy Visit^{1,2} \$10 copay

Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

Ambulance^{1,2}

\$175 copay for ground
\$175 copay for air

Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.

Routine transportation

\$0 copay; 48 one-way trips per year to or from approved locations.

Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs² 20% coinsurance

Part B covered insulin² 20% coinsurance, up to \$35

Other Part B drugs² \$0 copay for allergy antigens
20% coinsurance for all others

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Prescription drug payment stages

Annual Prescription Deductible This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.

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.

Tier Drug Coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply [^]	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic ³	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 3: Covered Insulin Drugs	\$25 copay	\$75 copay	\$65 copay	\$75 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵

Coverage Gap (Donut hole) In this stage, the plan pays its share of the cost of your Tier 1 and Tier 2 drugs and you pay your copay or coinsurance. For all other tiers, 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.

Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

[^]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 Tier includes enhanced drug coverage.

⁵ Limited to a 30-day supply

Additional benefits

Chiropractic care Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)^{1,2} \$10 copay

Diabetes management Diabetes monitoring supplies² \$0 copay

Diabetes self-management training \$0 copay

Therapeutic shoes or inserts² \$0 copay

Durable medical equipment (DME) and related supplies DME (e.g., wheelchairs, oxygen)² 20% coinsurance

Prosthetics (e.g., braces, artificial limbs)² 20% coinsurance



Fitness program


\$0 copay for Renew Active®

- A free gym membership at a gym near you
- Access to the largest national network of gyms and fitness locations
- Access to many premium gyms and fitness locations
- An annual personalized fitness plan
- Members who need help can bring a workout assistant to the gym
- Access to thousands of on-demand workout videos and live streaming fitness classes
- Social activities at local health and wellness classes, clubs and events
- Online Fitbit® Community for Renew Active – no Fitbit device needed
- Access to the AARP® Staying Sharp® App

Foot care (podiatry services) Foot exams and treatment^{1,2} \$10 copay

Routine foot care \$10 copay, 6 visits per year

Additional benefits

Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home health care^{1,2}		\$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.
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Opioid treatment program services²		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay
 Food and Over-the-Counter (OTC) Credit		<p>\$47 credit every month to pay for healthy food and OTC products in-store or online</p> <ul style="list-style-type: none"><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water<input type="checkbox"/> Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more<input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you
Personal emergency response system		\$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.
Renal Dialysis^{1,2}		20% coinsurance

¹ May require a referral from your doctor.

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.

About this plan

UHC Complete Care TX-0024 (HMO-POS C-SNP) is a Medicare Advantage HMOPOS 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 TX-0024 (HMO-POS 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 these counties in:

Texas: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson.

Use network providers and pharmacies

UHC Complete Care TX-0024 (HMO-POS C-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. 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 TX-0024 (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.

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 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 1-866-550-4736 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 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 1-866-550-4736, 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.

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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.

Food and Over-the-Counter (OTC) Credit

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

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.