



# Summary of Benefits 2025

**UHC Complete Care Support CA-7AP (HMO C-SNP)**  
H0543-247-000

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®**

# Summary of Benefits

January 1, 2025 - December 31, 2025

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 [MyUHC Medicare.com](https://www.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 CA-7AP (HMO C-SNP)

### Medical premium, deductible and limits

<b>Monthly plan premium</b>	\$29.70
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$9,350  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.  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.
<b>Medicare cost-sharing</b>	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.

### Medical benefits

<b>Inpatient hospital care</b> <sup>1,2</sup> 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; \$1,295 copay per stay
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>1,2</sup>	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise
	Outpatient hospital, including surgery <sup>1,2</sup>	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise

## Medical benefits

Outpatient hospital observation services <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
---------------------------------------------------------	-------------------------------------------------------------------------------

### Doctor visits

Primary care provider	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
-----------------------	-------------------------------------------------------------------------------

Specialists <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 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
------------------	-----------------------

Medicare-covered	\$0 copay
------------------	-----------

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

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

## Medical benefits

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 \$110 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 \$45 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)<sup>1,2</sup>

\$0 copay for each diagnostic mammogram  
Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise

Lab services<sup>1,2</sup>

\$0 copay

Diagnostic tests and procedures<sup>1,2</sup>

\$0 copay

Therapeutic radiology<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Outpatient X-rays<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance



Routine hearing exam

\$0 copay, 1 per year

Hearing aids<sup>2</sup>

\$1,500 allowance every year for 2 hearing aids

- A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations

Medical benefits		
		<input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period
 <b>Routine dental benefits</b>	Preventive	\$0 copay for preventive dental including oral exams, X-rays, routine cleanings and fluoride <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1,2</sup>	\$0 copay
	Eyewear after cataract surgery <sup>1</sup>	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$300 allowance for 1 pair of frames or contacts <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives – all with scratch-resistant coating</li> <li>• Access to one of Medicare Advantage’s largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul>
<b>Mental health</b>	Inpatient visit <sup>1,2</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; \$1,295 copay per stay
	Outpatient group therapy visit <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Outpatient individual therapy visit <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

## Medical benefits

### Skilled nursing facility (SNF)<sup>1,2</sup>

(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 2025 which will be set by CMS in the fall of 2024. These are 2024 cost sharing amounts and may change for 2025. Our plan will provide updated rates as soon as they are released.  
 \$0 copay per day: days 1-20  
 \$204 copay per day: days 21-100

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Occupational Therapy Visit<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Virtual medical visits

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

### Ambulance<sup>1,2</sup>

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

### Routine transportation

\$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

### 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 drugs<sup>2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Part B covered insulin<sup>2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance, up to \$35

Other Part B drugs<sup>2</sup>

\$0 copay for allergy antigens

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

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for all others

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

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

<b>Deductible</b>	Your deductible amount is \$0
<b>Initial Coverage</b>	<b>30-day<sup>^</sup> or 100-day supply from a retail network pharmacy</b>
Generic (including brand drugs treated as generic)	\$0, \$1.60, or \$4.90 copay (Some covered drugs are limited to a 30-day supply)
All other drugs <sup>3</sup>	\$0, \$4.80, or \$12.15 copay (Some covered drugs are limited to a 30-day supply)

<sup>^</sup>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.

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

<b>Deductible</b>	Your plan has a \$590 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.		
<b>Initial Coverage</b>	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 \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.		
<b>Drug coverage</b>	<b>Retail</b>	<b>Mail Order</b>	
	<b>30-day supply<sup>^</sup></b>	<b>100-day supply</b>	<b>100-day supply</b>
<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)
<b>Catastrophic Coverage</b>	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.		

<sup>^</sup>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

### Acupuncture services

Routine acupuncture services

\$0 copay, 20 visits per year

### Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)<sup>1,2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Routine chiropractic services

\$0 copay, 20 visits per year

### Diabetes management

Diabetes monitoring supplies<sup>2</sup>

\$0 copay

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts<sup>2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

### Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)<sup>2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Prosthetics (e.g., braces, artificial limbs)<sup>2</sup>

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance



### 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
- Access to a large national network of gyms and fitness locations
- On-demand workout videos and live streaming fitness classes
- Online memory fitness activities



## Additional benefits

<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>1,2</sup>	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year
<b>Home health care</b> <sup>1,2</sup>		\$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>Opioid treatment program services</b> <sup>2</sup>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Outpatient individual therapy visit <sup>1,2</sup>	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
 <b>Over-the-counter (OTC) and food credit</b>		\$92 credit every month to pay for OTC products — and healthy food for members who qualify <ul style="list-style-type: none"><li><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more</li><li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li><li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li></ul>
<b>Renal dialysis</b> <sup>1,2</sup>		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

<sup>1</sup> May require a referral from your doctor.

<sup>2</sup> May require your provider to get prior authorization from the plan.

## 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 Support CA-7AP (HMO C-SNP) is a Medicare Advantage HMO 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 CA-7AP (HMO 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 the following county in:

**California:** San Luis Obispo.

## Use network providers and pharmacies

UHC Complete Care Support CA-7AP (HMO C-SNP) has a network of doctors, hospitals, pharmacies and other providers. 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 PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or 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 Support CA-7AP (HMO 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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 1-844-808-4553 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 comunice 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 1-844-808-4553, 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 \$100-450 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

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, 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 is 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.

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.

### **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 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. Contact us for details.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.