Summary of Benefits 2026

UHC Complete Care AM-1 (Regional PPO C-SNP)
R3444-009-000

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 AM-1 (Regional PPO C-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$56	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	$6,700 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.	

Medical benefits			
		In-network	**Out-of-network**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$485 copay per day: days 1-5 $0 copay per day: days 6 and beyond	$485 copay per day: for days 1-5 $0 copay per day: for days 6 and beyond
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $485 copay otherwise	$0 copay for a colonoscopy $485 copay otherwise
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $485 copay otherwise	$0 copay for a colonoscopy $485 copay otherwise

Medical benefits			
		In-network	**Out-of-network**
	Outpatient hospital observation services[2]	$485 copay	$485 copay
Doctor visits	Primary care provider	$0 copay	$25 copay
	Specialists[2]	$55 copay	$55 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*	$0 copay, 1 per year*
	Medicare-covered	$0 copay	$0 copay

- ☐ Abdominal aortic aneurysm screening
- ☐ Alcohol misuse counseling
- ☐ Annual wellness visit
- ☐ Bone mass measurement
- ☐ 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.

Medical benefits			
		In-network	**Out-of-network**
	This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.		
Emergency care		$130 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		$50 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)[2]	$0 copay for each diagnostic mammogram $260 copay otherwise	$0 copay for each diagnostic mammogram $260 copay otherwise
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$50 copay	$50 copay
	Therapeutic radiology[2]	20% coinsurance	20% coinsurance
	Outpatient X-rays[2]	$25 copay	$25 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$55 copay
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health*	$55 copay for a routine hearing exam to help support hearing health*
	Hearing aids[2]	$199 - $829 copay for each OTC hearing aid. $199 - $1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.* ☐ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids ☐ Access to one of the largest national networks of hearing professionals with more than 6,500 locations	

Medical benefits			
		In-network	**Out-of-network**
		▯ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period ▯ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
 **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	
	Optional Dental Rider	For an extra $44 per month, you'll get access to dental coverage that includes: ▯ $1,500 per year for covered dental services through the Platinum Dental Rider* ▯ $0 copay for covered network preventive services such as exams, routine cleanings, X-rays and fluoride ▯ 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions	
 **Vision services**	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	$20 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	$20 copay for a routine eye exam each year to help protect your eyesight and health*

Medical benefits			
		In-network	**Out-of-network**
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$485 copay per day: days 1-4 $0 copay per day: days 5-90	$485 copay per day: days 1-4 $0 copay per day: days 5-90
	Outpatient group therapy visit[2]	$15 copay	$15 copay
	Outpatient individual therapy visit[2]	$25 copay	$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)[2] Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-20 $218 copay per day: days 21-100	$250 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$55 copay	$55 copay
	Occupational Therapy Visit[2]	$50 copay	$50 copay
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$290 copay for ground $290 copay for air	$290 copay for ground $290 copay for air
Routine transportation		Not covered	Not covered

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]	20% coinsurance	20% coinsurance
	Part B covered insulin[2]	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 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. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages			
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $600 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.		
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.		
Tier drug coverage	**Retail**		**Mail Order**
	30-day supply^	**100-day supply**	**100-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay
Tier 2: Generic[3]	$15 copay	$45 copay	$45 copay

Prescription drug payment stages			
Tier drug coverage	**Retail**		**Mail Order**
	30-day supply^	**100-day supply**	**100-day supply**
Tier 3: Preferred Brand	19% coinsurance	19% coinsurance	19% coinsurance
Covered Insulin [4]	19%, up to $25 copay	19%, up to $75 copay	19%, up to $75 copay
Tier 4: Non-Preferred Drug [5]	30% coinsurance	N/A	N/A
Tier 5: Specialty Tier [5]	26% coinsurance	N/A	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.		
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.

[4] You pay no more than 19% of the total drug cost or a $25 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

[5] Limited to a 30-day supply

Additional benefits			
		In-network	**Out-of-network**
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$15 copay	$15 copay

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.	50% coinsurance
	Diabetes self-management training	$0 copay	$0 copay
	Therapeutic shoes or inserts[2]	$0 copay	50% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	50% coinsurance
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*

Additional benefits			
		In-network	**Out-of-network**
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	50% coinsurance
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]	$15 copay	$15 copay
	Outpatient individual therapy visit[2]	$25 copay	$25 copay
Renal dialysis[2]		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

Optional supplemental benefits	
Platinum Dental Rider premium	Additional $44 per month The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage 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 AM-1 (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 AM-1 (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 **Arkansas, and Missouri.**

Use network providers and pharmacies

UHC Complete Care AM-1 (Regional PPO C-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. 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 AM-1 (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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Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Beginning January 1, 2026, Optum® Home Delivery Pharmacy and Optum Rx affiliates may no longer be available as a mail-order option due to a new Arkansas law.

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.

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.