Summary of Benefits 2026

UHC Complete Care Support NH-2A (HMO-POS C-SNP)

H5253-166-000

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

UnitedHealthcare®

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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 NH-2A (HMO-POS C-SNP)

Medical premium, deductible and limits	
Monthly plan premium	$5.90
Annual medical deductible	Your medical deductible is the Original Medicare Part B deductible amount in-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 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.
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.

Medical benefits	
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 $2,080 copay per stay

Medical benefits		
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
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance otherwise
	Outpatient hospital observation services[2]	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[1,2]	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
	☐ 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

Medical benefits		
	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
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
	Lab services[2]	$0 copay
	Diagnostic tests and procedures[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Therapeutic radiology[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Outpatient X-rays[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids[2]	$1,500 allowance for 2 hearing aids every 2 years

Medical benefits		
		• 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 • 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 Covered in and out-of-network	Preventive and comprehensive services[2]	$1,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • 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
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	$200 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

Medical benefits		
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 $2,080 copay per stay
	Outpatient group therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Outpatient individual therapy visit[2]	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
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
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[1,2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Occupational Therapy Visit[1,2]	Depending on your level of Medicaid eligibility, $0 copay or 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
Routine transportation		$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

Medical benefits		
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[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Part B covered insulin[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance, up to $35
	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

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)
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		
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
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.

Additional benefits		
		Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
	Diabetes self-management training	$0 copay
	Therapeutic shoes or inserts[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% 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
	Prosthetics (e.g., braces, artificial limbs)[2]	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 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
	Routine foot care	$0 copay, 4 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
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

Additional benefits		
Outpatient substance use disorder services	Outpatient group therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
	Outpatient individual therapy visit[2]	Depending on your level of Medicaid eligibility, $0 copay or 20% coinsurance
OTC and food credit		$85 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

[1] Requires 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.

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-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-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

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

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

Mental health

- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Physical therapy and speech and language therapy visit

Ambulance

Medicare Part B drugs

- ☐ Chemotherapy drugs
- ☐ Other Part B drugs

Chiropractic services

- ☐ Manual manipulation of the spine to correct subluxation

Diabetes management

- ☐ Diabetes monitoring supplies
- ☐ Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies

- ☐ Durable medical equipment (e.g. wheelchairs, oxygen)
- ☐ Prosthetics (e.g., braces, artificial limbs)

Foot care (podiatry services)

- ☐ Foot exams and treatment

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services

- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Renal dialysis

About this plan

UHC Complete Care Support NH-2A (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 Support NH-2A (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:

New Hampshire: Hillsborough, Merrimack, Rockingham, Strafford.

Use network providers and pharmacies

UHC Complete Care Support NH-2A (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 PCP 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** 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 NH-2A (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 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 1-800-711-0646 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 1-800-711-0646, 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.

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

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.

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.