Summary of Benefits 2026

UHC Complete Care NC-28 (HMO-POS C-SNP)
H5253-189-000

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 NC-28 (HMO-POS C-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
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)	$4,200 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			
		In-network	**Out-of-network**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$455 copay per day: days 1-6 $0 copay per day: days 7 and beyond	$455 copay per day: for days 1-6 $0 copay per day: for days 7 and beyond[¥]
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $325 copay otherwise	Not covered
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $455 copay otherwise	$0 copay for a colonoscopy $455 copay otherwise[¥]

Medical benefits			
		In-network	**Out-of-network**
	Outpatient hospital observation services[2]	$455 copay	$455 copay[¥]
Doctor visits	Primary care provider	$0 copay	Not covered
	Specialists[1,2]	$25 copay	Not covered
	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	Not covered
	Medicare-covered	$0 copay	Flu, pneumonia, or COVID-19 vaccines: $0 copay All other services: Not covered
	• 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

Medical benefits			
		In-network	**Out-of-network**
	• "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		$150 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		$65 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	Not covered
	Lab services[2]	$0 copay	Not covered
	Diagnostic tests and procedures[2]	$50 copay	Not covered
	Therapeutic radiology[2]	20% coinsurance	Not covered
	Outpatient X-rays[2]	$20 copay	Not covered
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	Not covered
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health	Not covered
	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.	

Medical benefits			
		In-network	**Out-of-network**
		• 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**	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	Not covered
	Eyewear after cataract surgery	$0 copay	Not covered
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health	Not covered

Medical benefits			
		In-network	**Out-of-network**
	Routine eyewear	$150 allowance every 2 years for 1 pair of frames or contacts • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives • Other covered lenses available with copays from $40 – $153 • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA • You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network	
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$455 copay per day: days 1-5 $0 copay per day: days 6-90	Not covered
	Outpatient group therapy visit[2]	$15 copay	Not covered
	Outpatient individual therapy visit[2]	$25 copay	Not covered
	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	Not covered
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[1,2]	$25 copay	$25 copay[¥]
	Occupational Therapy Visit[1,2]	$25 copay	Not covered

Medical benefits			
		In-network	**Out-of-network**
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$275 copay for ground $275 copay for air	Not covered (except for emergencies)
Routine transportation		Not covered	Not covered
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 $355 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.

Prescription drug payment stages				
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]	$5 copay	$15 copay	$0 copay	$15 copay
Tier 3: Preferred Brand	22% coinsurance	22% coinsurance	22% coinsurance	22% coinsurance
Covered Insulin [4]	22%, up to $25 copay	22%, up to $75 copay	22%, up to $75 copay	22%, up to $75 copay
Tier 4: Non-Preferred Drug [5]	46% coinsurance	N/A	N/A	N/A
Tier 5: Specialty Tier [5]	29% coinsurance	N/A	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 22% 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]	$20 copay	Not covered
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.	Not covered
	Diabetes self-management training	$0 copay	Not covered
	Therapeutic shoes or inserts[2]	$0 copay	Not covered
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	20% coinsurance[¥]

Additional benefits			
		In-network	**Out-of-network**
Fitness program		$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities	
Foot care (podiatry services)	Foot exams and treatment[2]	$25 copay	Not covered
	Routine foot care	$25 copay, 6 visits per year	Not covered
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	Not covered
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	Not covered
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$15 copay	Not covered
	Outpatient individual therapy visit[2]	$25 copay	Not covered

Additional benefits

	In-network	Out-of-network
OTC and food credit	$55 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]	20% coinsurance	Not covered out-of-network (except in emergency situations).

[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

¥Out-of-network services are limited to CaroMont providers or facilities only in Gaston County

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 NC-28 (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 NC-28 (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:

North Carolina: Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Mecklenburg, Montgomery, Moore, Nash, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Union, Vance, Wake, Wayne, Wilson, Yadkin.

Use network providers and pharmacies

UHC Complete Care NC-28 (HMO-POS C-SNP) has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan's service area as described on the cover. If you have any questions, please contact customer service. 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). 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 NC-28 (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 1-866-272-1967 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 1-866-272-1967, 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 2025.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC and food credit

OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

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.