

Summary of Benefits 2027

UHC Complete Care Support NM-2A (PPO C-SNP)

H2001-044-000



Look inside to learn more about the plan and the health and drug services it covers. Contact us for more information about the plan.



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Summary of Benefits

January 1, 2027 - December 31, 2027

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 NM-2A (PPO 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)	\$9,850 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$14,800 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider. 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.	If you are a QMB or have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.

Medical benefits		
	In-network	Out-of-network
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 \$1,910 copay per stay	20% coinsurance per stay

Medical benefits			
		In-network	Out-of-network
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	30% coinsurance
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise	30% coinsurance
	Outpatient hospital observation services ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
Doctor visits	Primary care provider	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Specialists ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Virtual medical visits	\$0 copay	Same as a Doctor's office visit
Preventive services	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
• 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			

Medical benefits			
		In-network	Out-of-network
		• 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. 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 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 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	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Therapeutic radiology ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Outpatient X-rays ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% 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	30% coinsurance
	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health*	30% coinsurance for a routine hearing exam to help support hearing health*

Medical benefits			
		In-network	Out-of-network
	Hearing aids ²	\$2,200 allowance for 2 hearing aids every 2 years * • A broad selection of 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount.*
 Routine dental benefits	Preventive and comprehensive services	\$1,500 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	30% coinsurance
	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 *	30% coinsurance for a routine eye exam each year to help protect your eyesight and health *

Medical benefits			
		In-network	Out-of-network
	Routine eyewear	\$250 allowance every year for 1 pair of eyeglasses (lenses and frames) or contacts* - 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount*
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 \$1,910 copay per stay	20% coinsurance per stay
	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Virtual mental health visits	\$0 copay	Same as an Outpatient mental health office visit
Skilled nursing facility (SNF)² (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.		Depending on your level of Medicaid eligibility, you pay \$0 copay per day, days 1-100, or You pay the Original Medicare cost sharing amount for 2027 which will be set by CMS in the fall of 2026. These are the 2026 cost sharing amounts and may change for 2027. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$217 copay per day: days 21-100	20% per stay, up to 100 days

Medical benefits			
		In-network	Out-of-network
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Occupational Therapy Visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine transportation		\$0 copayment for 36 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
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	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Part B covered insulin ²	Depending on your level of Medicaid eligibility, \$0 copay or 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 Depending on your level of Medicaid eligibility, \$0 copay or 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 if you qualify for Low-Income Subsidy (LIS)	
Deductible	Your deductible amount is \$0.

Prescription drug payment stages if you qualify for Low-Income Subsidy (LIS)	
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 \$2,400, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Tier drug coverage	30-day^ or 100-day supply from a retail network pharmacy
Generic (including brand drugs treated as generic)	\$0, \$1.65, or \$5.80 copay Drugs that are in Tier 1 and Tier 2 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs ⁴	\$0, \$5, or \$14.40 copay Drugs that are in Tier 1 and Tier 2 are always \$0 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.

Prescription drug payment stages if you do not qualify for Low-Income Subsidy (LIS)			
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 \$100 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 \$2,400, 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
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	24% coinsurance	24% coinsurance	24% coinsurance
Covered Insulin Drugs ⁴	24% coinsurance, up to \$35 copay	24% coinsurance, up to \$105 copay	24% coinsurance, up to \$105 copay
Tier 4: Non-Preferred Drug ⁵	25% coinsurance	N/A	N/A
Tier 5: Specialty Tier ⁵	32% coinsurance	N/A	N/A

Prescription drug payment stages if you do not qualify for Low-Income Subsidy (LIS)

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.

⁴You pay no more than 24% 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.

⁵Limited to a 30-day supply

Additional plan benefits

		In-network	Out-of-network
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	30% 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. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	30% coinsurance
	Diabetes self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance

Additional plan benefits			
		In-network	Out-of-network
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	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay	30% coinsurance
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
Home health care²		\$0 copay	30% 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 services²		\$0 copay	\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance

Additional plan benefits

	In-network	Out-of-network
 OTC and food credit	\$78 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 and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target, and at neighborhood stores near you	If you use an out-of-network store, you pay 90% of the total cost
Renal dialysis²	Depending on your level of Medicaid eligibility, \$0 copay or 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.

Member discounts



As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a 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 NM-2A (PPO C-SNP) is a Medicare Advantage PPO 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 NM-2A (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 these counties in:

New Mexico: Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Eddy, Guadalupe, Harding, Lea, Lincoln, McKinley, Otero, Quay, Roosevelt, San Juan, Socorro, Taos, Union.

Use network providers and pharmacies

UHC Complete Care Support NM-2A (PPO C-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. 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 Support NM-2A (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.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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.

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. 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 discount offers is 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 - Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the **Rewards Program Terms of Service**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.