



2024 Enrollment Guide

UHC Complete Care TX-001A (Regional PPO C-SNP)

R6801-008-000

Service area: Texas

United
Healthcare®

UnitedHealthcare Medicare Advantage plans are there for what matters to you, today and tomorrow



Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. Your all-in-one UCard®, only from UnitedHealthcare, is your member ID and so much more. Your UCard gives you access to a large network of Medicare Advantage providers. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you. In fact, 4 out of 5 members would recommend UnitedHealthcare Medicare Advantage to family and friends.¹



More for your Medicare dollar

With UnitedHealthcare Medicare Advantage plans, you get more for your Medicare dollar. Get quality care with low out-of-pocket costs. That includes \$0 annual physical exams, \$0 lab tests and \$0 preventive care like mammograms and colonoscopies. See why more people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.²



Guidance for today and as your needs change

Count on UnitedHealthcare to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online shopping tools and helpful Medicare Plan Experts.³ With our Right Plan Promise™, only from UnitedHealthcare, you have our commitment to helping you find the right plan for your needs and budget.⁴ Put UnitedHealthcare's more than 45 years of experience to work for you.

¹Member recommendations based on Human8, May 2023.

²Most chosen based on total plan enrollment from CMS Enrollment Data, May 2023.

³Medicare Plan Expert is a licensed insurance sales agent/producer.

⁴The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail.
Reach for your UCard when:



Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



Buying OTC products

Use the credit loaded on your UCard as payment in-store or online.



Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



Checking in at the gym

Show your UCard to access your free membership the first time you visit a Renew Active® network gym or fitness location.



Enjoy access to a broad selection of network providers

This plan includes a network of quality doctors, hospitals, pharmacies and other care providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.



Here's how this RPPO C-SNP plan works



Select a primary care provider to oversee and help manage your care.

You're not limited to this PCP, but it's beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network. See the Summary of Benefits in this book to find out what is covered and how much you could pay for covered services.



No referral is needed to see a network specialist or other provider.



This plan has a maximum annual out-of-pocket amount. If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



Emergency and urgently needed services are covered anywhere in the world.



This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

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. See your Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



Benefit Highlights

UHC Complete Care TX-001A (Regional PPO C-SNP)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0 with “Extra Help”	\$10 without “Extra Help”
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Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Annual Medical Deductible	No deductible in or out-of-network		\$226 [†] combined in and out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0 In-network	\$0 combined in and out-of-network	\$8,850 In-network	\$8,850 combined in and out-of-network

Medical benefits				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Doctor's office visit				
Primary care provider (PCP)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)	20% coinsurance (no referral needed)	20% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days	\$1,925 copay per stay for unlimited days	\$1,925 copay per stay for unlimited days
Skilled nursing facility (SNF)(Stay must meet Medicare coverage criteria)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$200 [†] copay per day: days 21-100	20% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Outpatient mental health				
Group therapy	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Individual therapy	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay	\$0 copay for covered brands	30% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
Emergency care	\$0 copay (worldwide)		\$100 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$0 copay (worldwide)		\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

†These are the 2023 Medicare-defined amounts and may change for 2024

Benefits and services beyond Original Medicare		
	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	\$0 copay, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$0 copay, 1 per year*
Routine eyewear	\$0 copay	

Benefits and services beyond Original Medicare

	In-network	Out-of-network
	<p>Plan pays up to \$150 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.*</p> <p>Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.</p>	
Dental - preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
Hearing - routine exam	\$0 copay, 1 per year*	20% coinsurance, 1 per year*
Hearing aids	<p>Plan pays up to \$2,000 every year for 2 hearing aids through UnitedHealthcare Hearing.*</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care (select models).</p>	
Fitness program	\$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.	
Routine transportation	\$0 copay for 24 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
Foot care - routine	\$0 copay, 6 visits per year*	\$0 copay, 6 visits per year*
Over-the-counter (OTC) credit	\$220 credit every quarter to buy covered OTC products	
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits are combined in and out-of-network

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

Annual Prescription Deductible \$0

30-day or 100-day supply from retail network pharmacy

Generic (including brand drugs treated as generic) \$0, \$1.55, or \$4.50 copay
(Some covered drugs are limited to a 30-day supply)

All other drugs \$0, \$4.60, or \$11.20 copay
(Some covered drugs are limited to a 30-day supply)

Prescription drug payment stages if you do not qualify for LIS

Annual Prescription Deductible \$545 for Part D prescription drugs

Cost-sharing for covered drugs¹

Standard Retail (30-day supply)

Mail Order (100-day supply)

Initial Coverage

25% coinsurance

25% coinsurance
(Some covered drugs are limited to a 30-day supply)

Coverage Gap (Donut hole)

After your total drug cost reaches \$5,030, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.

Catastrophic Coverage

After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

¹ 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.



This information is not a complete description of benefits. Contact the plan for more information.

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Summary of Benefits 2024

UHC Complete Care TX-001A (Regional PPO C-SNP)
R6801-008-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-367-7527**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare

**United
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Summary of Benefits

January 1, 2024 - December 31, 2024

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 TX-001A (Regional PPO C-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$10	
Annual medical deductible	You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2024 which will be set by CMS in the fall of 2023. This is the 2023 deductible amount and may change for 2024. Our plan will provide updated rates as soon as they are released. The 2023 Medicare Deductible amount is \$226.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$8,850	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.
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 you 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 care²		Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or; \$1,925 copay per stay	\$1,925 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
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	20% coinsurance
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise	20% coinsurance
	Outpatient hospital observation services ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
Doctor visits	Primary care provider	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Specialists ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	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*	\$0 copay, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<input type="checkbox"/> Abdominal aortic aneurysm screening	<input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit	

Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> □ 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 	<ul style="list-style-type: none"> □ 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.

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 \$100 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

Medical benefits

		In-network	Out-of-network
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	20% 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	20% coinsurance
	Therapeutic radiology ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient X-rays ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	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	20% coinsurance
	Routine hearing exam	\$0 copay, 1 per year*	20% coinsurance, 1 per year*
	Hearing aids ²	\$2,000 allowance for a broad selection of OTC and brand-name prescription hearing aids* <ul style="list-style-type: none"> • Access to one of the largest national networks of hearing professionals with more than 7,000 locations • Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 	

Medical benefits

		In-network	Out-of-network
 Routine dental benefits	Preventive	\$0 copay for preventive dental including oral exams, X-rays, routine cleanings and fluoride* <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Medicare Advantage's largest national dental network <input type="checkbox"/> Freedom to see any dentist <input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay 	
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Routine eyewear	\$150 allowance for frames or contacts* <ul style="list-style-type: none"> • Access to one of Medicare Advantage's largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating • Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more 	

Medical benefits

		In-network	Out-of-network
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; \$1,925 copay per stay	\$1,925 copay per stay
	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	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 2024 which will be set by CMS in the fall of 2023. These are 2023 cost sharing amounts and may change for 2024. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$200 copay per day: days 21-100	20% coinsurance 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	20% coinsurance
	Occupational Therapy Visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance²	Your provider must obtain prior authorization for non-emergency transportation.	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for ground	20% coinsurance for ground
		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for air	20% coinsurance for air
Routine transportation		\$0 copay for 24 one-way trips to or from approved medically related appointments and pharmacies *	75% coinsurance *

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	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

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

Annual Prescription Deductible Your deductible amount is \$0

30-day^ or 100-day supply from a retail network pharmacy

Generic (including brand drugs treated as generic) \$0, \$1.55, or \$4.50 copay
(Some covered drugs are limited to a 30-day supply)

All other drugs \$0, \$4.60, or \$11.20 copay
(Some covered drugs are limited to a 30-day supply)

Prescription drug payment stages if you do not qualify for LIS

Annual Prescription Deductible \$545 for Part D prescription drugs

Initial Coverage In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.

Drug Coverage	Retail		Mail Order
	30-day supply^	100-day supply	100-day supply
All covered drugs³	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)


Coverage Gap (Donut hole) In this stage, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.

Catastrophic Coverage After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered 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 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			
		In-network	Out-of-network
Chiropractic care	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	20% coinsurance
Diabetes management	Diabetes monitoring supplies ²	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	30% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	30% coinsurance

Additional 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	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
 Fitness program		\$0 copay for Renew Active® <ul style="list-style-type: none"> • A free gym membership at a gym near you • Access to the largest national network of gyms and fitness locations • Access to many premium gyms and fitness locations • An annual personalized fitness plan • Members who need help can bring a workout assistant to the gym • Access to thousands of on-demand workout videos and live streaming fitness classes • Social activities at local health and wellness classes, clubs and events • Online Fitbit® Community for Renew Active — no Fitbit device needed • Access to the AARP® Staying Sharp® App 	
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*
Home health care²		\$0 copay	\$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.	
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Opioid treatment program services²		\$0 copay	\$0 copay

Additional benefits

		In-network	Out-of-network
Outpatient substance abuse	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance	20% coinsurance
 Over-the-Counter (OTC) Credit	<p>\$220 credit every quarter for OTC products like pain relievers, cold remedies and vitamins in-store or online</p> <ul style="list-style-type: none"> <input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more <input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you 		
Renal Dialysis²		Depending on your level of Medicaid eligibility, \$0 copay or 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

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 2024 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2023 Medicare deductible amount is \$226. The 2024 amount will be set by CMS in the fall of 2023. 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 and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network List of applicable services	Out-of-network List of applicable services
Outpatient hospital <ul style="list-style-type: none"><input type="checkbox"/> Ambulatory surgical center (ASC), excluding diagnostic colonoscopy<input type="checkbox"/> Outpatient hospital, including surgery, excluding diagnostic colonoscopy<input type="checkbox"/> Outpatient hospital observation services	Outpatient hospital <ul style="list-style-type: none"><input type="checkbox"/> Ambulatory surgical center (ASC)<input type="checkbox"/> Outpatient hospital, including surgery<input type="checkbox"/> Outpatient hospital observation services
Doctor visits <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Specialists	Doctor visits <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Specialists
Diagnostic tests, lab and radiology services, and X-rays <ul style="list-style-type: none"><input type="checkbox"/> Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram<input type="checkbox"/> Lab services<input type="checkbox"/> Diagnostic tests and procedures<input type="checkbox"/> Therapeutic radiology<input type="checkbox"/> Outpatient X-rays	Diagnostic tests, lab and radiology services, and X-rays <ul style="list-style-type: none"><input type="checkbox"/> Diagnostic radiology services (e.g. MRI)<input type="checkbox"/> Lab services<input type="checkbox"/> Diagnostic tests and procedures<input type="checkbox"/> Therapeutic radiology<input type="checkbox"/> Outpatient X-rays
Hearing services	Hearing services

<input type="checkbox"/> Exam to diagnose and treat hearing and balance issues	<input type="checkbox"/> Exam to diagnose and treat hearing and balance issues
Vision services	Vision services
<input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye	<input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye
<input type="checkbox"/> Eyewear after cataract surgery	<input type="checkbox"/> Eyewear after cataract surgery
Mental health	Mental health
<input type="checkbox"/> Outpatient group therapy visit	<input type="checkbox"/> Outpatient group therapy visit
<input type="checkbox"/> Outpatient individual therapy visit	<input type="checkbox"/> Outpatient individual therapy visit
Physical therapy and speech and language therapy visit	Physical therapy and speech and language therapy visit
Ambulance	Ambulance
Medicare Part B drugs	Medicare Part B drugs
<input type="checkbox"/> Chemotherapy drugs	<input type="checkbox"/> Chemotherapy drugs
<input type="checkbox"/> Other Part B drugs	<input type="checkbox"/> Other Part B drugs
Chiropractic care	Chiropractic care
<input type="checkbox"/> Manual manipulation of the spine to correct subluxation	<input type="checkbox"/> Manual manipulation of the spine to correct subluxation
Diabetes management	Diabetes management
<input type="checkbox"/> Diabetes monitoring supplies	<input type="checkbox"/> Diabetes monitoring supplies
<input type="checkbox"/> Therapeutic shoes or inserts	<input type="checkbox"/> Diabetes self-management training
	<input type="checkbox"/> Therapeutic shoes or inserts
Durable medical equipment (DME) and related supplies	Durable medical equipment (DME) and related supplies
<input type="checkbox"/> Durable medical equipment (e.g. wheelchairs, oxygen)	<input type="checkbox"/> Durable medical equipment (e.g. wheelchairs, oxygen)
<input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs)	<input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs)
Foot care	Foot care
<input type="checkbox"/> Foot exams and treatment	<input type="checkbox"/> Foot exams and treatment
Occupational therapy visit	Occupational therapy visit
Opioid treatment program services	Opioid treatment program services
Outpatient substance abuse	Outpatient substance abuse
<input type="checkbox"/> Outpatient group therapy visit	<input type="checkbox"/> Outpatient group therapy visit
<input type="checkbox"/> Outpatient individual therapy visit	<input type="checkbox"/> Outpatient individual therapy visit
Renal dialysis	Renal dialysis
	Inpatient services
	<input type="checkbox"/> Inpatient hospital
	<input type="checkbox"/> Inpatient mental health
	Skilled nursing facility (SNF)
	Home health care

About this plan

UHC Complete Care TX-001A (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 TX-001A (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 **Texas**.

Use network providers and pharmacies

UHC Complete Care TX-001A (Regional 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 TX-001A (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 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 1-866-550-4736 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 1-866-550-4736, 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 \$100-400 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 Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, 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 are 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. Gym network size is based on comparison of competitor's website data as of May 2023.

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.

Over-the-Counter (OTC) Credit

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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.

Civil Rights Notice

The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Important information: 2023 Medicare star ratings



UnitedHealthcare - R6801

For 2023, UnitedHealthcare - R6801 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ★	4 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ↴	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs
Amitiza	Linzess Lubiprostone Movantik Motegrity Trulance
Basaglar	Lantus Levemir Toujeo Tresiba
Bystolic	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release Doxazosin Tamsulosin
Cyclosporine Ophthalmic	Restasis Tyvaya
Icosapent Cap	Vascepa
Latuda	Lurasidone
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR)
Novolin	Humulin
Novolog	Humalog Insulin Lispro Lyumjev
Nucynta ER	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
OxyContin	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets

Drugs not covered by the plan	Alternative covered drugs
Pradaxa	Eliquis Xarelto
Proair	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA and Ventolin HFA) Ventolin HFA
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule
Victoza	Trulicity Mounjaro Ozempic Bydureon
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release Belsomra

Bold type = Brand name drug Plain type = Generic drug



Scan this code to
access the drug cost
estimator tool



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



If you are a veteran, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare® designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at [UHC.com/Medicare](https://www.uhc.com/Medicare).



Did you check the online Drug List to make sure your prescription drugs are covered?



You can enter your drugs into our online Drug Cost Estimator tool, [DrugCostEstimator.com](https://www.drugcostestimator.com) to determine your total annual drug cost.



Did you check the online Provider Directory to make sure your providers are in the network?

You'll want to stay in the network for your plan's lowest cost.



Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you look through the Summary of Benefits in this booklet to see how much you'll pay for medical services and prescription drugs?

If you want more information, the Evidence of Coverage includes a complete list of coverage, costs, benefits and plan rules.



You're eligible to enroll in this Chronic Condition Special Needs Plan (C-SNP) if you:



Are enrolled in Original Medicare Parts A and B



Have diabetes, heart failure and/or a cardiovascular disorder



Live in the plan's service area

What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare plan.



You are here
Enrollment
submitted



Create your
account to review
your plan online



UCard arrives in the
mail – be sure to
activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your member ID number and email address to create an account at myUHCMedicare.com. Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment
- Review UnitedHealthcare UCard balances

Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

Benefits and costs may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to access
the member site using
your member ID number



Ready to use your extra benefits?

UHC Complete Care TX-001A (Regional PPO C-SNP)

Take advantage of your additional plan benefits by using the providers below.



Call **1-866-550-4736**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHCMedicare.com** for:

- Routine vision services
- Routine dental benefits
- Transportation
- Fitness program: Renew Active®



Hearing aids

UnitedHealthcare Hearing
1-877-704-3384
UHChearing.com/Medicare



Prescription drug home delivery

Optum Home Delivery, a service of
OptumRx
1-877-889-6358
OptumRx.com



Over-the-Counter (OTC) Credit

Solutran
1-833-845-8798
myuhcmedicare.com



Nurse Hotline

1-877-365-7949



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

We're happy to help



Call toll-free **1-866-367-7527**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare



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Important plan information

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