



2026 Enrollment Guide

UHC Complete Care TX-3P (HMO-POS C-SNP)

H0609-062-000

Service area: Texas - Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise counties

United
Healthcare®

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— **Karen K, UnitedHealthcare
Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— **Mary M, UnitedHealthcare
Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

Y0066_INTRO_2026_C

UHEX26MP0309570_000



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. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



Here's how this HMO-POS C-SNP plan works



Get care from providers in the network or visit out-of-network providers for covered dental services.



Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network.



Some services require a referral from your doctor. Check your Summary of Benefits for details.



This plan has a maximum annual out-of-pocket amount.



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-3P (HMO-POS C-SNP)

This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

| Plan costs | |
|---|--|
| Monthly plan premium | \$0 |
| Annual medical deductible (applies to certain medical benefits) | \$0 |
| Annual out-of-pocket maximum (the most you may pay in a year for covered medical care) | \$3,900 |
| Plan benefits | |
| Doctor's office visit | |
| Primary care provider (PCP) | \$0 copay |
| Specialist | \$35 copay (referral needed) |
| Virtual visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| Preventive services | \$0 copay |
| Inpatient hospital care | \$325 copay per day: days 1-6 \$0 copay per day: days 7 and beyond |
| Skilled nursing facility (SNF) | \$0 copay per day: days 1-20 \$218 copay per day: days 21-100 |
| Outpatient hospital, including surgery (cost sharing for additional plan services will apply) | \$325 copay |
| Outpatient mental health | |
| Group therapy | \$15 copay |
| Individual therapy | \$25 copay |
| Virtual visits | \$0 copay to talk with a network telehealth provider online through live audio and video |

Plan benefits

Durable medical equipment (DME) and related supplies

| | |
|---------------------------------|-----------------|
| DME (e.g., wheelchairs, oxygen) | 20% coinsurance |
|---------------------------------|-----------------|

| | |
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| Prosthetics (e.g., braces, artificial limbs) | 20% coinsurance |
|--|-----------------|

| | |
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| Diabetes monitoring supplies | \$0 copay |
|-------------------------------------|-----------|

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| Diagnostic radiology services (such as MRIs, CT scans) | \$260 copay |
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| | |
|---|------------|
| Diagnostic tests and procedures (non-radiological) | \$60 copay |
|---|------------|

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| Lab services | \$0 copay |
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| Outpatient x-rays | \$25 copay |
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| Ambulance | \$275 copay for ground or air |
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| Emergency care | \$150 copay (\$0 copay for emergency care outside the United States) per visit |
|-----------------------|--|

| | |
|---------------------------------|---|
| Urgently needed services | \$65 copay (\$0 copay for urgently needed services outside the United States) per visit |
|---------------------------------|---|

Additional plan benefits

| | |
|-------------------------|-----------------------|
| Routine physical | \$0 copay, 1 per year |
|-------------------------|-----------------------|

| Additional plan benefits | | |
|---|-----------------------|---|
|  Hearing services | Routine hearing exam | \$0 copay for a routine hearing exam to help support hearing health |
| | Hearing aids | <p>\$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.</p> <ul style="list-style-type: none"> • A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered |
|  Routine dental benefits Covered in and out-of-network. | Preventive services | <p>\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:*</p> <ul style="list-style-type: none"> • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist |
| | Optional Dental Rider | <p>For an extra \$44 per month, you'll get access to dental coverage that includes:</p> <ul style="list-style-type: none"> • \$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 | Routine eye exam | \$0 copay for a routine eye exam each year to help protect your eyesight and health |
| | Routine eyewear | \$150 allowance every 2 years for 1 pair of frames or contacts |

| Additional plan benefits | |
|--|---|
| | <ul style="list-style-type: none"> • 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 |
|  Fitness program | <p>\$0 copay</p> <p>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:</p> <ul style="list-style-type: none"> • 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 - routine | \$35 copay, 6 visits per year |
|  OTC and food credit | <p>\$50 credit every month for over-the-counter (OTC) products, plus healthy food for qualifying members</p> <ul style="list-style-type: none"> • 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 |
| Rewards | Earn up to \$165 in rewards when you get started in January ^Ω |
| Meal benefit | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay |

* Benefits are combined in and out-of-network

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 | \$0 for Tier 1 and 2 Part D prescription drugs \$440 for Tier 3, 4 and 5 drugs | |
| 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 you move to the Catastrophic Coverage stage. | |
| Tier drug coverage | Standard Retail (30-day supply) | Mail Order (100-day supply) |
| Tier 1: Preferred Generic | \$0 copay | \$0 copay |
| Tier 2: Generic¹ | \$0 copay | \$0 copay |
| Tier 3: Preferred Brand | 23% coinsurance | 23% coinsurance |
| Covered Insulin² | 23%, up to \$25 copay | 23%, up to \$75 copay |
| Tier 4: Non-Preferred Drug³ | 44% coinsurance | N/A |
| Tier 5: Specialty Tier³ | 28% coinsurance | 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. | |

¹ Tier includes enhanced drug coverage

² You pay no more than 23% 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.

³ Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

**Scan this code to view
your Summary of
Benefits**





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. Contact us for details.

^QMedicare 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 located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

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

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Platinum Dental Rider

Optional Supplemental Benefit

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. This fee is on top of any premium you pay for your Medicare Advantage plan and Medicare Part B coverage.

For an extra \$44 a 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.
- Access to one of the largest national dental networks. Out-of-network coverage is available. If you choose to see an out-of-network dentist you might be billed more, even for services listed as a \$0 copay.

You can enroll in the dental rider when you enroll in your Medicare Advantage plan. If you don't enroll then, you can call Customer Service at the number on your UnitedHealthcare UCard® or go to the Coverage & Benefits section of your member website to enroll in the dental rider within 3 months after your plan coverage starts.

If you enroll in the rider when you enroll in your plan, your rider coverage will start when your plan starts. If you wait to enroll within the 3 months after your plan starts, your rider coverage will begin on the first day of the month after the rider is purchased.

The easiest way to find a network dentist in your area is to scan the QR code below. Or you can go to **UHC.com/Medicare** and select **Shop Medicare plans** at the top of the page. From there, choose **Find a dentist**.

Exclusions may apply:

- Dental services that are not necessary
- Hospitalization or other facility charges
- Any dental procedure performed solely for cosmetic and/or aesthetic reasons
- Any dental procedure not directly associated with a dental disease
- Any procedure not performed in a dental setting
- Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury or congenital anomaly

Scan here to find
a network dentist
in your area



- Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
- Service for injuries or conditions covered by worker's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
- Expenses for dental procedures begun prior to the covered person's eligibility with the plan
- Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child
- Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice, sales tax or duplicating/copying patient records
- Implants and implant-related services
- Tooth bleaching and/or enamel microabrasion
- Veneers
- Orthodontics
- Sustained release of therapeutic drug (D9613)
- COVID-19 screening, testing, and vaccination
- Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services
- Space maintenance
- Any unspecified procedure by report (Dental codes: D##99)

Network size varies by local market.



Summary of Benefits 2026

UHC Complete Care TX-3P (HMO-POS C-SNP)
H0609-062-000

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®**

Y0066_SB_H0609_062_000_2026_M

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 TX-3P (HMO-POS C-SNP)

Medical premium, deductible and limits

| | |
|---|--|
| 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) | \$3,900 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

| | | |
|--|---|---|
| Inpatient hospital care ^{1,2} Our plan covers an unlimited number of days for an inpatient hospital stay. | | \$325 copay per day: days 1-6 \$0 copay per day: days 7 and beyond |
| Outpatient hospital Cost-sharing for additional plan covered services will apply. | Ambulatory surgical center (ASC) ^{1,2} | \$0 copay for a colonoscopy \$275 copay otherwise |
| | Outpatient hospital, including surgery ^{1,2} | \$0 copay for a colonoscopy \$325 copay otherwise |
| | Outpatient hospital observation services ^{1,2} | \$325 copay |

Medical benefits

Doctor visits

Primary care provider \$0 copay

Specialists^{1,2} \$35 copay

Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

Preventive services

Routine physical \$0 copay, 1 per year

Medicare-covered \$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Hepatitis C screening
- HIV screening
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for 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.

Medical benefits

| | |
|-----------------------|---|
| 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. |
|-----------------------|---|

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|---------------------------------|---|
| 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) ^{1,2} | \$0 copay for each diagnostic mammogram \$260 copay otherwise |
|---|--|--|

| | |
|-----------------------------|-----------|
| Lab services ^{1,2} | \$0 copay |
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| | |
|--|------------|
| Diagnostic tests and procedures ^{1,2} | \$60 copay |
|--|------------|

| | |
|--------------------------------------|-----------------|
| Therapeutic radiology ^{1,2} | 20% coinsurance |
|--------------------------------------|-----------------|



| | |
|----------------------------------|------------|
| Outpatient X-rays ^{1,2} | \$25 copay |
|----------------------------------|------------|

| | | |
|---|--|-----------|
|  Hearing services | Exam to diagnose and treat hearing and balance issues ^{1,2} | \$0 copay |
|---|--|-----------|

| | |
|----------------------|---|
| Routine hearing exam | \$0 copay for a routine hearing exam to help support hearing health |
|----------------------|---|

| | |
|---------------------------|--|
| Hearing aids ² | \$199 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year. |
|---------------------------|--|

- A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 6,500 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period

| Medical benefits | | |
|---|--|--|
| | | <ul style="list-style-type: none"> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered |
|  Routine dental benefits Covered in and out-of-network | Preventive services | \$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:* <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> \$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 ^{1,2} | \$0 copay |
| | Eyewear after cataract surgery ¹ | \$0 copay |
| | Routine eye exam | \$0 copay for a routine eye exam each year to help protect your eyesight and health |
| | Routine eyewear | \$150 allowance every 2 years for 1 pair of frames or contacts <ul style="list-style-type: none"> 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 |

Medical benefits

| | | |
|--|--|--|
| Mental health | Inpatient visit ^{1,2} Our plan covers 90 days for an inpatient hospital stay | \$325 copay per day: days 1-6 \$0 copay per day: days 7-90 |
| | Outpatient group therapy visit ^{1,2} | \$15 copay |
| | Outpatient individual therapy visit ^{1,2} | \$25 copay |
| | Virtual mental health visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| <hr/> | | |
| Skilled nursing facility (SNF) ^{1,2} Our plan covers up to 100 days in a SNF. | | \$0 copay per day: days 1-20 \$218 copay per day: days 21-100 |
| <hr/> | | |
| Outpatient rehabilitation services | Physical therapy and speech and language therapy visit ^{1,2} | \$35 copay |
| | Occupational Therapy Visit ^{1,2} | \$35 copay |
| <hr/> | | |
| Ambulance ² Your provider must obtain prior authorization for non-emergency transportation. | | \$275 copay for ground \$275 copay for air |
| <hr/> | | |
| Routine transportation | | Not covered |
| <hr/> | | |

| Medical benefits | | |
|--|---|--|
| Medicare Part B prescription drugs Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs. | Chemotherapy drugs ² | 20% coinsurance |
| | Part B covered insulin ² | 20% coinsurance, up to \$35 |
| | Other Part B drugs ² | \$0 copay for allergy antigens 20% coinsurance for all others |
| | Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | |

What is coinsurance?

Coinurance 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 \$440 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage. | | |
| Initial Coverage | In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. | | |
| Tier drug coverage | Retail | Mail Order | |
| | 30-day supply [^] | 100-day supply | 100-day supply |
| Tier 1: Preferred Generic | \$0 copay | \$0 copay | \$0 copay |
| Tier 2: Generic ³ | \$0 copay | \$0 copay | \$0 copay |
| Tier 3: Preferred Brand | 23% coinsurance | 23% coinsurance | 23% coinsurance |

| Prescription drug payment stages | | | |
|--|--|-----------------------|-----------------------|
| Tier drug coverage | Retail | | Mail Order |
| | 30-day supply [^] | 100-day supply | 100-day supply |
| Covered Insulin ⁴ | 23%, up to \$25 copay | 23%, up to \$75 copay | 23%, up to \$75 copay |
| Tier 4: Non-Preferred Drug ⁵ | 44% coinsurance | N/A | N/A |
| Tier 5: Specialty Tier ⁵ | 28% coinsurance | N/A | N/A |
| Catastrophic Coverage | Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. | | |
| Additional covered drugs These drugs are not covered by Medicare Part D and not on the plan's Drug List. | This plan covers these additional drugs as Tier 2 medications. <ul style="list-style-type: none"> •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 23% 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 | | |
|------------------------------|---|------------|
| Chiropractic services | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ^{1,2} | \$20 copay |
| Diabetes management | Diabetes monitoring supplies ² | \$0 copay |

| Additional benefits | | |
|--|---|--|
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| Durable medical equipment (DME) and related supplies | DME (e.g., wheelchairs, oxygen) ² | 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | 20% coinsurance |
| <div>  Fitness program </div> <p>\$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:</p> <ul style="list-style-type: none"> • 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 ^{1,2} | \$35 copay |
| | Routine foot care | \$35 copay, 6 visits per year |
| Meal benefit² | | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay |
| Home health care^{1,2} | | \$0 copay |
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| Opioid treatment program services² | | \$0 copay |

Additional benefits

| | | |
|---|--|------------|
| Outpatient substance use disorder services | Outpatient group therapy visit ^{1,2} | \$15 copay |
| | Outpatient individual therapy visit ^{1,2} | \$25 copay |



OTC and food credit

\$50 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^{1,2}

20% coinsurance

¹ Requires a referral from your doctor.

² May require your provider to get prior authorization from the plan for in-network benefits.

* Benefits are combined in and out-of-network

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 TX-3P (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 TX-3P (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:

Texas: Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise.

Use network providers and pharmacies

UHC Complete Care TX-3P (HMO-POS C-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHC.com/Medicare** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UHC Complete Care TX-3P (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](https://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 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 1-866-550-4736, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 10 p.m. hora del Centro: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

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

Fitness program

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

OTC and food credit

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

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

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

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 **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**.

UnitedHealthcare is 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



For assistance, 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.

Medicare Made Clear®

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



MedicareMadeClear.com

Before you enroll

It's important that you understand this Chronic Special Needs Plan (C-SNP) and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories, Evidence of Coverage and more at UHC.com/Medicare.



Are your drugs covered? Check the Drug List (Formulary) to make sure.

Generally, the lower the drug tier, the less you'll pay. Drugs not covered by the plan may have alternative covered drugs that can be used instead.



Did you use our online Drug Cost Estimator tool?

Find covered drugs, view your estimated drug costs and see if there's a generic version available that may save you money. Visit UHCdrugcosts.com or scan the code below.



Are your providers in the network?

If your providers are not in the network, you will need to select a new network provider. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



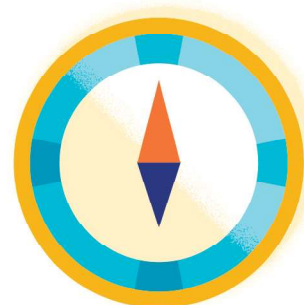
Is your pharmacy in the network?

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



Did you review the Summary of Benefits?

These are just some of the benefits covered by the plan. You can find a complete list of coverage, costs, benefits and plan rules in the Evidence of Coverage online.



You're eligible to enroll if:



You're enrolled in Original Medicare Parts A and B



You have diabetes, heart failure and/or a cardiovascular disorder



You live in the plan's service area

Scan this code to access the drug cost estimator tool



How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



Online

Visit **UHC.com/Medicare** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Navigate to the **Medicare Advantage** section
- 3 Look for the **UHC Complete Care TX-3P (HMO-POS C-SNP)** plan and select the **Enroll** button
- 4 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or send us a completed Enrollment Request Form.

Scan this code to
complete your
enrollment online



What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

You're enrolled in a Chronic Special Needs Plan (C-SNP)

This plan has benefits designed to help manage diabetes, cardiovascular disease, and/or chronic heart failure.

To stay enrolled in this plan, Medicare requires that we verify your chronic condition within 60 days after your coverage starts. We'll contact your provider to verify your chronic condition. You don't need to do anything for now. If we're not able to verify your chronic condition within 30 days, we'll send you a letter with next steps.

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at **myUHC Medicare.com**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Buying OTC products and healthy food
 - Use the credit loaded on your UCard as payment in-store or online. Covered food items include generic and name-brand fresh, canned and frozen food, including:
 - Fruits
 - Vegetables
 - Frozen meals
 - Fresh salad kits
 - Dairy products
 - Meat and seafood
 - Beans and legumes
 - Flour, sugar, spices, etc.
 - Breads, cereals, pasta, etc.
 - Nutritional shakes and bars
 - Water and vitamin enhanced water
 - Soups
 - OTC products include pain relievers, cold remedies, vitamins and more
- Spending your earned rewards
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- Review UCard balances

Thank you for choosing UnitedHealthcare

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

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Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):

- | | |
|---|---|
| <input type="checkbox"/> Medicare Advantage (Part C) plans and cost plans | <input type="checkbox"/> Dental, vision, hearing products |
| <input type="checkbox"/> Standalone Medicare prescription drug (Part D) plans | <input type="checkbox"/> Hospital indemnity products |
| <input type="checkbox"/> Medicare Supplement (Medigap) products | |

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

Signature of beneficiary/authorized representative

Today's date

MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)

Relationship to beneficiary

To be completed by licensed sales representative (please print clearly and legibly)

Sales Agent name (First and Last)

Sales Agent phone

Sales Agent ID

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Beneficiary name (First and Last)

Beneficiary phone

Date of appointment

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

MM - DD - YYYY

Beneficiary address

Initial method of contact

Plan(s) the Sales Agent will represent during the meeting

Sales Agent signature

Medicare Advantage plans (Part C) and cost plans

Medicare Health Maintenance Organization (HMO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO point-of-service (HMO-POS) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

Medicare preferred provider organization (PPO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare private fee-for-service (PFFS) plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) plan — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare cost plan — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare prescription drug (Part D) plan

Medicare prescription drug plan (PDP) — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

Dental, vision, hearing products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital indemnity products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Chronic Condition Pre-assessment Form

To enroll in a Chronic Special Needs plan, Medicare requires that your chronic condition be verified by your treating physician's office.

Please answer the questions below and complete the information requested on the following page so we may have your treating physician verify your chronic condition.

Clinical pre-qualify questions

This is a pre-assessment. Post-verification by your treating physician will occur after you are enrolled in the plan.

Please answer these questions:

I. Diabetes mellitus (Note: A pre-diabetes diagnosis does not qualify for this plan.)

1. Has a doctor or clinic told you that you have diabetes (too much sugar in the blood or urine or high sugar(s))? ☐ Yes ☐ No
2. Have you been prescribed or are you taking insulin or an oral medication for diabetes treatment? ☐ Yes ☐ No

II. Chronic heart failure

1. Has a doctor or clinic told you that you have chronic or congestive heart failure (fluid or water in the lungs or heart)? ☐ Yes ☐ No
2. Have you previously experienced fluid in your lungs, leg swelling and shortness of breath due to a heart problem? ☐ Yes ☐ No
3. In the past year, have you been advised by a health care professional to weigh yourself daily for heart monitoring? ☐ Yes ☐ No

III. Cardiovascular disorders

1. Have you been diagnosed with an irregular heart rate (like atrial fibrillation), heart disease or coronary artery disease? ☐ Yes ☐ No
2. Have you been told you have peripheral vascular disease, poor circulation or claudication in your legs? ☐ Yes ☐ No
3. Do you have chronic skin ulcers or leg vein problems? ☐ Yes ☐ No
4. Have you been prescribed blood thinners like warfarin or clopidogrel for a heart condition? ☐ Yes ☐ No
5. Do you have a pacemaker or internal defibrillator? ☐ Yes ☐ No
6. Have you had an angioplasty, stents or bypass surgery on your heart or legs? ☐ Yes ☐ No

Completing this pre-assessment does not guarantee enrollment in the plan. All Chronic Special Needs plans require verification from a treating physician to be enrolled in the plan.

Chronic Condition Release of Information Form

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law concerning the privacy of such information. After you complete this form, please return it with your plan enrollment form. Do **not** take this form to your treating physician.

Treating physician information:

Full name:

Phone number:

Address:

City:

State:

ZIP code:

Fax number:

Email address:

National Provider Identifier (NPI) number (10–12 digits without dashes):

If you don't have all of this information, you can complete your treating physician's full name and NPI number (exactly as found in the Provider Directory or online).

Have you seen this provider within the last 2 years?

☐ Yes ☐ No



2026 Enrollment Request Form

☐ UHC Complete Care TX-3P (HMO-POS C-SNP) H0609-062-000

Select optional supplemental benefits in addition to what is included with your plan

You can add the following benefit rider for an extra cost. You can purchase the rider now while you are enrolling, or within 3 months after your effective date. See the Summary of Benefits for more information, including costs.

☐ **Platinum Dental Rider**

Information about you (Please type or print in black or blue ink)

| | | | | |
|---|--------|---|----------|----------------|
| Last name | | First name | | Middle initial |
| Birth date | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Home phone number () — | | Mobile phone number () — | | |
| <p>You can stay on top of your plan and health with timely, helpful calls.</p> <p><input type="checkbox"/> Check here to consent to receive calls using auto dialer/artificial or prerecorded voice technology. You can change your preference at any time.</p> | | | | |
| Medicare number | | | | |
| Permanent residence street address (Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address) | | | | |
| City | County | State | Zip code | |
| Mailing address (Only if it's different from above. You can give a P.O. Box.) | | | | |
| City | | State | Zip code | |
| Email address | | | | |

Enrollee name _____

Agent name/ID number _____

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You will receive some plan information, such as your Explanation of Benefits and Annual Notice of Changes, electronically (quicker than mail). We'll email you when new documents are ready to review online.

☐ Check here if you prefer to receive paper copies by mail. You can change your delivery preference at any time.

Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance

| Member number | Group number | RxBin | RxPCN (optional) |
|---------------|--------------|-------|------------------|
| | | | |

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C

UHTX26HP0320367_000

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT)*.

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

☐ I want to pay from my Social Security check

☐ I want to pay from my Railroad Retirement Board (RRB) check

☐ I want to pay directly from a bank account

Account type ☐ Checking ☐ Savings

Account holder name: _____

Bank routing number ____/____/____/____/____/____/____/____/____

Bank account number ____/____/____/____/____/____/____/____/____/____

*Members enrolled in the EFT program agree to these terms: My bank may pay UnitedHealthcare Insurance Company the new charges from my bank Account which may include up to \$200.00 of current retroactive charges plus monthly premium amount. If I choose to stop paying by EFT, I will tell both UHC and my bank. I understand it could take 1-2 months to process the change.

A few questions to help us manage your plan

1. Which language or accessible format do you prefer for future plan information?

- ☐ English ☐ Spanish
- ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

If you don't see the language or format you want, please call us toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/Medicare** for online help. **If no selection is made, you will receive plan information in English.**

2. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C

UHTX26HP0320367_000

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of health insurance company _____

Member number _____

3. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP full name _____

Provider/PCP number _____

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No

Please read and sign

By completing this form, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).
- **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C

UHTX26HP0320367_000

- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

Signature of applicant/member/authorized representative

Today's date

If you are the authorized representative, please sign above and complete the information below (* Not a Sales Agent)

| | | | |
|--------------------------------|--|---------------------------|----------|
| Last name | | First name | |
| Address | | | |
| City | | State | Zip code |
| Phone number () — | | Relationship to applicant | |

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

| | |
|-----------|--|
| Name | Relationship to enrollee |
| Signature | National Producer Number (Agents/Brokers only) |

For Licensed Sales Representative/agency use only

| | |
|--|-------------------------|
| Licensed Sales representative/Writing ID | Initial receipt date |
| Licensed Sales representative/agent name | Proposed effective date |

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C

UHTX26HP0320367_000

Employer group name

Employer group ID

Branch ID

Agent must complete

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees) | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 – Mar 31) |
| <input type="checkbox"/> OEP (Newly eligible) | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence) | <input type="checkbox"/> SEP (Loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic) | <input type="checkbox"/> SEP (Dual LIS maintaining) | <input type="checkbox"/> AEP (October 15-December 7) | <input type="checkbox"/> OEPI |
| <input type="checkbox"/> SEP (SEP reason) _____ | | | |
-

Licensed Sales representative signature (optional)
Date

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770
Fax: 1-888-950-1170
Fax the front and back of each page

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UHC Complete Care TX-3P (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.

OMB No. 0938-1378

Expires: 12/31/2026

Y0066_EFMA_2026_C

UHTX26HP0320367_000

Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary to make sure your drugs are covered.

Understanding important rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). Check the EOC to see which out-of-network services are covered on this plan. However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay higher cost sharing for services received by non-contracted providers.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

2026 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

| Applicant 1: | Applicant 2 (if applicable): |
|--|--|
| Name | Name |
| Application date | Application date |
| Proposed effective date | Proposed effective date |
| Plan name | Plan name |
| Plan type | Plan type |
| Health plan/PBP number | Health plan/PBP number |
| Enrollment tracking number (if applicable) | Enrollment tracking number (if applicable) |

Call your Licensed Sales Representative if you have any questions:

Representative name and ID number

Representative phone number

RxBIN: 610097

RxPCN: 9999

RxGRP: COS

We're here to help. If you have additional questions, please call Customer Service toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

Important reminder - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



Important information: 2025 Medicare star ratings



UnitedHealthcare - H0609

For 2025, UnitedHealthcare - H0609 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ ☆ 4.5 stars
Health Services Rating: ★ ★ ★ ★ 4 stars
Drug Services Rating: ★ ★ ★ ★ ☆ 4.5 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), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **866-550-4736** (toll-free) or **711** (TTY).

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

लक्ष द्या: जर तुम्ही मराठी (Marathi) बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉर्मॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

గమనించండి: మీరు తెలుగు (Telugu) మాట్లాడేవారైతే, మీకు ఉచిత భాషా సహాయ సేవలు మరియు పెద్ద ముద్రణ వంటి ఇతర ఫార్మాట్‌లలో కమ్యూనికేషన్‌లు ఉచితంగా లభిస్తాయి. వాటి కొరకు మీ మెంబరు ఐడింటిఫికేషన్ కార్డులోని టోల్-ఫ్రీ నెంబరుకి కాల్ చేయండి.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói Tiếng Việt (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

ÀKÍYÈSÍ: Tí o bá ń sọ Yorùbá (Yoruba), àwọn isẹ àtìlẹ̀yìn èdè ọ̀fẹ́ àtì àwọn ìbáńsọ̀rọ̀ nínú àwọn ìgúnrégẹ́, bí àwọn àtẹ̀jádẹ̀ ńlá, wà fún ọ. Pe nọmbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ ẹ.

Notes and doodles

Notes and doodles

Notes and doodles

Ready to use your extra benefits?

UHC Complete Care TX-3P (HMO-POS C-SNP)

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



Call **1-866-550-4736**, TTY **711**, 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHCMedicare.com** for:

- Fitness program: Renew Active®



Hearing aids

UnitedHealthcare Hearing
1-855-523-9355
UHChearing.com/Medicare



Routine vision services

Plan network providers in your service area

1-866-550-4736

MyUHCMedicare.com

If you belong to a medical group or IPA, refer to the Provider Directory.



Routine dental benefits

UnitedHealthcare Dental
1-866-550-4736
MyUHCMedicare.com



Prescription drug home delivery

Optum® Home Delivery Pharmacy

1-877-889-6358

MyUHCMedicare.com



OTC and food credit

Solutran

1-833-845-8798

MyUHCMedicare.com



UnitedHealthcare has more than 45 years of experience serving members. You can count on UnitedHealthcare to be there for you every step of the way.

Click. Call. Connect.



Download the UnitedHealthcare app



UHC.com/Medicare



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

Important plan information

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Scan this code
to download the
UnitedHealthcare
app



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