



# 2025 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®

# UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



## Simplify your day with benefits built to be used

Your all-in-one UCard®, only from UnitedHealthcare, is more than just your member ID card. Use it to shop for approved products from well-known brands like Walmart, Walgreens and more using your earned rewards and discounts. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



## Get more for your Medicare dollar

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with mental health support, care management programs, vision, hearing and dental. All without sacrificing the extras you want like rewards, discounts and more.



## Expert guidance for today and as your needs change

Count on UnitedHealthcare to be there every step of the way with easy-to-understand Medicare resources, useful online tools, and trusted Medicare Plan Experts<sup>1</sup> to guide you. And with our Right Plan Promise®<sup>2</sup>, only from UnitedHealthcare, you can rely on our 45 years of Medicare experience to help you find the right UnitedHealthcare plan for your needs and budget.

<sup>1</sup>Medicare Plan Expert is a licensed insurance sales agent/producer.

<sup>2</sup>The 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 — and healthy food for members who qualify

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
- Dairy products
- Breads, cereals, pastas, etc.
- Vegetables
- Meat and seafood
- Nutritional shakes and bars
- Frozen meals
- Beans and legumes
- Water and vitamin enhanced water
- Fresh salad kits
- Flour, sugar, spices, etc.
- Soups

OTC products include pain relievers, cold remedies, vitamins and more.



## 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 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. 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.** Look at the Summary of Benefits in this book to find out what is covered and how much you'll pay for covered services.



**A 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](https://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 2025 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
Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,900
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$20 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	\$0 copay
<b>Inpatient hospital care</b>	\$295 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$295 copay
<b>Outpatient mental health</b>	
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

<b>Medical benefits</b>	
<b>Diabetes monitoring supplies</b>	\$0 copay
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$250 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$60 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$10 copay
<b>Ambulance</b>	\$275 copay for ground or air
<b>Emergency care</b>	\$140 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$65 copay (\$0 copay for urgently needed services outside the United States) per visit
<b>Benefits and services beyond Original Medicare</b>	
<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	<p>\$0 copay Plan pays up to \$250 every 2 years toward your purchase of 1 pair of frames (with a \$0 copay for standard lenses and a \$40 - \$153 copay for other covered lenses) or contact lenses (fitting and evaluation may be an additional cost) through network providers.</p> <p>Home delivered eyewear available through select network providers (select products only).</p> <p>You are responsible for all eyewear costs from providers outside of the network.</p>
<b>Dental – preventive (covered in-network and out-of-network)</b>	\$0 copay for exams, cleanings, X-rays and fluoride*
<b>Dental – comprehensive (covered in-network and out-of-network)</b>	50% coinsurance on dentures and bridges \$0 copay for all other covered comprehensive services*

## Benefits and services beyond Original Medicare

<b>Dental - benefit limit</b>	\$1,000 combined limit on all covered dental services*
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	<p>\$99 - \$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 through network providers.</p> <p>Includes hearing aids delivered directly to you (select products only).</p>
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
<b>Foot care - routine</b>	\$20 copay, 6 visits per year
<b>Food and over-the-counter (OTC) credit</b>	\$53 credit every month to buy covered OTC products – and covered healthy food for qualifying members
<b>Rewards</b>	<p>Earn up to \$165 in rewards when you get started in January<sup>Q</sup></p> <p>\$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot</p>
<b>Meal benefit</b>	\$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

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

### Prescription drug payment stages

<b>Deductible</b>	\$0 for Tier 1 and 2 Part D prescription drugs \$340 for Tier 3, 4 and 5 drugs	
<b>Initial Coverage</b>	<b>Standard Retail (30-day supply)</b>	<b>Preferred Mail Order (100-day supply)</b>
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay

Prescription drug payment stages		
<b>Tier 2: Generic<sup>1</sup></b>	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$131 copay
<b>Tier 3: Covered Insulin Drugs<sup>2</sup></b>	\$25 copay	\$65 copay
<b>Tier 4: Non-Preferred Drug<sup>3</sup></b>	\$100 copay	N/A
<b>Tier 5: Specialty Tier<sup>3</sup></b>	29% coinsurance	N/A
<b>Catastrophic Coverage</b>	After you, and others on your behalf, have paid a combined total of \$2,000, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> You will pay a maximum of \$25 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.

<sup>3</sup> Limited to a 30-day supply



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.

<sup>2</sup> Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://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](https://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.



# Summary of Benefits 2025

**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®**

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# Summary of Benefits

**January 1, 2025 - December 31, 2025**

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 [MyUHC Medicare.com](https://www.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

<b>Monthly plan premium</b>	\$0 You need to continue to pay your Medicare Part B premium
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (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

<b>Inpatient hospital care</b> <sup>1,2</sup> Our plan covers an unlimited number of days for an inpatient hospital stay.		\$295 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>1,2</sup>	\$0 copay for a colonoscopy \$245 copay otherwise
	Outpatient hospital, including surgery <sup>1,2</sup>	\$0 copay for a colonoscopy \$295 copay otherwise
	Outpatient hospital observation services <sup>1,2</sup>	\$295 copay

## Medical benefits

<b>Doctor visits</b>	Primary care provider	\$0 copay
	Specialists <sup>1,2</sup>	\$20 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

- |  |   |
|--|---|
| <input type="checkbox"/> Abdominal aortic aneurysm screening   | <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening                                   |
| <input type="checkbox"/> Alcohol misuse counseling   | <input type="checkbox"/> Medical nutrition therapy services   |
| <input type="checkbox"/> Annual wellness visit   | <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)  |
| <input type="checkbox"/> Bone mass measurement   | <input type="checkbox"/> Obesity screenings and counseling  |
| <input type="checkbox"/> Breast cancer screening (mammogram)   | <input type="checkbox"/> Prostate cancer screenings (PSA)   |
| <input type="checkbox"/> Cardiovascular disease (behavioral therapy)   | <input type="checkbox"/> Sexually transmitted infections screenings and counseling  |
| <input type="checkbox"/> Cardiovascular screening  | <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| <input type="checkbox"/> Cervical and vaginal cancer screening   | <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19                       |
| <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)  |
| <input type="checkbox"/> Depression screening  |   |
| <input type="checkbox"/> Diabetes screenings and monitoring  |   |
| <input type="checkbox"/> Hepatitis C screening   |   |
| <input type="checkbox"/> HIV screening   |   |

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** \$140 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

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

**Diagnostic tests, lab and radiology services, and X-rays** Diagnostic radiology services (e.g. MRI, CT scan)<sup>1,2</sup> \$0 copay for each diagnostic mammogram \$250 copay otherwise

Lab services<sup>1,2</sup> \$0 copay

Diagnostic tests and procedures<sup>1,2</sup> \$60 copay

Therapeutic radiology<sup>1,2</sup> 20% coinsurance

Outpatient X-rays<sup>1,2</sup> \$10 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>1,2</sup> \$0 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids<sup>2</sup> \$99 - \$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) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period

## Medical benefits

 <p><b>Routine dental benefits</b></p> <p>Covered in-network and out-of-network.</p>	<p>Preventive and comprehensive<sup>2</sup></p>	<p>\$1,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <p>50% coinsurance for bridges and dentures</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>
 <p><b>Vision services</b></p>	<p>Exam to diagnose and treat diseases and conditions of the eye<sup>1,2</sup></p>	<p>\$0 copay</p>
	<p>Eyewear after cataract surgery<sup>1</sup></p>	<p>\$0 copay</p>
	<p>Routine eye exam</p>	<p>\$0 copay, 1 per year</p>
	<p>Routine eyewear</p>	<p>\$250 allowance for 1 pair of frames or contacts</p> <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives</li> <li>• Other covered lenses available with copays from \$40 – \$153</li> <li>• Access to one of Medicare Advantage’s largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul>
<p><b>Mental health</b></p>	<p>Inpatient visit<sup>1,2</sup></p> <p>Our plan covers 90 days for an inpatient hospital stay</p>	<p>\$295 copay per day: days 1-5</p> <p>\$0 copay per day: days 6-90</p>
	<p>Outpatient group therapy visit<sup>1,2</sup></p>	<p>\$15 copay</p>
	<p>Outpatient individual therapy visit<sup>1,2</sup></p>	<p>\$25 copay</p>
	<p>Virtual mental health visits</p>	<p>\$0 copay to talk with a network telehealth provider online through live audio and video</p>

## Medical benefits

<b>Skilled nursing facility (SNF)<sup>1,2</sup></b>		\$0 copay per day: days 1-20
Our plan covers up to 100 days in a SNF.		\$203 copay per day: days 21-100
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>1,2</sup>	\$20 copay
	Occupational Therapy Visit <sup>1,2</sup>	\$20 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Ambulance<sup>1,2</sup></b>		\$275 copay for ground
Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$275 copay for air
<b>Routine transportation</b>		Not covered
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	20% coinsurance
	Part B covered insulin <sup>2</sup>	20% coinsurance, up to \$35
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens 20% coinsurance for all others
Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.		Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drug payment stages				
<b>Deductible</b>	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 \$340 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.			
<b>Initial Coverage</b>	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 \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.			
Tier drug coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply <sup>^</sup>	100-day supply	100-day supply	100-day supply
<b>Tier 1:</b> Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2:</b> Generic <sup>3</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3:</b> Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>Tier 3:</b> Covered Insulin Drugs <sup>4</sup>	\$25 copay	\$75 copay	\$65 copay	\$75 copay
<b>Tier 4:</b> Non-Preferred Drug <sup>5</sup>	\$100 copay	N/A	N/A	N/A
<b>Tier 5:</b> Specialty Tier <sup>5</sup>	29% coinsurance	N/A	N/A	N/A
<b>Catastrophic Coverage</b>	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.			

## Prescription drug payment stages

### Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> Tier includes enhanced drug coverage.

<sup>4</sup> You will pay a maximum of \$25 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.

<sup>5</sup> Limited to a 30-day supply

## Additional benefits

### Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)<sup>1,2</sup> \$20 copay

### Diabetes management

Diabetes monitoring supplies<sup>2</sup> \$0 copay

Diabetes self-management training \$0 copay

Therapeutic shoes or inserts<sup>2</sup> \$0 copay

### Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)<sup>2</sup> 20% coinsurance

Prosthetics (e.g., braces, artificial limbs)<sup>2</sup> 20% coinsurance



### Fitness program

\$0 copay  
Your fitness program helps you stay active and connected at the gym, from home or in your

## Additional benefits

		<p>community. It's available to you at no additional cost and includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Free gym membership</li> <li><input type="checkbox"/> Access to a large national network of gyms and fitness locations</li> <li><input type="checkbox"/> On-demand workout videos and live streaming fitness classes</li> <li><input type="checkbox"/> Online memory fitness activities</li> </ul>
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>1,2</sup>	\$20 copay
	Routine foot care	\$20 copay, 6 visits per year
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
<b>Home health care<sup>1,2</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1,2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$25 copay
 <b>Over-the-counter (OTC) and food credit</b>		<p>\$53 credit every month to pay for OTC products – and healthy food for members who qualify</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>
<b>Renal dialysis<sup>1,2</sup></b>		20% coinsurance

<sup>1</sup> May require a referral from your doctor.

<sup>2</sup> 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.

## 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 [www.medicare.gov](http://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 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 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 \$100-450 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

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, 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 is 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.

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.

### **Food and over-the-counter (OTC) credit**

Food and OTC benefits have expiration timeframes. Call your plan or 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. Contact us for details.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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**.

## 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



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 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 plan documents at [UHC.com/Medicare](https://www.uhc.com/Medicare).



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

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



**You can also use our online Drug Cost Estimator tool** to find covered drugs, view your estimated drug costs and see if there's a generic version available that may save you money. Go to [UHCdrugcosts.com](https://www.uhcdrugcosts.com) or scan the code below.



## Did you check the online Provider Directory to make sure your providers are 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.



## 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?

You can find a complete list of coverage, costs, benefits and plan rules in the Evidence of Coverage online.

## 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

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](https://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, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to  
complete your  
enrollment online



# 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 Advantage plan.



**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

## 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)
- Complete your health assessment

## 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
- Review UnitedHealthcare UCard credit balances

## Thank you for choosing UnitedHealthcare

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

Scan this code to  
download the  
UnitedHealthcare app



# Important information: 2024 Medicare star ratings



## UnitedHealthcare - H0609

For 2024, UnitedHealthcare - H0609 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ★ ☆ 4.5 stars

Health Services Rating: ★ ★ ★ ★ 4 stars

Drug Services Rating: ★ ★ ★ ★ ★ 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).

## Nondiscrimination notice

**Discrimination is against the law.** The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

- **Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

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

- **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 auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

## 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 on your member identification card or listed on the cover 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 su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 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，請撥打您的會員識別卡或手冊封面列出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。

**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，請撥打您的會員識別卡或手冊封面列出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 numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong 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 ou sur la première de couverture de la brochure. 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 bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. 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 Ihrem Mitgliedsausweis oder auf dem Umschlag 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, 가입자 ID 카드 또는 이 소책자 표지에 나와 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 Вашей идентификационной карте участника плана или спереди на буклете. 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، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर 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 sulla tessera identificativa o indicato sulla copertina 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 no seu cartão de identificação de membro ou indicado na parte da frente do folheto. 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 apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. 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 Pana/Pani karcie identyfikacyjnej lub na okładce 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、会員 ID カードまたは本冊子の表紙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。











# 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**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **MyUHC Medicare.com** for:

- Routine vision services: UnitedHealthcare Vision®
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®



### Hearing aids

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



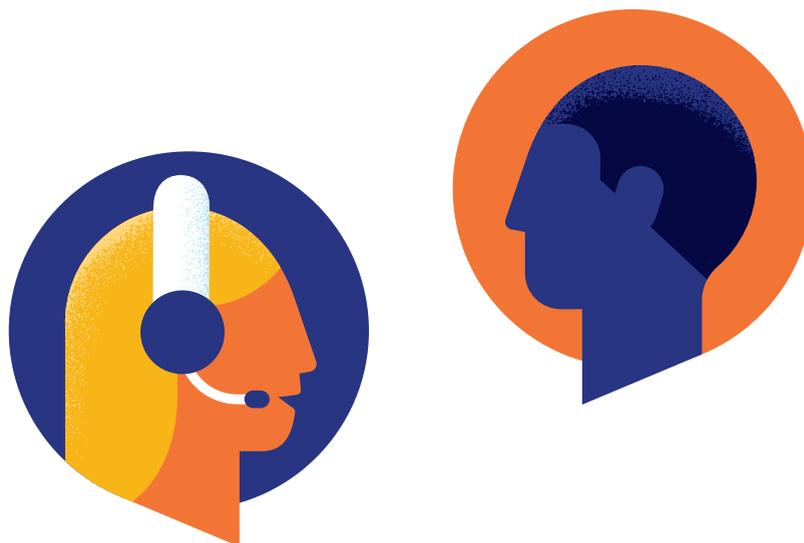
### Prescription drug home delivery

Optum® Home Delivery Pharmacy  
1-877-889-6358  
MyUHC Medicare.com



### Food and over-the-counter (OTC) credit

Solutran  
1-833-845-8798  
MyUHC Medicare.com



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



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

Y0066\_EGCov\_2025\_C

Scan this code  
to download the  
UnitedHealthcare  
app



UHTX25PO0214729\_000