



2026 H0609-043-000

<b>Plan Name</b>	<b>UHC Complete Care AZ-3P (HMO-POS C-SNP)</b>
<b>Plan ID</b>	<b>H0609-043-000</b>
<b>Plan Highlights</b>	For qualifying members this plan offers low-cost specialist visits and insulin, plus \$0 copay on CGMs and access to a monthly OTC / healthy food credit. Focused network with OptumCare.
<b>Premium</b>	\$0
<b>Medical Deductible</b>	\$0 in-network; N/A out-of-network
<b>Maximum Out-of-Pocket</b>	\$2,400
<b>Provider Network</b>	Provider specific plan; Access to a local network of providers. Includes UnitedHealth Passport Benefit for network care away from home
<b>Rewards</b>	Up to \$165* in healthy rewards
<b>Special Eligibility (SNPs)</b>	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder
<b>PCP / Specialist</b>	\$0 / \$20; Referral Required
<b>Inpatient Hospital</b>	\$210 copay: days 1-7 \$0 per day after that for unlimited days
<b>ASC / Outpatient Hospital</b>	\$140 copay / \$210 copay; \$0 for colonoscopies
<b>Ambulance</b>	\$100 copay for ground or air

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

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<b>Plan Name</b>	<b>UHC Complete Care AZ-3P (HMO-POS C-SNP)</b>
<b>ER / Urgent Care</b>	\$150 copay / \$65 copay
<b>Diagnostic Radiology / X-Rays</b>	\$260 copay; \$0 for mammograms / \$5 copay
<b>Lab Services</b>	\$0 copay
<b>Rx Deductible</b>	\$0 Tiers 1 and 2 • \$355 Tiers 3-5
<b>Rx Retail (30-day)</b>	\$0/\$5/21%/42%/29% • Insulin: \$25
<b>Rx Mail (Tiers 1-3, 100-day)</b>	\$0/\$0/21% • Insulin: \$75
<b>Dental</b>	\$1,500 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
<b>Vision</b>	\$0 for a routine eye exam and standard lenses; \$200 every 2 years for eyewear
<b>Hearing Aids</b>	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
<b>Fitness</b>	Free gym membership with premium and core network
<b>OTC</b>	\$71/month OTC; healthy food for qualified members

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<b>Plan Name</b>	<b>UHC Complete Care AZ-3P (HMO-POS C-SNP)</b>
<b>Other Benefits</b>	• Transportation: \$0 INN; 36 one-way trips to or from approved medically related appointments • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

**Key Metrics <sup>1</sup>**

**Current Plan Enrollment:** 2,709

1. Jul 2025 CMS.gov MA Ind State/County Enrollment Within UHC 2026 MA Ind Footprint

**Service Area**

**Arizona**

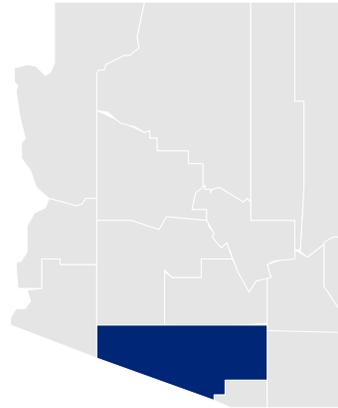
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Footprint Key: ● Non-Dual Footprint ● Non-Dual Expansion ● No Footprint

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