



2026 H0543-241-000

Plan Name	UHC Complete Care Support CA-3AP (HMO C-SNP)
Plan ID	H0543-241-000
Plan Highlights	For qualifying members with LIS and full Medicaid benefits, the premium and medical copays are \$0 with access to a monthly OTC / healthy food credit.
Premium	\$0 - \$12
Medical Deductible	\$0 - \$261 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$0 - \$9,250
Provider Network	Provider specific plan; Access to a local network of providers
Rewards	Up to \$165* in healthy rewards
Special Eligibility (SNPs)	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder
PCP / Specialist	0% - 20% / 0% - 20%; Referral Required
Inpatient Hospital	\$0 - \$1,620 per stay for unlimited days
ASC / Outpatient Hospital	\$0 - 20% / \$0 - 20%; \$0 for colonoscopies
Ambulance	\$0 copay - 20% of the cost for ground or air
ER / Urgent Care	\$0 - \$115 copay / \$0 - \$40 copay

*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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Diagnostic Radiology / X-Rays	\$0 - 20%; \$0 for mammograms / \$0 - 20%
Lab Services	\$0 copay
Rx Deductible	\$615 for all Medicare covered part D drugs; \$0 with LIS
Rx Retail (30-day)	25% for all Medicare covered part D drugs • Insulin: \$35 • costs vary by LIS level
Rx Mail (Tiers 1-3, 100-day)	25% for all Medicare covered part D drugs • Insulin: \$105 • costs vary by LIS level
Dental	Not Covered
Vision	\$0 for a routine eye exam and standard lenses; \$300 per year for eyewear
Hearing Aids	\$1,500 allowance every 2 years through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$83/month OTC; healthy food for qualified members
Other Benefits	• Transportation: \$0 INN; 36 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits • Chiropractic: \$0 INN; 20 visits/year • Acupuncture: \$0 INN; 20 visits/year

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**2026 H0543-241-000****Key Metrics ¹****Current Plan Enrollment:** 962

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

Service Area**California**

Riverside, San Bernardino

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

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