



2026 H0543-249-000

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|-----------------------------------|--|
| Plan Name | UHC Complete Care Support CA-8AP (HMO-POS C-SNP) |
| Plan ID | H0543-249-000 |
| 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 - \$8.90 |
| 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 - \$1,525 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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| Plan Name | UHC Complete Care Support CA-8AP (HMO-POS C-SNP) |
|--------------------------------------|--|
| 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 | Preventive dental services covered for \$0 copay |
| Vision | \$0 for a routine eye exam and standard lenses; \$200 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 | \$37/month OTC; healthy food for qualified members |
| Other Benefits | Not Covered |

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Key Metrics ¹

Current Plan Enrollment: 1,762

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

Service Area

California

Alameda, Contra Costa, Placer, Sacramento, San Francisco, San Joaquin, Solano

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

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