



2026 H0609-047-000

Plan Name	UHC Complete Care CO-1P (HMO-POS C-SNP)
Plan ID	H0609-047-000
Plan Highlights	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.
Premium	\$0
Medical Deductible	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$3,900
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 / \$15; Referral Required
Inpatient Hospital	\$275 copay: days 1-6 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$225 copay / \$275 copay; \$0 for colonoscopies
Ambulance	\$290 copay for ground or air
ER / Urgent Care	\$150 copay / \$65 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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0609-047-000

Plan Name	UHC Complete Care CO-1P (HMO-POS C-SNP)
Diagnostic Radiology / X-Rays	\$250 copay; \$0 for mammograms / \$5 copay
Lab Services	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$520 Tiers 3-5
Rx Retail (30-day)	\$0/\$5/21%/43%/27% • Insulin: \$25
Rx Mail (Tiers 1-3, 100-day)	\$0/\$0/21% • Insulin: \$75
Dental	\$1,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
Vision	\$0 for a routine eye exam and standard lenses; \$200 every 2 years for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$50/month OTC; healthy food for qualified members
Other Benefits	• 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

*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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0609-047-000

Key Metrics ¹

Current Plan Enrollment: 5,269

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

Service Area

Colorado

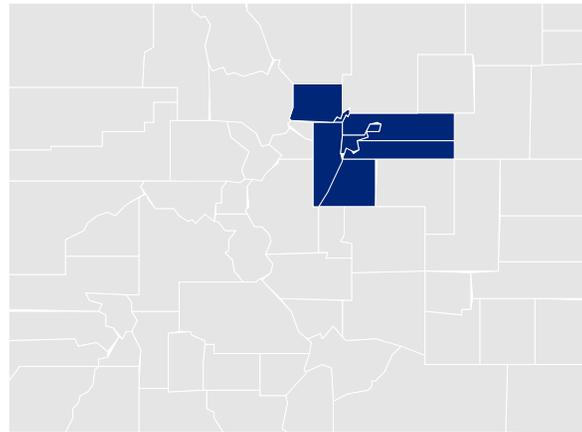
Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson

*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.

 For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



2026 H0609-047-000



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

*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.

i For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.