



2026 H2802-067-000

<b>Plan Name</b>	<b>UHC Complete Care Support IL-7 (HMO-POS C-SNP)</b>
<b>Plan ID</b>	<b>H2802-067-000</b>
<b>Plan Highlights</b>	For qualifying members with LIS, the premium is \$0 with low-cost specialist visits and access to a monthly OTC / healthy food credit.
<b>Premium</b>	\$15.20; Part B Rebate: \$0.60
<b>Medical Deductible</b>	\$0 in-network; N/A out-of-network
<b>Maximum Out-of-Pocket</b>	\$3,500
<b>Provider Network</b>	Includes UnitedHealthcare Medicare National Network for network care nationwide
<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>	\$295 copay; days 1-7 \$0 per day after that for unlimited days
<b>ASC / Outpatient Hospital</b>	\$195 copay / \$295 copay; \$0 for colonoscopies
<b>Ambulance</b>	\$275 copay for ground or air
<b>ER / Urgent Care</b>	\$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.



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Plan Name	UHC Complete Care Support IL-7 (HMO-POS C-SNP)
<b>Diagnostic Radiology / X-Rays</b>	\$240 copay; \$0 for mammograms / \$25 copay
<b>Lab Services</b>	\$0 copay
<b>Rx Deductible</b>	\$615 for all Medicare covered part D drugs; \$0 with LIS
<b>Rx Retail (30-day)</b>	25% for all Medicare covered part D drugs • Insulin: \$35 • costs vary by LIS level
<b>Rx Mail (Tiers 1-3, 100-day)</b>	25% for all Medicare covered part D drugs • Insulin: \$105 • costs vary by LIS level
<b>Dental</b>	\$2,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
<b>Vision</b>	\$0 for a routine eye exam and standard lenses; \$300 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>	\$94/month OTC; healthy food for qualified members
<b>Other Benefits</b>	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

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

**Current Plan Enrollment:** 2,386

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

**Service Area**

**Illinois**

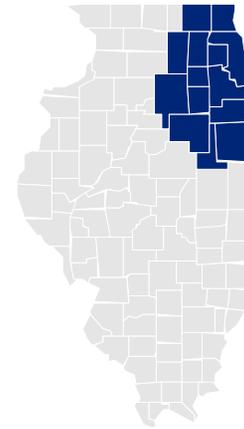
Cook, DeKalb, DuPage, Ford, Grundy, Iroquois, Kane, Kankakee, Kendall, La Salle, Lake, Livingston, McHenry, Will

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

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