



2026 H0294-048-000

<b>Plan Name</b>	<b>UHC Complete Care Support MI-3 (PPO C-SNP)</b>
<b>Plan ID</b>	<b>H0294-048-000</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>	\$8.80; Part B Rebate: \$0.70
<b>Medical Deductible</b>	\$0 combined in and out-of-network
<b>Maximum Out-of-Pocket</b>	\$6,700
<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 / \$45; No Referral Required
<b>Inpatient Hospital</b>	\$455 copay; days 1-6 \$0 per day after that for unlimited days
<b>ASC / Outpatient Hospital</b>	\$455 copay / \$455 copay; \$0 for colonoscopies
<b>Ambulance</b>	\$275 copay for ground or air
<b>ER / Urgent Care</b>	\$130 copay / \$50 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 MI-3 (PPO C-SNP)
Diagnostic Radiology / X-Rays	\$260 copay; \$0 for mammograms / \$25 copay
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; Platinum Dental Rider Available
Vision	\$0 for a routine eye exam and standard lenses; \$300 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	\$44/month OTC; healthy food for qualified members
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

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## Key Metrics <sup>1</sup>

**Current Plan Enrollment:** 2,358

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

## Service Area

### Michigan

Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Crawford, Emmet, Genesee, **Gladwin**, Grand Traverse, Gratiot, Hillsdale, Huron, **Ingham**, Iosco, Kalamazoo, Kalkaska, Kent, Lake, **Lapeer**, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, **Montmorency**, **Muskegon**, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, **Van Buren**, Washtenaw, Wayne, Wexford

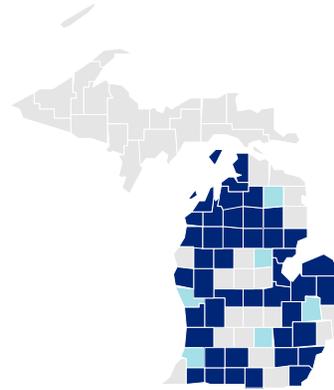
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Footprint Key: ● Non-Dual Footprint ● Non-Dual Expansion ● No Footprint

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