



2026 H2001-060-000

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|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name | UHC Complete Care SC-1 (PPO C-SNP) |
| Plan ID | H2001-060-000 |
| 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 combined in and out-of-network |
| Maximum Out-of-Pocket | \$6,700 |
| Provider Network | Includes UnitedHealthcare Medicare National Network for network care nationwide |
| 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 / \$45; No Referral Required |
| Inpatient Hospital | \$455 copay; days 1-6 \$0 per day after that for unlimited days |
| ASC / Outpatient Hospital | \$310 copay / \$455 copay; \$0 for colonoscopies |
| Ambulance | \$275 copay for ground or air |
| ER / Urgent Care | \$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 SC-1 (PPO C-SNP) |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic Radiology / X-Rays | \$260 copay; \$0 for mammograms / \$25 copay |
| Lab Services | \$0 copay |
| Rx Deductible | \$0 Tiers 1 and 2 • \$440 Tiers 3-5 |
| Rx Retail (30-day) | \$0/\$0/22%/46%/28% • Insulin: \$25 |
| Rx Mail (Tiers 1-3, 100-day) | \$0/\$0/22% • 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; \$150 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 core network |
| OTC | \$45/month OTC; healthy food for qualified members |
| Other Benefits | • Transportation: \$0 INN; 75% OON; 36 one-way trips to or from approved locations including medically related appointments and filed supplemental benefits; combined INN and OON • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year |

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Key Metrics ¹

Current Plan Enrollment: 33,355

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

Service Area

South Carolina

Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg, York

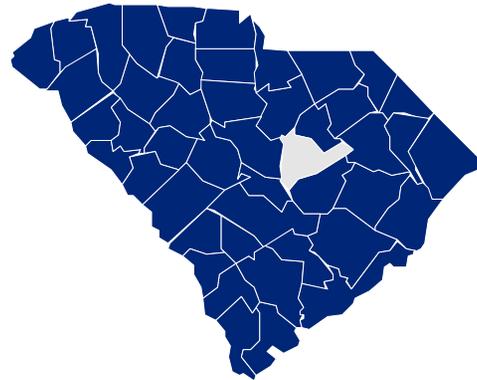
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Footprint Key: ● Non-Dual Footprint ● Non-Dual Expansion ● No Footprint

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