



2026 R6801-008-000

Plan Name	UHC Complete Care Support TX-1A (Regional PPO C-SNP)
Plan ID	R6801-008-000
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
Medical Deductible	\$0 - \$261 combined in and out-of-network
Maximum Out-of-Pocket	\$0 - \$9,250
Provider Network	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%; No Referral Required
Inpatient Hospital	\$0 - \$1,660 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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Diagnostic Radiology / X-Rays	\$0 - 20%; \$0 for mammograms / \$0 - 20%
Lab Services	\$0 copay
Rx Deductible	\$584 All Tiers; \$0 with LIS
Rx Retail (30-day)	\$0/25%/25%/25%/25% • Insulin: \$35
Rx Mail (Tiers 1-3, 100-day)	\$0/25%/25% • Insulin: \$105
Dental	Preventive dental services covered for \$0 copay
Vision	Not Covered
Hearing Aids	Not Covered
Fitness	Not Covered
OTC	\$32/month OTC; healthy food for qualified members
Other Benefits	Not Covered

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Key Metrics ¹

Current Plan Enrollment: 6,972

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

Service Area

Texas

All counties in state

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

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