



# Summary of Benefits 2026

**UHC Complete Care KY-6 (HMO-POS C-SNP)**

H5253-182-000

Look inside to learn more about the plan and the health and drug services it covers.  
Contact us for more information about the plan.



**UHC.com/Medicare**



**Toll-free 1-866-367-7527, TTY 711**

8 a.m.-8 p.m. local time, 7 days a week

**United  
Healthcare®**

Y0066\_SB\_H5253\_182\_000\_2026\_M

# Summary of Benefits

**January 1, 2026 - December 31, 2026**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myUHCMedicare.com](http://myUHCMedicare.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## **UHC Complete Care KY-6 (HMO-POS C-SNP)**

### **Medical premium, deductible and limits**

<b>Monthly plan premium</b>	\$0 You need to continue to pay your Medicare Part B premium
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$6,700  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.  Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

### **Medical benefits**

<b>Inpatient hospital care<sup>2</sup></b>  Our plan covers an unlimited number of days for an inpatient hospital stay.	\$495 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
<b>Outpatient hospital</b>  Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>  \$0 copay for a colonoscopy \$445 copay otherwise
	Outpatient hospital, including surgery <sup>2</sup>  \$0 copay for a colonoscopy \$495 copay otherwise
	Outpatient hospital observation services <sup>2</sup>  \$495 copay

## Medical benefits

<b>Doctor visits</b>	Primary care provider	\$0 copay
	Specialists <sup>1,2</sup>	\$40 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year
	Medicare-covered	\$0 copay <ul style="list-style-type: none"><li><input type="checkbox"/> Abdominal aortic aneurysm screening</li><li><input type="checkbox"/> Alcohol misuse counseling</li><li><input type="checkbox"/> Annual wellness visit</li><li><input type="checkbox"/> Bone mass measurement</li><li><input type="checkbox"/> Breast cancer screening (mammogram)</li><li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li><li><input type="checkbox"/> Cardiovascular screening</li><li><input type="checkbox"/> Cervical and vaginal cancer screening</li><li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li><li><input type="checkbox"/> Depression screening</li><li><input type="checkbox"/> Diabetes screenings and monitoring</li><li><input type="checkbox"/> Hepatitis C screening</li><li><input type="checkbox"/> HIV screening</li><li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li><li><input type="checkbox"/> Medical nutrition therapy services</li><li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li><li><input type="checkbox"/> Obesity screenings and counseling</li><li><input type="checkbox"/> Prostate cancer screenings (PSA)</li><li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li><li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li><li><input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li><li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li></ul>

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

## Medical benefits

<b>Emergency care</b>	\$130 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.										
<b>Urgently needed services</b>	\$50 copay (\$0 copay for urgently needed services outside the United States) per visit										
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	<table border="1"><tr><td>Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup></td><td>\$0 copay for each diagnostic mammogram \$260 copay otherwise</td></tr><tr><td>Lab services<sup>2</sup></td><td>\$0 copay</td></tr><tr><td>Diagnostic tests and procedures<sup>2</sup></td><td>\$50 copay</td></tr><tr><td>Therapeutic radiology<sup>2</sup></td><td>20% coinsurance</td></tr><tr><td>Outpatient X-rays<sup>2</sup></td><td>\$25 copay</td></tr></table>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$260 copay otherwise	Lab services <sup>2</sup>	\$0 copay	Diagnostic tests and procedures <sup>2</sup>	\$50 copay	Therapeutic radiology <sup>2</sup>	20% coinsurance	Outpatient X-rays <sup>2</sup>	\$25 copay
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## Medical benefits

 <b>Routine dental benefits</b>  Covered in and out-of-network	Preventive services	\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride: <sup>*</sup> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist
	Optional Dental Rider	For an extra \$44 per month, you'll get access to dental coverage that includes:  <input type="checkbox"/> \$1,500 per year for covered dental services through the Platinum Dental Rider <sup>*</sup> <input type="checkbox"/> \$0 copay for covered network preventive services such as exams, routine cleanings, X-rays and fluoride <input type="checkbox"/> 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	\$300 allowance every 2 years for 1 pair of frames or contacts <input type="checkbox"/> Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives <input type="checkbox"/> Other covered lenses available with copays from \$40 – \$153 <input type="checkbox"/> Access to one of Medicare Advantage's largest national networks of vision providers and retail providers <input type="checkbox"/> Eyewear available from many online providers, including Warby Parker and GlassesUSA <input type="checkbox"/> You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

## Medical benefits

<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$495 copay per day: days 1-4 \$0 copay per day: days 5-90
	Outpatient group therapy visit <sup>2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Skilled nursing facility (SNF)<sup>2</sup></b> Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-20 \$218 copay per day: days 21-100
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>1,2</sup>	\$40 copay
	Occupational Therapy Visit <sup>1,2</sup>	\$40 copay
<b>Ambulance<sup>2</sup></b> Your provider must obtain prior authorization for non-emergency transportation.		\$275 copay for ground \$275 copay for air
<b>Routine transportation</b>		Not covered

## Medical benefits

<b>Medicare Part B prescription drugs</b> Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs <sup>2</sup>	20% coinsurance
	Part B covered insulin <sup>2</sup>	20% coinsurance, up to \$35
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens 20% coinsurance for all others
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	

## What is coinsurance?

Coinurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

## Prescription drug payment stages

<b>Deductible</b>	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a \$440 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.			
<b>Initial Coverage</b>	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.			
<b>Tier drug coverage</b>	<b>Retail</b> <b>Standard</b> <b>Preferred</b> <b>Standard</b> <b>30-day supply<sup>^</sup></b> <b>100-day supply</b> <b>100-day supply</b> <b>100-day supply</b>			
<b>Tier 1:</b> Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2:</b> Generic <sup>3</sup>	\$10 copay	\$30 copay	\$0 copay	\$30 copay

## Prescription drug payment stages

Tier drug coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply^	100-day supply	100-day supply	100-day supply
<b>Tier 3:</b> Preferred Brand	19% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance
Covered Insulin <sup>4</sup>	19%, up to \$25 copay	19%, up to \$75 copay	19%, up to \$75 copay	19%, up to \$75 copay
<b>Tier 4:</b> Non-Preferred Drug <sup>5</sup>	44% coinsurance	N/A	N/A	N/A
<b>Tier 5:</b> Specialty Tier <sup>5</sup>	28% coinsurance	N/A	N/A	N/A
<b>Catastrophic Coverage</b>	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.			
<b>Additional covered drugs</b>  These drugs are not covered by Medicare Part D and not on the plan's Drug List.	<p>This plan covers these additional drugs as Tier 2 medications.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamin D (50,000)</li> <li><input type="checkbox"/> Sildenafil (generic Viagra)</li> <li><input type="checkbox"/> Cyanocobalamin (Vitamin B-12)</li> <li><input type="checkbox"/> Folic Acid (1 mg)</li> </ul>			

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> Tier includes enhanced drug coverage.

<sup>4</sup> You pay no more than 19% of the total drug cost or a \$25 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

<sup>5</sup> Limited to a 30-day supply

## Additional benefits

<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$15 copay
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## Additional benefits

<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay  We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.
		Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.
		Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
<b>Durable medical equipment (DME) and related supplies</b>	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay
<b>Foot care (podiatry services)</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance
 <b>Fitness program</b>		\$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes: <ul style="list-style-type: none"><li><input type="checkbox"/> Free gym membership at core and premium locations</li><li><input type="checkbox"/> Access to a large national network of gyms and fitness locations</li><li><input type="checkbox"/> On-demand workout videos and live streaming fitness classes</li><li><input type="checkbox"/> Online memory fitness activities</li></ul>
	Foot exams and treatment <sup>2</sup>	\$40 copay
	Routine foot care	\$40 copay, 6 visits per year

## Additional benefits

<b>Meal benefit<sup>2</sup></b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
<b>Home health care<sup>2</sup></b>	\$0 copay
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>Opioid treatment program services<sup>2</sup></b>	\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup> \$15 copay
	Outpatient individual therapy visit <sup>2</sup> \$25 copay
 <b>OTC and food credit</b>	\$40 credit every month for over-the-counter (OTC) products, plus healthy food for qualifying members <ul style="list-style-type: none"><li><input type="checkbox"/> Choose from thousands of OTC products, like first aid supplies, pain relievers and more</li><li><input type="checkbox"/> Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water</li><li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you</li></ul>
<b>Renal dialysis<sup>2</sup></b>	20% coinsurance

<sup>1</sup> Requires a referral from your doctor.

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\* Benefits are combined in and out-of-network

## Optional supplemental benefits

<b>Platinum Dental Rider premium</b>	Additional \$44 per month
	The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage Plan.

## Member discounts

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As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

## About this plan

UHC Complete Care KY-6 (HMO-POS C-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

UHC Complete Care KY-6 (HMO-POS C-SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure, and Diabetes.

Our service area includes these counties in:

**Kentucky:** Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Carlisle, Carroll, Carter, Casey, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Graves, Grayson, Green, Greenup, Hancock, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Knott, Knox, Larue, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Perry, Pike, Powell, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, Woodford.

## Use network providers and pharmacies

UHC Complete Care KY-6 (HMO-POS C-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. With this plan, you have the freedom to enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHC.com/Medicare** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## **Required Information**

UHC Complete Care KY-6 (HMO-POS C-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-849-5430 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete.

Comuníquese con nuestro número de Servicio al Cliente al 1-877-849-5430, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 10 p.m. hora del Centro: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

### **Hearing aids**

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.

OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### **Routine dental benefits**

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### **Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### **Fitness program**

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

### **OTC and food credit**

OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

#### **Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.