

The UHC Complete Care CA-18P (HMO-POS C-SNP) plan is tailored for individuals with diabetes, chronic heart failure, and cardiovascular disorders, offering a \$0 monthly premium and a \$0 annual medical deductible, alongside an out-of-pocket maximum of \$800. Members receive a \$42 monthly credit for over-the-counter products and healthy food, and insulin is available at a cost of \$25 or less for a one-month supply. Dental benefits include a \$2,500 allowance for preventive and comprehensive services, with \$0 copay for preventive care and 50% coinsurance for certain procedures. Primary care visits are free of charge, while specialist visits require a referral and also have a \$0 copay. Virtual visits incur no cost, and preventive services such as annual physicals and vaccinations are covered without copay. Mental health services have a copay of \$15 for group sessions and \$25 for individual sessions.

Prescription drug coverage features a \$0 deductible for Tiers 1-2 and a \$255 deductible for Tiers 3-5, with copays for a 30-day supply at network pharmacies set at \$0 for Tier 1 and Tier 2 drugs, \$35 for Tier 3 preferred brand drugs, and \$100 for non-preferred drugs. Specialty drugs are subject to a 30% cost share. Medical benefits include \$0 copay for inpatient hospital stays, outpatient services, therapy, lab services, and diagnostic tests, while urgent care has a \$20 copay and emergency care costs \$125 per visit. Additional benefits encompass routine eye exams and eyewear coverage, hearing exams and aids, a fitness program with \$0 copay for gym memberships, and transportation services to plan-approved locations. Members can earn rewards for wellness activities, and routine foot care is covered at no cost.

The plan also provides chiropractic and acupuncture services, each with a \$0 copay and a limit of 20 visits per year. During the Initial Coverage period, members benefit from a savings program that begins after any required deductible is met and concludes when total drug costs reach \$5,030 in 2024. While members are not required to use Optum Home Delivery Pharmacy for regular medications, the first prescription order must be approved by the member before filling. New prescriptions typically arrive within ten business days, and refills take about seven days. It is

important to note that \$0 copays may be limited to preferred home delivery prescriptions during the initial coverage phase and may not apply during the coverage or catastrophic stages. Enrollment in the plan is contingent upon contract renewal with Medicare, and the plan is insured through UnitedHealthcare Insurance Company or its affiliates. Members receiving Extra Help from Medicare may have lower or no copays. Hearing aids are covered only from UnitedHealthcare Hearing network providers, with specific copay limits for insulin drugs, capped at \$25 for chronic special needs plans and \$35 for others, except during the catastrophic stage where the copay is \$0. Additional benefits include a fitness membership, routine transportation (not for emergencies), and virtual visits, which may require specific technology. Out-of-network providers are not obligated to treat members except in emergencies, and costs for out-of-network services may vary. The plan also includes disclaimers regarding state-level Medicaid and D-SNP, indicating that cost-sharing may apply based on Medicaid eligibility, and information is available in multiple languages upon request.