

The UHC Complete Care Support IL-1A (PPO C-SNP) plan is tailored for individuals diagnosed with diabetes, chronic heart failure, and/or cardiovascular disorders, offering a monthly premium between \$0 and \$22.80 and an annual medical deductible ranging from \$0 to \$257 for both in-network and out-of-network services. The out-of-pocket maximum is set between \$0 and \$9,350, with a combined maximum of \$14,000 for out-of-network services. Members benefit from a monthly credit of \$217 for over-the-counter products and healthy food, alongside a \$3,500 allowance for covered dental services, which includes cleanings, fillings, crowns, and dentures. Vision benefits feature a \$300 annual allowance for frames or contacts and a \$0 copay for routine eye exams. In-network primary care provider visits incur a copay of \$0 to 20%, while out-of-network visits are subject to a 40% cost, with a similar structure for specialist visits. Preventive services are covered at a \$0 copay, and mental health outpatient services have a copay of \$0 to 20% for both group and individual therapy. Prescription drug coverage includes a \$590 annual deductible and a 25% coinsurance for retail and mail-order pharmacies, with potential waivers for members qualifying for Extra Help, significantly reducing copays for brand and generic drugs.

Additional medical benefits encompass urgent care copays ranging from \$0 to \$30, emergency care copays from \$0 to \$90, and various costs for inpatient and outpatient services. Skilled nursing facility care has a \$0 copay for the first 20 days, followed by a \$209.50 copay for days 21-100, while home health care services are provided at a \$0 copay. The plan covers diabetes monitoring supplies at no cost for covered brands. Members are encouraged to consult the Evidence of Coverage or Summary of Benefits for detailed information on benefits and costs. The policy also includes coverage for vision, hearing, nutrition, fitness, and transportation, with up to \$300 annually for one pair of frames or contact lenses, standard lenses fully covered, and home-delivered eyewear available through UnitedHealthcare Vision. Routine hearing exams have a \$0 copay, and members receive a \$1,500 allowance for hearing aids, covering up to two aids per year. The fitness program offers a \$0 copay for Renew Active®, which includes gym memberships and online fitness classes, while routine transportation is covered with \$0 copay for 36 one-way trips to approved locations.

Routine foot care includes four visits per year at no cost, and the plan provides 28 home-delivered meals post-hospitalization or skilled nursing facility stays at no copay.

The policy specifies that savings apply during the Initial Coverage period after the deductible is met, ending when total drug costs reach \$5,030. Members are not required to use Optum Home Delivery Pharmacy for regular medications, and new prescriptions should arrive within ten business days. There are specific copay limits for insulin drugs, with a maximum of \$25 for C-SNP members and \$35 for other plans, except during the catastrophic stage where the copay is \$0. Benefits may vary by plan and area, and limitations and exclusions apply. The policy emphasizes that out-of-network providers are not obligated to treat members except in emergencies, and routine transportation is not for emergency use. Members with Extra Help from Medicare may have lower or no copays, and eligibility for certain benefits, such as healthy food and utilities, is limited to members with qualifying conditions.