

The UHC Complete Care TX-29 (Regional PPO C-SNP) plan is tailored for individuals with diabetes, chronic heart failure, and cardiovascular disorders, featuring a monthly premium of \$22 and an annual medical deductible of \$0. The out-of-pocket maximum is set at \$7,500 for both in-network and out-of-network services. Key benefits include a \$25 quarterly credit for over-the-counter products, low-cost insulin at \$25 or less for a one-month supply, and routine eye exams with a \$0 copay. In-network primary care visits require a \$5 copay, while specialist visits incur a \$45 copay; virtual visits are free. Preventive services are also covered at no cost. Mental health outpatient services have a group copay of \$15 and an individual copay of \$25, with opioid treatment services available at no copay.

For prescription drugs, Tiers 1-2 have no deductible, while Tiers 3-5 are subject to a \$495 deductible. Copays for a 30-day supply at a network pharmacy are \$4 for Tier 1 (Preferred Generic), \$14 for Tier 2 (Generic), \$47 for Tier 3 (Preferred Brand), and \$100 for Tier 4 (Non-preferred), with specialty drugs covered at 27% of the cost. The plan does not cover routine dental services unless an optional Platinum Dental Rider is added for an additional \$59 monthly premium, which provides \$1,500 per year for covered dental services.

Medical benefits include a \$45 copay for urgent care and a \$110 copay for emergency care. Inpatient hospital care has a \$325 copay per day for the first seven days, with no copay thereafter. Outpatient services, including surgery, have a \$325 copay, while physical and speech therapy costs \$35 per session. Lab services are covered at \$0 copay, and outpatient X-rays have a \$35 copay. Skilled nursing facility care incurs no copay for the first 20 days, followed by a \$203 copay per day for days 21-100. Home health care is provided at \$0 copay for covered services, and diabetes monitoring supplies are also covered at no cost for approved brands.

The policy outlines additional benefits not included under Original Medicare, with details available in the Evidence of Coverage or Summary of Benefits. These include routine hearing exams with a \$0

copay for in-network visits and a \$45 copay for out-of-network visits, as well as hearing aids with copays ranging from \$99 to \$1,249 for up to two aids annually. Members can earn up to \$165 in rewards for wellness activities and have access to the Renew Active® fitness program, which offers a \$0 copay for gym memberships and online fitness classes. Routine foot care is covered with a \$0 copay for up to six visits per year.

The policy includes a savings benefit during the Initial Coverage period, which begins after the deductible is met and ends when total drug costs reach \$5,030 in 2024. Members are not required to use Optum Home Delivery Pharmacy for regular medications, but initial prescriptions must be approved by the member if they choose this option. Delivery times for prescriptions are specified, with \$0 copays potentially limited to preferred home delivery prescriptions during the initial coverage phase.

Enrollment in the plan is contingent upon contract renewal with Medicare, and the plan is insured through UnitedHealthcare Insurance Company. Members receiving Extra Help from Medicare may have lower or no copays. The policy specifies that benefits, features, and devices may vary by plan and area, and limitations and exclusions apply. For chronic special needs plans, specific benefits are available for members with qualifying conditions. It is emphasized that out-of-network providers are not obligated to treat members except in emergencies, and members should refer to the Evidence of Coverage for details on out-of-network costs. Additionally, the policy provides information in multiple languages and encourages members to contact customer service for further assistance.