



2026 Plan Highlights

UHC Medicare Advantage NH-001A (PPO)

H2001-028-000

Service area: New Hampshire - Hillsborough, Merrimack, Rockingham, Strafford counties

United
Healthcare®
Medicare Advantage

\$21.70 premium NH-001A

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— **Karen K, UnitedHealthcare
Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— **Mary M, UnitedHealthcare
Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

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Enjoy access to a broad selection of network providers

This plan includes a network of quality doctors, hospitals, pharmacies and other care providers, designed to help you get the care you need. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.



Here's how this PPO plan works



Select a primary care provider to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network. Look at the Summary of Benefits to find out what is covered and how much you'll pay for covered services.



No referral is needed to see a specialist or other provider.



This plan has a maximum annual out-of-pocket amount.



Emergency and urgently needed services are covered anywhere in the world.



This plan includes prescription drug coverage. Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

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. See your Evidence of Coverage for a list of all covered services.

Scan this
code to view
the drug list



Benefit Highlights

UHC Medicare Advantage NH-001A (PPO)

This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.		
	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Monthly plan premium	\$0 with “Extra Help”	\$21.70 without “Extra Help”
Annual medical deductible (applies to certain medical benefits)	\$0 in and out-of-network	\$257 [†] combined in and out-of-network
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$0 combined in-network and out-of-network	\$9,250 in-network \$13,900 combined in and out-of-network

Plan benefits				
Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Doctor’s office visit				
Primary care provider (PCP)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance

Plan benefits				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)	20% coinsurance (no referral needed)	30% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days	\$1,775 copay per stay for unlimited days	30% coinsurance per stay for unlimited days
Skilled nursing facility (SNF) (Stay must meet Medicare coverage criteria)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$209.50 [†] copay per day: days 21-100	30% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Outpatient mental health				
Group therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Individual therapy	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	

Plan benefits				
	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-network	Out-of-network	In-network	Out-of-network
Durable medical equipment (DME) and related supplies				
DME (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay	\$0 copay for covered brands	30% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
Emergency care	\$0 copay (worldwide)		\$115 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$0 copay (worldwide)		\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

†These are the 2025 Medicare-defined amounts and may change for 2026

Additional plan benefits			
		In-network	Out-of-network
Routine physical		\$0 copay, 1 per year*	30% coinsurance, 1 per year*
 Hearing services	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health*	30% coinsurance for a routine hearing exam to help support hearing health*
	Hearing aids	\$1,500 allowance for 2 hearing aids every 2 years* □ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids □ Access to one of the largest national networks of hearing professionals with more than 6,500 locations □ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period □ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
 Routine dental benefits	Preventive services	\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:* □ No annual deductible □ Access to one of the largest national dental networks □ Freedom to see any dentist	
 Vision services	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health*	30% coinsurance for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	\$150 allowance every year for 1 pair of frames or contacts* □ Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating □ Access to one of Medicare Advantage's largest national networks of vision providers and retail providers □ Eyewear available from many online providers, including Warby Parker and GlassesUSA	

Additional plan benefits		
	In-network	Out-of-network
	☐ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network	
 Fitness program	\$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: ☐ Free gym membership at core locations ☐ Access to a large national network of gyms and fitness locations ☐ On-demand workout videos and live streaming fitness classes ☐ Online memory fitness activities	
Routine transportation	\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Foot care - routine	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
 OTC credit	\$115 credit every quarter for over-the-counter (OTC) products in-store or online ☐ Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you	
Rewards	Earn up to \$155 in rewards when you get started in January ^Ω	
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	

* Benefits are combined in and out-of-network

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. 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 if you qualify for Low-Income Subsidy (LIS)	
Deductible	Your deductible amount is \$0
Initial Coverage	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 you move to the Catastrophic Coverage stage.
Drug coverage	30-day or 100-day supply from retail network pharmacy
Generic (including brand drugs treated as generic)	\$0, \$1.60, or \$5.10 copay (Some covered drugs are limited to a 30-day supply)
All other drugs ¹	\$0, \$4.90, or \$12.65 copay (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	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.

Prescription drug payment stages if you do not qualify for LIS		
Deductible	\$615 for Part D prescription drugs	
Initial Coverage	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 you move to the Catastrophic Coverage stage.	
Drug coverage	Standard Retail (30-day supply)	Mail Order (100-day supply)
All covered drugs ¹	25% coinsurance	25% coinsurance (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	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.	

¹ You pay no more than 25% of the total drug cost or a \$35 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.

Scan this code to view
your Summary of
Benefits



^QMedicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan. This information is not a complete description of benefits. Contact the plan for more information.

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What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at **myUHC Medicare.com**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

Reach for your UCard when

- Visiting a provider or filling a prescription
- Buying OTC products
- Spending your earned rewards
- Checking in at the gym

Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home preventive care visit with Optum® HouseCalls. Visit **UHCHouseCalls.com** to learn more
- Review UCard balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UCard.

Required Information

UHC Medicare Advantage NH-001A (PPO) 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](https://www.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 1-800-711-0646 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 1-800-711-0646, 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 credit

OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage

for more information, including the cost-sharing that applies to out-of-network services.

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

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.

Notes and doodles

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Ready to use your extra benefits?

UHC Medicare Advantage NH-001A (PPO)

Take advantage of your additional plan benefits by using the providers below.



Call **1-800-711-0646**, TTY **711**, 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHC Medicare.com** for:

☐ Fitness program: Renew Active®



Hearing aids

UnitedHealthcare Hearing
1-877-704-3384
UHChearing.com/Medicare



Routine vision services

UnitedHealthcare Vision®
1-800-711-0646
MyUHC Medicare.com



Routine dental benefits

UnitedHealthcare Dental
1-800-711-0646
MyUHC Medicare.com



Prescription drug home delivery

Optum® Home Delivery Pharmacy
1-877-889-6358
MyUHC Medicare.com



Routine transportation

SafeRide
1-866-244-3123
myUHC Medicare.com



OTC credit

Solutran
1-833-845-8798
MyUHC Medicare.com



UnitedHealthcare has more than 45 years of experience serving members. You can count on UnitedHealthcare to be there for you every step of the way.

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UHC.com/Medicare



Call toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Important plan information

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app



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