



2026 Enrollment Guide

UHC Complete Care Support NH-2A (HMO-POS C-SNP)

H5253-166-000

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

United
Healthcare®

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.

Y0066_INTRO_2026_C

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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. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



Here's how this HMO-POS C-SNP plan works



Get care from providers in the network or visit out-of-network providers for covered dental services.



Select a primary care provider to oversee and help manage your care. It's required by the plan, but it's also very beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network.



Some services require a referral from your doctor. Check your Summary of Benefits for details.



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 Complete Care Support NH-2A (HMO-POS C-SNP)

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”	\$5.90 without “Extra Help”
Annual medical deductible (applies to certain medical benefits)	\$0	\$257 [†]
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$0	\$9,250

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
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	20% coinsurance
Specialist	\$0 copay (referral needed)	20% coinsurance (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
Inpatient hospital care	\$0 copay per stay for unlimited days	\$2,080 copay 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: for days 1-20 \$209.50 [†] copay per day: days 21-100
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	\$0 copay	20% coinsurance
Outpatient mental health		
Group therapy	\$0 copay	20% coinsurance
Individual therapy	\$0 copay	20% 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
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	\$0 copay	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	\$0 copay	20% coinsurance
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	20% coinsurance
Ambulance	\$0 copay 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

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

Additional plan benefits	
Routine physical	\$0 copay, 1 per year

Additional plan benefits		
 Hearing services	Routine hearing exam	\$0 copay 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 Covered in and out-of-network.	Preventive and comprehensive services	\$1,000 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures □ 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
	Routine eyewear	\$200 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 □ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

Additional plan benefits	
 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
Foot care - routine	\$0 copay, 4 visits per year
 OTC and food credit	\$85 credit every month for over-the-counter (OTC) products, plus healthy food for qualifying members ☐ Choose from thousands of OTC products, like first aid supplies, pain relievers and more ☐ Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
Rewards	Earn up to \$165 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



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.

^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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Summary of Benefits 2026

UHC Complete Care Support NH-2A (HMO-POS C-SNP)
H5253-166-000

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®**

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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 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 Support NH-2A (HMO-POS C-SNP)

Medical premium, deductible and limits	
Monthly plan premium	\$5.90
Annual medical deductible	Your medical deductible is the Original Medicare Part B deductible amount in-network as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services. The 2025 deductible amount is \$257. The 2026 amount will be set by CMS in the fall of 2025. Our plan will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (does not include prescription drugs)	\$9,250 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.
Medical benefits	
Inpatient hospital care² Our plan covers an unlimited number of days for an inpatient hospital stay.	Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or \$2,080 copay per stay

Medical benefits		
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise
	Outpatient hospital observation services ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
Doctor visits	Primary care provider	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Specialists ^{1,2}	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	Routine physical	\$0 copay, 1 per year
	Medicare-covered	\$0 copay
	☐ Abdominal aortic aneurysm screening ☐ Hepatitis C screening ☐ Alcohol misuse counseling ☐ HIV screening ☐ Annual wellness visit ☐ Lung cancer with low dose computed tomography (LDCT) screening ☐ Bone mass measurement ☐ Medical nutrition therapy services ☐ Breast cancer screening (mammogram) ☐ Medicare Diabetes Prevention Program (MDPP) ☐ Cardiovascular disease (behavioral therapy) ☐ Obesity screenings and counseling ☐ Cardiovascular screening ☐ Prostate cancer screenings (PSA) ☐ Cervical and vaginal cancer screening ☐ Sexually transmitted infections screenings and counseling ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ☐ Tobacco use cessation counseling (counseling for ☐ Depression screening ☐ Diabetes screenings and monitoring	

Medical benefits

people with no sign of tobacco-related disease)

- ☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19

- ☐ “Welcome to Medicare” preventive visit (one-time)

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.

Emergency care

Depending on your level of Medicaid eligibility, \$0 copay or \$115 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.

Urgently needed services

Depending on your level of Medicaid eligibility, \$0 copay or \$40 copay (\$0 copay for urgently needed services outside the United States) per visit

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)²

\$0 copay for each diagnostic mammogram
Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise

Lab services²

\$0 copay

Diagnostic tests and procedures²

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Therapeutic radiology²

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Outpatient X-rays²

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance



Hearing services

Exam to diagnose and treat hearing and balance issues²

Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

Routine hearing exam

\$0 copay for a routine hearing exam to help support hearing health

Hearing aids²

\$1,500 allowance for 2 hearing aids every 2 years

Medical benefits		
		□ 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 Covered in and out-of-network	Preventive and comprehensive services ²	\$1,000 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures □ No annual deductible □ Access to one of the largest national dental networks □ Freedom to see any dentist
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$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	\$200 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 □ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

Medical benefits		
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or \$2,080 copay per stay
	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing facility (SNF)² (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.		Depending upon your level of Medicaid eligibility, you pay \$0 copay per day: days 1-100, or You pay the Original Medicare cost sharing amount for 2026 which will be set by CMS in the fall of 2025. These are 2025 cost sharing amounts and may change for 2026. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$209.50 copay per day: days 21-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ^{1,2}	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Occupational Therapy Visit ^{1,2}	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for ground Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for air
Routine transportation		\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

Medical benefits		
Medicare Part B prescription drugs Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Part B covered insulin ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance, up to \$35
	Other Part B drugs ²	\$0 copay for allergy antigens
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for all others

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, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Drug Coverage	30-day^ or 100-day supply from a 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 ³	\$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.

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

³ 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.

Prescription drug payment stages if you do not qualify for LIS

Deductible	Your plan has a \$615 prescription drug deductible. You pay the full cost for your drugs until you reach the deductible amount. Then you move to the Initial Coverage stage.		
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, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.		
Drug Coverage	Retail	Mail Order	
	30-day supply[^]	100-day supply	100-day supply
All covered drugs³	25% coinsurance	25% coinsurance (Some covered drugs are limited to a 30-day supply)	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.		

[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³ 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.

Additional benefits

Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
Diabetes management	Diabetes monitoring supplies ²	\$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.

Additional benefits

		Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
 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
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year
Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
Home health care²		\$0 copay
Hospice		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.
Opioid treatment program services²		\$0 copay

Additional benefits		
Outpatient substance use disorder services	Outpatient group therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
	Outpatient individual therapy visit ²	Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance
 OTC and food credit		\$85 credit every month for over-the-counter (OTC) products, plus healthy food for qualifying members ☐ Choose from thousands of OTC products, like first aid supplies, pain relievers and more ☐ Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
Renal dialysis ²		Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance

¹ Requires a referral from your doctor.

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

*Benefits are combined in and out-of-network

Member discounts	
	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.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is the 2026 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2025 Medicare deductible amount is \$257. The 2026 amount will be set by CMS in the fall of 2025. Our plan will provide updated rates as soon as they are released. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network

List of applicable services

Outpatient hospital

- ☐ Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient hospital observation services

Doctor visits

- ☐ Primary
- ☐ Specialists

Diagnostic tests, lab and radiology services, and X-rays

- ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram and in-home vascular screening
- ☐ Lab services
- ☐ Diagnostic tests and procedures
- ☐ Therapeutic radiology
- ☐ Outpatient X-rays

Hearing services

- ☐ Exam to diagnose and treat hearing and balance issues

Vision services

-
- ☐ Exam to diagnose and treat diseases and conditions of the eye
 - ☐ Eyewear after cataract surgery
-

Mental health

- ☐ Outpatient group therapy visit
 - ☐ Outpatient individual therapy visit
-

Physical therapy and speech and language therapy visit

Ambulance

Medicare Part B drugs

- ☐ Chemotherapy drugs
 - ☐ Other Part B drugs
-

Chiropractic services

- ☐ Manual manipulation of the spine to correct subluxation
-

Diabetes management

- ☐ Diabetes monitoring supplies
 - ☐ Therapeutic shoes or inserts
-

Durable medical equipment (DME) and related supplies

- ☐ Durable medical equipment (e.g. wheelchairs, oxygen)
 - ☐ Prosthetics (e.g., braces, artificial limbs)
-

Foot care (podiatry services)

- ☐ Foot exams and treatment
-

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services

- ☐ Outpatient group therapy visit
 - ☐ Outpatient individual therapy visit
-

Renal dialysis

About this plan

UHC Complete Care Support NH-2A (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 Support NH-2A (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:

New Hampshire: Hillsborough, Merrimack, Rockingham, Strafford.

Use network providers and pharmacies

UHC Complete Care Support NH-2A (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. 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 Support NH-2A (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](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 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.

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.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

UnitedHealthcare is here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

It's important that you understand this Chronic Special Needs Plan (C-SNP) and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories, Evidence of Coverage and more at UHC.com/Medicare.



Are your drugs covered? Check the Drug List (Formulary) to make sure.

Drugs not covered by the plan may have alternative covered drugs that can be used instead.



Did you use our online Drug Cost Estimator tool?

Find covered drugs, view your estimated drug costs and see if there's a generic version available that may save you money. Visit UHCdrugcosts.com or scan the code below.



Are your providers in the network?

If your providers are not in the network, you will need to select a new network provider. You also have access to a large dental provider network. You can get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



Is your pharmacy in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you review the Summary of Benefits?

These are just some of the benefits covered by the plan. You can find a complete list of coverage, costs, benefits and plan rules in the Evidence of Coverage online.



You're eligible to enroll if:



You're enrolled in Original Medicare Parts A and B



You have diabetes, heart failure and/or a cardiovascular disorder



You live in the plan's service area

Scan this code to access the drug cost estimator tool



How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



Online

Visit **UHC.com/Medicare** or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Navigate to the **Medicare Advantage** section
- 3 Look for the **UHC Complete Care Support NH-2A (HMO-POS C-SNP)** plan and select the **Enroll** button
- 4 Complete the form and submit your enrollment

If you need any help while enrolling online, select the **Chat now** button to connect with one of our Licensed Sales Representatives.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or send us a completed Enrollment Request Form.

Scan this code to
complete your
enrollment online



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

You're enrolled in a Chronic Special Needs Plan (C-SNP)

This plan has benefits designed to help manage diabetes, cardiovascular disease, and/or chronic heart failure.

To stay enrolled in this plan, Medicare requires that we verify your chronic condition within 60 days after your coverage starts. We'll contact your provider to verify your chronic condition. You don't need to do anything for now. If we're not able to verify your chronic condition within 30 days, we'll send you a letter with next steps.

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 and healthy food
 - Use the credit loaded on your UCard as payment in-store or online. Covered food items include generic and name-brand fresh, canned and frozen food, including:
 - Fruits
 - Dairy products
 - Breads, cereals, pasta, etc.
 - Vegetables
 - Meat and seafood
 - Nutritional shakes and bars
 - Frozen meals
 - Beans and legumes
 - Water and vitamin enhanced water
 - Fresh salad kits
 - Flour, sugar, spices, etc.
 - Soups
 - OTC products include pain relievers, cold remedies, vitamins and more
- 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.

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Sales Agents use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Sales Agent (See the back of this page for definitions):**

- ☐ Medicare Advantage (Part C) plans and cost plans
- ☐ Dental, vision, hearing products
- ☐ Standalone Medicare prescription drug (Part D) plans
- ☐ Hospital indemnity products
- ☐ Medicare Supplement (Medigap) products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

Signature of beneficiary/authorized representative

Today's date

MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First and Last)	Relationship to beneficiary
-----------------------	-----------------------------

To be completed by licensed sales representative (please print clearly and legibly)

Sales Agent name (First and Last)	Sales Agent phone	Sales Agent ID
	■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	
Beneficiary name (First and Last)	Beneficiary phone	Date of appointment
	■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	MM - DD - YYYY
Beneficiary address		
Initial method of contact	Plan(s) the Sales Agent will represent during the meeting	
Sales Agent signature		

Medicare Advantage plans (Part C) and cost plans

Medicare Health Maintenance Organization (HMO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO point-of-service (HMO-POS) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copay or coinsurance.

Medicare preferred provider organization (PPO) plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare private fee-for-service (PFFS) plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) plan — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare cost plan — In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare prescription drug (Part D) plan

Medicare prescription drug plan (PDP) — A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare private fee-for-service plans and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

Dental, vision, hearing products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital indemnity products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Chronic Condition Pre-assessment Form

To enroll in a Chronic Special Needs plan, Medicare requires that your chronic condition be verified by your treating physician's office.

Please answer the questions below and complete the information requested on the following page so we may have your treating physician verify your chronic condition.

Clinical pre-qualify questions

This is a pre-assessment. Post-verification by your treating physician will occur after you are enrolled in the plan.

Please answer these questions:

I. Diabetes mellitus (Note: A pre-diabetes diagnosis does not qualify for this plan.)

1. Has a doctor or clinic told you that you have diabetes (too much sugar in the blood or urine or high sugar(s))?
☐ Yes ☐ No
2. Have you been prescribed or are you taking insulin or an oral medication for diabetes treatment?
☐ Yes ☐ No

II. Chronic heart failure

1. Has a doctor or clinic told you that you have chronic or congestive heart failure (fluid or water in the lungs or heart)?
☐ Yes ☐ No
2. Have you previously experienced fluid in your lungs, leg swelling and shortness of breath due to a heart problem?
☐ Yes ☐ No
3. In the past year, have you been advised by a health care professional to weigh yourself daily for heart monitoring?
☐ Yes ☐ No

III. Cardiovascular disorders

1. Have you been diagnosed with an irregular heart rate (like atrial fibrillation), heart disease or coronary artery disease?
☐ Yes ☐ No
2. Have you been told you have peripheral vascular disease, poor circulation or claudication in your legs?
☐ Yes ☐ No
3. Do you have chronic skin ulcers or leg vein problems?
☐ Yes ☐ No
4. Have you been prescribed blood thinners like warfarin or clopidogrel for a heart condition?
☐ Yes ☐ No
5. Do you have a pacemaker or internal defibrillator?
☐ Yes ☐ No
6. Have you had an angioplasty, stents or bypass surgery on your heart or legs?
☐ Yes ☐ No

Completing this pre-assessment does not guarantee enrollment in the plan. All Chronic Special Needs plans require verification from a treating physician to be enrolled in the plan.

Chronic Condition Release of Information Form

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal law concerning the privacy of such information. After you complete this form, please return it with your plan enrollment form. Do **not** take this form to your treating physician.

Treating physician information:

Full name:

Phone number:

Address:

City:	State:	ZIP code:
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Fax number:

Email address:

National Provider Identifier (NPI) number (10–12 digits without dashes):

If you don't have all of this information, you can complete your treating physician's full name and NPI number (exactly as found in the Provider Directory or online).

Have you seen this provider within the last 2 years? ☐ Yes ☐ No



2026 Enrollment Request Form

☐ UHC Complete Care Support NH-2A (HMO-POS C-SNP) H5253-166-000

Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial
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Birth date	Sex ☐ Male ☐ Female
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Home phone number () —	Mobile phone number () —
-------------------------------------	---------------------------------------

You can stay on top of your plan and health with timely, helpful calls.

☐ Check here to consent to receive calls using auto dialer/artificial or prerecorded voice technology. You can change your preference at any time.

Medicare number

Permanent residence street address (**Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address**)

City	County	State	Zip code
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Mailing address (**Only if it's different from above. You can give a P.O. Box.**)

City	State	Zip code
------	-------	----------

Email address

You will receive some plan information, such as your Explanation of Benefits and Annual Notice of Changes, electronically (quicker than mail). We'll email you when new documents are ready to review online.

☐ Check here if you prefer to receive paper copies by mail. You can change your delivery preference at any time.

Enrollee name _____

Agent name/ID number _____

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Do you have other insurance that will cover your prescription drugs?

☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits or state programs.)

If yes, what is it?

Name of other insurance _____

Member number	Group number	RxBin	RxPCN (optional)
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT)*.

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA),

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

☐ I want to pay from my Social Security check

☐ I want to pay from my Railroad Retirement Board (RRB) check

☐ I want to pay directly from a bank account

Account type ☐ Checking ☐ Savings

Account holder name: _____

Bank routing number __/__/__/__/__/__/__/__

Bank account number __/__/__/__/__/__/__/__/__

*Members enrolled in the EFT program agree to these terms: My bank may pay UnitedHealthcare Insurance Company the new charges from my bank Account which may include up to \$200.00 of current retroactive charges plus monthly premium amount. If I choose to stop paying by EFT, I will tell both UHC and my bank. I understand it could take 1-2 months to process the change.

A few questions to help us manage your plan

1. Which language or accessible format do you prefer for future plan information?

Enrollee name _____

Agent name/ID number _____

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☐ English ☐ Spanish

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

If you don't see the language or format you want, please call us toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/Medicare** for online help. **If no selection is made, you will receive plan information in English.**

2. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of health insurance company _____

Member number _____

3. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP full name _____

Provider/PCP number _____

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No

Please read and sign

By completing this form, I agree to the following:

- ☐ I must keep both Hospital (Part A) and Medical (Part B) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UnitedHealthcare will pay for benefits or services that are not covered.
- ☐ I understand that I can be enrolled in only one Medicare Advantage (MA) plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-for-Service (PFFS), MA Medicare Medical Savings Account (MSA) plans).

Enrollee name _____

Agent name/ID number _____

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- ☐ **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare UCard®, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

Signature of applicant/member/authorized representative

Today's date

If you are the authorized representative, please sign above and complete the information below (*Not a Sales Agent)

Last name		First name	
Address			
City		State	Zip code
Phone number () —		Relationship to applicant	

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name	Relationship to enrollee
------	--------------------------

Enrollee name _____

Agent name/ID number _____

Y0066_EFMA_2026_C

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Signature	National Producer Number (Agents/Brokers only)
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For Licensed Sales Representative/agency use only

Licensed Sales representative/Writing ID	Initial receipt date
Licensed Sales representative/agent name	Proposed effective date

Employer group name

Employer group ID	Branch ID
-------------------	-----------

Agent must complete

- | | | | |
|---|--|---|--|
| ☐ IEP (MA-PD enrollees) | ☐ ICEP (MA enrollees) | ☐ IEP (MA-PD enrollees eligible for 2nd IEP) | ☐ OEP (Jan 1 – Mar 31) |
| ☐ OEP (Newly eligible) | ☐ SEP (Dual LIS change of status) | ☐ SEP (Change in residence) | ☐ SEP (Loss of EGHP coverage) |
| ☐ SEP (Chronic) | ☐ SEP (Dual LIS maintaining) | ☐ AEP (October 15-December 7) | ☐ OEPI |
| ☐ SEP (SEP reason) _____ | | | |

Licensed Sales representative signature (optional)
Date
Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770
Fax: 1-888-950-1170

Enrollee name _____

Agent name/ID number _____

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Fax the front and back of each page

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UHC Complete Care Support NH-2A (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.

OMB No. 0938-1378

Expires: 12/31/2026

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Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the Formulary to make sure your drugs are covered.

Understanding important rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). Check the EOC to see which out-of-network services are covered on this plan. However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay higher cost sharing for services received by non-contracted providers.
- ✓ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ✓ This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

2026 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare UCard®. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application date	Application date
Proposed effective date	Proposed effective date
Plan name	Plan name
Plan type	Plan type
Health plan/PBP number	Health plan/PBP number
Enrollment tracking number (if applicable)	Enrollment tracking number (if applicable)

Call your Licensed Sales Representative if you have any questions:

Representative name and ID number

Representative phone number

RxBIN: 610097

RxPCN: 9999

RxGRP: COS

We're here to help. If you have additional questions, please call Customer Service toll-free at **1-866-367-7527**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

Important reminder - You don't need a Medigap or Medicare Supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



Important information: 2025 Medicare star ratings



UnitedHealthcare - H5253

For 2025, UnitedHealthcare - H5253 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★	4 stars
Health Services Rating:	★★★★	4 stars
Drug Services Rating:	★★★★½	4.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan’s service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★★★★★	EXCELLENT
★★★★	ABOVE AVERAGE
★★★	AVERAGE
★★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **800-711-0646** (toll-free) or **711** (TTY).

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

लक्ष्म द्या: जर तुम्ही मराठी (Marathi) बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉर्मॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

PAŽNJA: Ako govorite **srpski (Serbian)**, besplatne usluge jezičke asistencije i besplatni načini komunikacije u drugim formatima, kao što je veliki format štampe, su vam dostupni. Pozovite besplatni broj koji se nalazi na vašoj članskoj identifikacionoj kartici.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ZINGATIA: Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha za bila malipo na mawasiliano ya bila malipo katika miundo mingine, kama vile maandishi makubwa, zinapatikana kwako. Piga nambari isiyolipishwa ya simu kwenye kadi yako ya kitambulisho cha mwanachama.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

గమనించండి: మీరు **తెలుగు (Telugu)** మాట్లాడేవారైతే, మీకు ఉచిత భాషా సహాయ సేవలు మరియు పెద్ద ముద్రణ వంటి ఇతర ఫార్మాట్‌లలో కమ్యూనికేషన్‌లు ఉచితంగా లభిస్తాయి. వాటి కొరకు మీ మెంబరు ఐడింటిఫికేషన్ కార్డులోని టోల్-ఫ్రీ నెంబరుకి కాల్ చేయండి.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Notes and doodles

Notes and doodles

Notes and doodles

Notes and doodles

Ready to use your extra benefits?

UHC Complete Care Support NH-2A (HMO-POS C-SNP)

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 **myUHCMedicare.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
MyUHCMedicare.com



Routine dental benefits

UnitedHealthcare Dental
1-800-711-0646
MyUHCMedicare.com



Prescription drug home delivery

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



Routine transportation

SafeRide
1-866-244-3123
myUHCMedicare.com



OTC and food credit

Solutran
1-833-845-8798
MyUHCMedicare.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.

Click. Call. Connect.



Download the UnitedHealthcare app



UHC.com/Medicare



Call toll-free **1-866-367-7527**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Important plan information

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Scan this code
to download the
UnitedHealthcare
app



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