Annual Notice of Change 2027

UHC Complete Care Support MI-3 (PPO C-SNP)

Download the **UnitedHealthcare app**

Visit **myUHCMedicare.com**

Call toll-free **1-877-370-4876,** TTY **711**
7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept



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Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this UnitedHealthcare plan still fits your needs.

Here are some plan changes. Your plan may have more. Please review **Section 1** for full details.





Your plan will still have an over-the-counter (OTC) credit to help with your everyday needs, but the amount will change next year. Use your credits and earned rewards to buy thousands of covered OTC products plus healthy food for members who qualify. You won't have a prescription drug deductible on Tier 1 and 2 prescription drugs. To see your deductible amount for drugs on Tier 3-5, review the Summary of Important Costs for 2027 section. The 2027 Part D prescription drug out-of-pocket maximum set by Medicare will be $2,400. After you reach that amount, you'll pay $0 for Medicare-covered prescription drugs.

New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your member ID card – Use this at the doctor's office and pharmacy
- Your UnitedHealthcare UCard® – Use this for plan benefits like OTC credits and earned rewards

Having separate cards help protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

Review **Section 2** to learn more about how each card works.

Guidelines for using your OTC credits

To keep using OTC credits for healthy food, we're required to confirm you have a qualifying chronic health condition and complex health needs. The good news is we're already reviewing your eligibility. We'll send you an update soon.

How to prepare for next year

- ✔ Remember to take advantage of your current plan benefits before the end of this year.
- ✔ Review your 2027 Annual Notice of Change.

- ✔ Visit the **Prepare for Next Year** page on your member site or UnitedHealthcare® app. You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.
- ✔ Watch for more information from us about your benefits and coverage for next year.

Your enrollment will renew automatically

If this plan still meets your needs, you don't need to do anything. Your enrollment will renew automatically. You'll continue to have access to the UnitedHealthcare plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We'll be happy to help you explore other options that may better meet your health care needs and budget.

Thank you for trusting us with your Medicare experience

If you have questions, call Customer Service at the toll-free number on your member ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.



Scan the QR code or visit **uhc.care/next-year1** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at **myUHCMedicare.com** after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Evidence of Coverage (EOC)

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit myUHCMedicare.com to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

UHC Complete Care Support MI-3 (PPO C-SNP) offered by UnitedHealthcare

Annual Notice of Change for 2027

You're enrolled as a member of UHC Complete Care Support MI-3 (PPO C-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in UHC Complete Care Support MI-3 (PPO C-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 handbook.
- You don't need to take any action to stay enrolled in this plan for next year - your enrollment will continue automatically.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at myUHCMedicare.com or call Customer Service at 1-877-370-4876 (TTY users call 711) to get a copy by mail.

More Resources

- 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 materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your UnitedHealthcare UCard® or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su UCard® de UnitedHealthcare o en la portada de la guía de su plan.

About UHC Complete Care Support MI-3 (PPO C-SNP)

- Plans are 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.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Complete Care Support MI-3 (PPO C-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in UHC Complete Care Support MI-3 (PPO C-SNP)**. Starting January 1, 2027, you'll get your medical and drug coverage through UHC Complete Care Support MI-3 (PPO C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: July 31, 2029)

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Summary of important costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher than this amount. (Go to Section 1.1 for details.)	$8.80	$0
Maximum out-of-pocket amounts This is the **most** you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $6,700 From in-network and out-of-network providers combined: $10,100	From network providers: $7,150 From in-network and out-of-network providers combined: $10,750
Primary care office visits	You pay a $0 copayment per visit (in-network). You pay a $0 copayment per visit (out-of-network).	You pay a $0 copayment per visit (in-network). You pay a $0 copayment per visit (out-of-network).
Specialist office visits	You pay a $45 copayment per visit (in-network). You pay a $45 copayment per visit (out-of-network).	You pay a $55 copayment per visit (in-network). You pay a $55 copayment per visit (out-of-network).
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay a $455 copayment each day for days 1 to 6 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $455 copayment each day for days 1 to 6 (out-of-network).	You pay a $455 copayment each day for days 1 to 6 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $455 copayment each day for days 1 to 6 (out-of-network).

	2026 (this year)	2027 (next year)
	$0 copayment for additional Medicare covered days (out-of-network).	$0 copayment for additional Medicare covered days (out-of-network).
Part D drug coverage deductible (Go to Section 1.7 for details.)	$615, except for covered insulin products and most adult Part D vaccines.	$0 Tier 1 and Tier 2 $700 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	You pay 25% of the total cost.[1]	Copays/Coinsurance for a one-month (30 -day) supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $0 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $3 copayment • Drug Tier 3: Standard retail cost-sharing (in-network) 25% of the total cost You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1] • Drug Tier 4: Standard retail cost-sharing (in-

	2026 (this year)	2027 (next year)
		network) 25% of the total cost • Drug Tier 5: Standard retail cost-sharing (in-network) 25% of the total cost Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.
	Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.	

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 25% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	**$8.80**	**$0**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B unless it is paid for you by Medicaid.	**Up to $0.70** If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	**$0**
Platinum Dental Rider **Additional premium for optional supplemental benefits** If you've enrolled in an optional supplemental benefit package and it's still available next year, your coverage will continue automatically. You'll pay this premium in addition to the monthly plan premium above, unless you choose to disenroll. (You must also continue to pay your Medicare Part B premium.)	You pay $44 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for all covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay $54 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for all covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$6,700 Once you've paid $6,700 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	$7,150 Once you've paid $7,150 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$10,100 Once you've paid $10,100 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$10,750 Once you've paid $10,750 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 Provider Directory (myUHCMedicare.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at myUHCMedicare.com.
- Call Customer Service at 1-877-370-4876 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-877-370-4876 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your Evidence of Coverage.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 Pharmacy Directory (myUHCMedicare.com) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at myUHCMedicare.com.
- Call Customer Service at 1-877-370-4876 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-877-370-4876 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	You pay a $0 copayment for services provided by a primary care physician (in-network). You pay a $45 copayment for services provided by a specialist (in-network).	You pay a $0 copayment for services provided by a primary care physician (in-network). You pay a $55 copayment for services provided by a specialist (in-network).

	2026 (this year)	2027 (next year)
	Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Acupuncture for chronic low back pain (Medicare-covered)	You pay a $0 copayment for services provided by a primary care physician (out-of-network). You pay a $45 copayment for services provided by a specialist (out-of-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	You pay a $0 copayment for services provided by a primary care physician (out-of-network). You pay a $55 copayment for services provided by a specialist (out-of-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Additional routine foot care	You pay a $45 copayment (in-network). You pay a $45 copayment (out-of-network). We cover 6 in and out-of-network visits every year.	You pay a $50 copayment (in-network). You pay a $50 copayment (out-of-network). We cover 6 in and out-of-network visits every year.
Ambulance services	You pay a $275 copayment for each one-way Medicare-covered ground trip.	You pay a $400 copayment for each one-way Medicare-covered ground trip.

	2026 (this year)	2027 (next year)
	You pay a $275 copayment for each one-way Medicare-covered air trip.	You pay a $400 copayment for each one-way Medicare-covered air trip.
Platinum Dental Rider	You pay $44 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay $54 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the Plan.

	2026 (this year)	2027 (next year)
		If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a $0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. In-network You pay a $0 copayment. There are no fees for standard membership services when you use network providers. Out-of-network You pay 90% of the total cost if you use an out-of-network fitness provider. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Evidence of Coverage for more information.
Hearing services Routine hearing exam	Get 1 hearing exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $45 copayment if you get a hearing exam from an out-of-network provider. Benefit is combined in and out-of-network.	Get 1 hearing exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $55 copayment if you get a hearing exam from an out-of-network provider. Benefit is combined in and out-of-network.

	2026 (this year)	2027 (next year)
Hearing services Medicare-covered hearing and balance exams	You pay a $45 copayment (out-of-network).	You pay a $55 copayment (out-of-network).
Hearing services Hearing aids	You pay a $199 - $829 copayment for each OTC hearing aid. You pay a $199 - $1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a $700 allowance for up to 2 prescription hearing aids every year. In-network You pay a $0 copayment. Out-of-network You are responsible for 90% of the allowance amount if you purchase hearing aids from an out-of-network provider. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered. Benefit is combined in and out-of-network.
Meal benefit	Covered	Not covered
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $40 copayment (in-network).	You pay a $60 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $40 copayment (out-of-network).	You pay a $60 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological	You pay a $0 copayment for each diagnostic mammogram.	You pay a $0 copayment for each diagnostic mammogram.

	2026 (this year)	2027 (next year)
diagnostic service, not including X-rays	You pay a $260 copayment otherwise (in-network).	You pay a $285 copayment otherwise (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a $0 copayment for each diagnostic mammogram. You pay a $260 copayment otherwise (out-of-network).	You pay a $0 copayment for each diagnostic mammogram. You pay a $285 copayment otherwise (out-of-network).
Outpatient rehabilitation services - occupational therapy	You pay a $45 copayment (in-network).	You pay a $50 copayment (in-network).
Outpatient rehabilitation services - occupational therapy	You pay a $45 copayment (out-of-network).	You pay a $50 copayment (out-of-network).
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a $45 copayment (in-network).	You pay a $50 copayment (in-network).
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a $45 copayment (out-of-network).	You pay a $50 copayment (out-of-network).
OTC and home and bath safety devices credit **Healthy food - Special Supplemental Benefits for the Chronically Ill**	$44 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. If you qualify, you can also use your credits to pay for healthy food. The healthy food option is provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI).	$41 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. If you qualify, you can also use your credits to pay for healthy food. The healthy food option is provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI).

	2026 (this year)	2027 (next year)
	It is only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. You pay a $0 copayment. Your credit amount expires at the end of each month.	It is only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. We'll send you a letter with information about your eligibility for SSBCI benefits. In-network You pay a $0 copayment. Out-of-network You pay 90% of the total cost if you use an out-of-network store. The credit applies to remaining balance, up to the monthly limit. Benefit is combined in and out-of-network. Your credit amount expires at the end of each month. You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. Visit member.uhc.com/uhc/be

	2026 (this year)	2027 (next year)
		nefits/ssbci or view your Evidence of Coverage after Oct.1, 2026, for more information.
Physician/practitioner services, including doctor's office visits - Medicare-covered hearing and balance exams	You pay a $45 copayment (out-of-network).	You pay a $55 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - specialists	You pay a $45 copayment (in-network).	You pay a $55 copayment (in-network).
Physician/practitioner services, including doctor's office visits - specialists	You pay a $45 copayment (out-of-network).	You pay a $55 copayment (out-of-network).
Podiatry services (Medicare-covered)	You pay a $45 copayment (in-network).	You pay a $50 copayment (in-network).
Podiatry services (Medicare-covered)	You pay a $45 copayment (out-of-network).	You pay a $50 copayment (out-of-network).
Pulmonary rehabilitation	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
Pulmonary rehabilitation	You pay a $15 copayment (out-of-network).	You pay a $0 copayment (out-of-network).
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $218 copayment each day for days 21 to 100 (in-network).	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $221 copayment each day for days 21 to 100 (in-network).

	2026 (this year)	2027 (next year)
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20 (out-of-network). You pay a $218 copayment each day for days 21 to 100 (out-of-network).	You pay a $0 copayment each day for days 1 to 20 (out-of-network). You pay a $221 copayment each day for days 21 to 100 (out-of-network).
Supervised exercise therapy (SET)	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
Supervised exercise therapy (SET)	You pay a $15 copayment (out-of-network).	You pay a $0 copayment (out-of-network).
Urgently needed services **– worldwide**	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Vision care Additional routine eyewear	Covered	Not covered

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List
Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-877-370-4876 (TTY users call 711) or visiting our website (**myUHCMedicare.com**). This material will be available online after **October 15, 2026.**

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing

tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-877-370-4876 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?
If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don't get this material, call Customer Service at 1-877-370-4876 (TTY users call 711) and ask for the LIS Rider to be sent to you.

Drug Payment Stages
There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible
The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$615	$700 During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail 30-day supply), $3 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage
Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. 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.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your **Evidence of Coverage**.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 - Preferred Generic	You pay 25% of the total cost.[1]	You pay $0 per prescription.
Tier 2 - Generic		You pay $3 per prescription.

	2026 (this year)	2027 (next year)
Tier 3 - Preferred Brand		You pay 25% of the total cost. You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1]
Tier 4 - Non-Preferred Drug		You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.
Tier 5 - Specialty Tier		You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 25% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Section 2 Administrative Changes

	2026 (this year)	2027 (next year)
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits and earned rewards on eligible items.	You'll get 2 cards in separate mailings - a member ID card and a UCard. Use your new member ID card when visiting a provider or filling a prescription. Use your UCard as payment in-store or online

	2026 (this year)	2027 (next year)
		to spend your OTC credits and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the UnitedHealthcare app or your member site.

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our UHC Complete Care Support MI-3 (PPO C-SNP).
If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from UHC Complete Care Support MI-3 (PPO C-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from UHC Complete Care Support MI-3 (PPO C-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (myUHCMedicare.com). Call Customer Service at 1-877-370-4876 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the **Medicare & You 2027 handbook,** call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  — 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

  — Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.

  — Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS

have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage.** Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-877-370-4876 (TTY users call 711) or visit Medicare.gov.

Section 5 Questions?

Get Help from UHC Complete Care Support MI-3 (PPO C-SNP)

- **Call Customer Service at 1-877-370-4876. (TTY users call 711).**

  We're available for phone calls 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Evidence of Coverage** for UHC Complete Care Support MI-3 (PPO C-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the **Evidence of Coverage** on our website at myUHCMedicare.com or call Customer Service at 1-877-370-4876 (TTY users call 711) to ask us to mail you a copy.

- **Visit myUHCMedicare.com**

Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list). The Provider Directory and Formulary will be available after **October 15, 2026**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called MI Options.

Call MI Options to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call MI Options at 1-800-803-7174.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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.

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

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.

দেখুন: আপনি যদি **বাংলায়** (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

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 Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

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.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

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.

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.

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською** (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

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.

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

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UHC Complete Care Support MI-3 (PPO C-SNP)

Customer Service:

Download the **UnitedHealthcare app**

Visit **myUHCMedicare.com**

Call **1-877-370-4876**
Calls to this number are free. 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY **711**
Calls to this number are free.
7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept.

Write: **P.O. Box 30770**
Salt Lake City, UT 84130-0770

Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.

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