2027 UHC Medicare Advantage

Committed to the Future

Team Michigan

Joanne Fischer
Sr. Growth Director
MI & WI
joanne_fischer@uhc.com

Natalya Velikanova
Market Growth Manager
248 – 345 - 6931
Natalya_velikanova@uhc.com

Tony Griffin
Market Growth Manager
616 – 888 -1675
Anthony_griffin@uhc.com

John Murray
Market Growth Manager
248 – 787 - 1430
John_murray@uhc.com

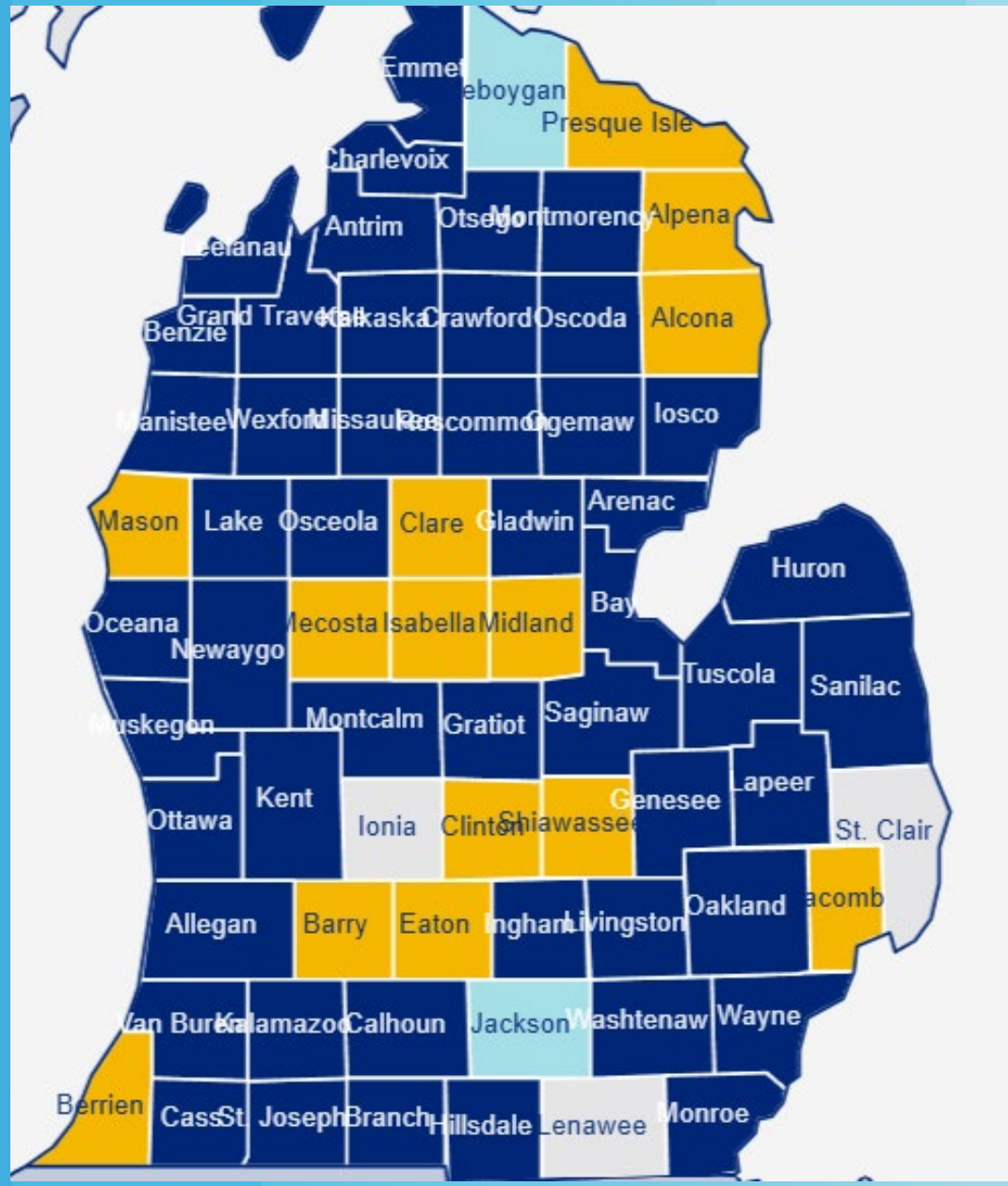
Committed to the Future

Product Overviews

- Join us **In-Person**
  - Sept 9th Southfield – The Mint
  - Sept 17th Grand Rapids – Calvin University

- Join us **Virtually**
  - Sept 18th

MA Footprint



86%+ with access to

- Monthly premium
- Virtual visits
- Annual physical
- Primary care visit
- Labs
- Mammogram
- Colonoscopy
- T1 Rx copays at any network pharmacy
- T2 Rx copays using Optum® Home Delivery*
- Routine hearing exam
- Routine dental exam
- Routine eye exam

Based on UHC's 2027 non-SNP MAPD footprint.
Benefits vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Selected States: Michigan

● Non-SNP

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-4 (HMO-POS) New	AARP® Medicare Advantage from UHC MI-0002 (PPO)
Plan ID	H0294-017-000	H2736-001-000	H0294-018-000
Monthly Premium	$0	$0	$70
Medical Deductible	$1,250 combined in and out-of-network	$0 in-network	$0 combined in and out-of-network
Maximum Out-of-Pocket	$7,150	$5,900	$5,900
Provider Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network
Rewards	Coming Soon	Coming Soon	Coming Soon
PCP / Specialist	$0 / $60; No Referral Required	$0 / $35; Referral Required	$0 / $60; No Referral Required
Inpatient Hospital	$435 copay: days 1-6 $0 per day after that for unlimited days	$455 copay: days 1-6 $0 per day after that for unlimited days	$425 copay: days 1-6 $0 per day after that for unlimited days
ASC / Outpatient Hospital	$435 copay / $435 copay; $0 for colonoscopies	$455 copay / $455 copay; $0 for colonoscopies	$425 copay / $425 copay; $0 for colonoscopies
Ambulance	$300 copay for ground or air	$380 copay for ground or air	$150 copay for ground or air
ER / Urgent Care	$130 copay / $50 copay	$130 copay / $50 copay	$130 copay / $50 copay
Diagnostic Radiology / X-Rays	$320 copay; $0 for mammograms / $30 copay	$320 copay; $0 for mammograms / $30 copay	$320 copay; $0 for mammograms / $5 copay
Lab Services	$0 copay	$0 copay	$0 copay
Rx Deductible	$0 Tiers 1 and 2 • $685 Tiers 3-5	$0 Tiers 1 and 2 • $685 Tiers 3-5	$0 Tiers 1 and 2 • $685 Tiers 3-5
Rx Retail (Tiers 1-5, 30-days)	$0/$5/22%/27%/26% • Insulin: $35	$0/$5/22%/27%/26% • Insulin: $35	$0/$4/23%/27%/26% • Insulin: $35

Plan Name	AARP® Medicare Advantage from UHC MI-0001 (PPO)	AARP® Medicare Advantage from UHC MI-4 (HMO-POS) New	AARP® Medicare Advantage from UHC MI-0002 (PPO)
Rx Mail (Tiers 1-3, 100-days)	$0/$0/22% • Insulin: $105	$0/$0/22% • Insulin: $105	$0/$0/23% • Insulin: $105
Dental	Preventive dental services covered for $0 copay; Platinum Dental Rider Available	$1,500 toward covered services; $0 copay for preventive services; 50% for comprehensive services	$1,000 toward covered services; $0 copay for preventive services; 50% for comprehensive services
Vision	$0 for a routine eye exam; $200 every 2 years for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $200 every 2 years for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $200 every 2 years for one pair of eyeglasses or for contact lenses
Hearing Aids	$700 allowance for 2 hearing aids every year through UHC Hearing	$700 allowance for 2 hearing aids every year through UHC Hearing	$700 allowance for 2 hearing aids every year through UHC Hearing
Fitness	Free gym membership with the core and premium network	Free gym membership with the core and premium network	Not Covered
OTC	Not Covered	$25/quarter OTC credit	$25/quarter OTC credit
Other Benefits	Not Covered	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	Not Covered
Service Area	**Michigan** Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, **Cheboygan**, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, **Jackson**, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	**Michigan** **Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Crawford, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford**	**Michigan** Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, **Cheboygan**, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, **Jackson**, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

Selected States: Michigan

● Non-SNP

Plan Name	AARP® Medicare Advantage Patriot No Rx MI-MA2 (HMO-POS) New	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Plan ID	H2736-004-000	H0294-022-000
Monthly Premium	$0; Part B Rebate: $150	$0; Part B Rebate: $130
Medical Deductible	$0 in-network	$0 combined in and out-of-network
Maximum Out-of-Pocket	$6,700	$6,700
Provider Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network
Rewards	Coming Soon	Coming Soon
PCP / Specialist	$0 / $55; Referral Required	$0 / $40; No Referral Required
Inpatient Hospital	$455 copay: days 1-6 $0 per day after that for unlimited days	$350 copay: days 1-6 $0 per day after that for unlimited days
ASC / Outpatient Hospital	$455 copay / $455 copay; $0 for colonoscopies	$350 copay / $350 copay; $0 for colonoscopies
Ambulance	$350 copay for ground or air	$350 copay for ground or air
ER / Urgent Care	$130 copay / $50 copay	$130 copay / $50 copay
Diagnostic Radiology / X-Rays	$320 copay; $0 for mammograms / $30 copay	$320 copay; $0 for mammograms / $30 copay
Lab Services	$0 copay	$0 copay
Rx Deductible	N/A	N/A
Rx Retail (Tiers 1-5, 30-days)	N/A	N/A
Rx Mail (Tiers 1-3, 100-days)	N/A	N/A

Plan Name	AARP® Medicare Advantage Patriot No Rx MI-MA2 (HMO-POS) New	AARP® Medicare Advantage Patriot No Rx MI-MA01 (PPO)
Dental	$4,000 toward covered services; $0 copay for preventive services; 50% for comprehensive services	$4,000 toward covered services; $0 copay for preventive services; 50% for comprehensive services
Vision	$0 for a routine eye exam; $300 every 2 years for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $300 every 2 years for one pair of eyeglasses or for contact lenses
Hearing Aids	$1,000 allowance for 2 hearing aids every year through UHC Hearing	$700 allowance for 2 hearing aids every year through UHC Hearing
Fitness	Free gym membership with the core and premium network	Free gym membership with the core and premium network
OTC	$60/quarter OTC credit	$60/quarter OTC credit
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	Not Covered
Service Area	**Michigan** **Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Crawford, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford**	**Michigan** Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, **Cheboygan**, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, **Jackson**, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

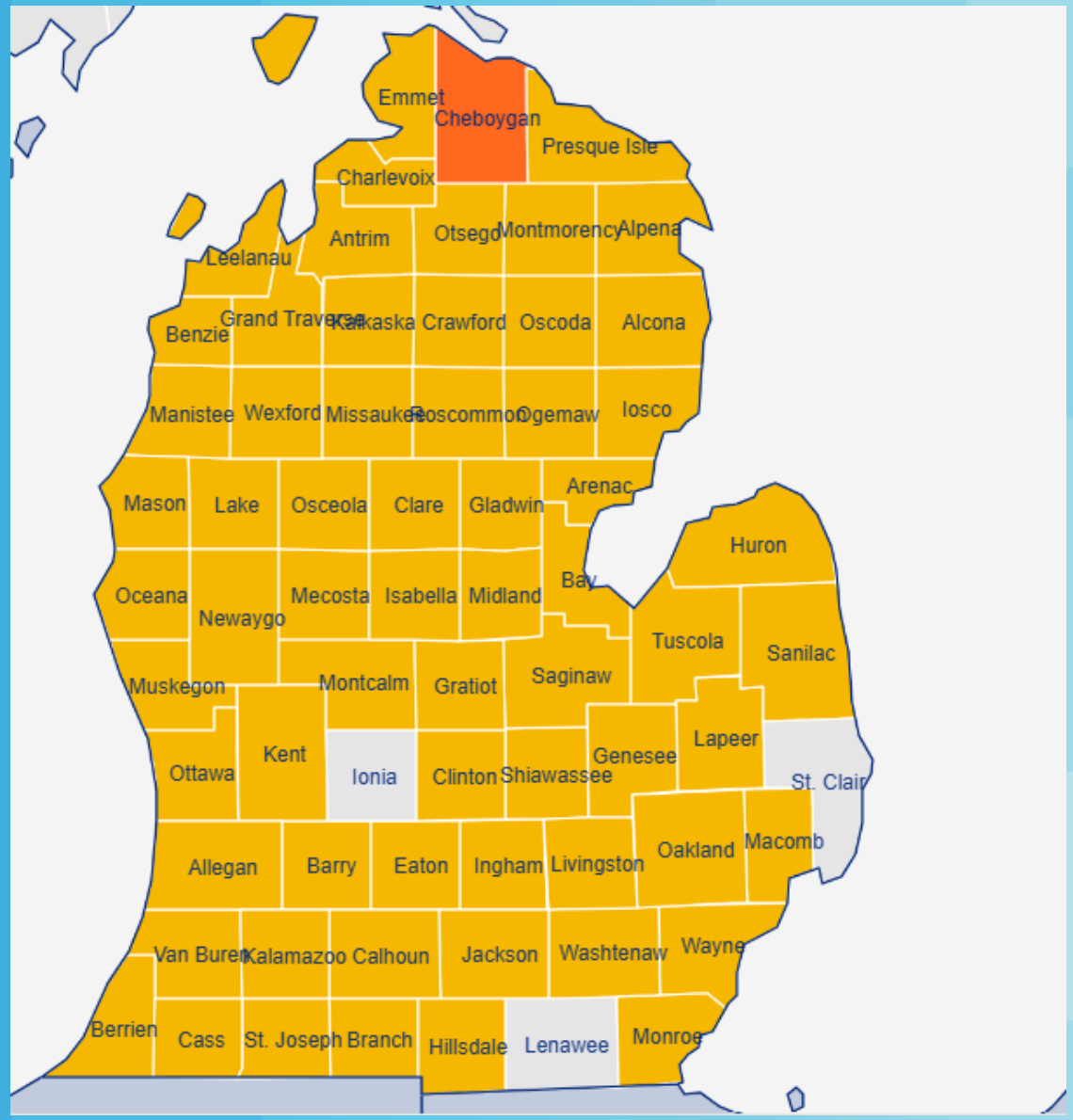
Selected States: Michigan

● C-SNP

Plan Name	UHC Complete Care MI-5 (HMO-POS C-SNP) New	UHC Complete Care Support MI-3 (PPO C-SNP)
Plan ID	H2736-002-000	H0294-048-000
Special Eligibility (SNPs)	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder
Monthly Premium	$0	$0
Medical Deductible	$0 in-network	$0 combined in and out-of-network
Maximum Out-of-Pocket	$5,900	$7,150
Provider Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network	Offers nationwide in-network care with the UnitedHealthcare Medicare National Network
Rewards	Coming Soon	Coming Soon
PCP / Specialist	$0 / $30; Referral Required	$0 / $55; No Referral Required
Inpatient Hospital	$455 copay: days 1-6 $0 per day after that for unlimited days	$455 copay: days 1-6 $0 per day after that for unlimited days
ASC / Outpatient Hospital	$455 copay / $455 copay; $0 for colonoscopies	$455 copay / $455 copay; $0 for colonoscopies
Ambulance	$400 copay for ground or air	$400 copay for ground or air
ER / Urgent Care	$130 copay / $50 copay	$130 copay / $50 copay
Diagnostic Radiology / X-Rays	$285 copay; $0 for mammograms / $25 copay	$285 copay; $0 for mammograms / $25 copay
Lab Services	$0 copay	$0 copay
Rx Deductible	$0 Tiers 1 and 2 • $685 Tiers 3-5	$0 Tiers 1 and 2 • $700 Tiers 3-5; $0 with LIS
Rx Retail (Tiers 1-5, 30-days)	$0/$5/22%/29%/26% • Insulin: $25	$0/$3/25%/25%/25% • Insulin: $35

Plan Name	UHC Complete Care MI-5 (HMO-POS C-SNP) New	UHC Complete Care Support MI-3 (PPO C-SNP)
Rx Mail (Tiers 1-3, 100-days)	$0/$0/22% • Insulin: $75	$0/$9/25% • Insulin: $105
Dental	$2,000 toward covered services; $0 copay for preventive services; 50% for comprehensive services	Preventive dental services covered for $0 copay; Platinum Dental Rider Available
Vision	$0 for a routine eye exam; $200 every 2 years for one pair of eyeglasses or for contact lenses	Not Covered
Hearing Aids	$1,000 allowance for 2 hearing aids every year through UHC Hearing	$700 allowance for 2 hearing aids every year through UHC Hearing
Fitness	Free gym membership with the core and premium network	Free gym membership with the core and premium network
OTC	$49/month OTC; healthy food for qualifying members	$41/month OTC; healthy food for qualifying members
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	Not Covered
Service Area	**Michigan** **Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Crawford, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford**	**Michigan** Allegan, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, **Cheboygan**, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, **Jackson**, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Manistee, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

DSNP Footprint



Selected States: Michigan

● D-SNP

Plan Name	UHC Dual Complete MI-Y1 (HMO D-SNP)	UHC Dual Complete MI-Y1 (HMO D-SNP)
Plan ID	H2247-006-001	H2247-006-002
Special Eligibility (SNPs)	Must have full Medicaid benefits. Joining this plan will also enroll you in Michigan Coordinated Health Program (MICH) for a combined Medicare and Medicaid experience: MI: FBDE, QMB PLUS, SLMB PLUS. Integrated SEP available. View your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.	Must have full Medicaid benefits. Joining this plan will also enroll you in Michigan Coordinated Health Program (MICH) for a combined Medicare and Medicaid experience: MI: FBDE, QMB PLUS, SLMB PLUS. Integrated SEP available. View your state-level D-SNP Enrollment At-a-Glance guide on Jarvis to learn more.
Provider Network	Access to a local provider network	Access to a local provider network
Rewards	Coming Soon	Coming Soon
Rx Deductible	$0 Tiers 1 and 2 • $450 Tiers 3-5; $0 with LIS	$0 Tiers 1 and 2 • $450 Tiers 3-5; $0 with LIS
Rx Retail (Tiers 1-5, 30-days)	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level
Rx Mail (Tiers 1-3, 100-days)	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level
Dental	Covered under Medicaid	Covered under Medicaid
Vision	$0 for a routine eye exam; $200 every year for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $200 every year for one pair of eyeglasses or for contact lenses
Hearing Aids	$2,200 allowance for 2 hearing aids every 2 years through UHC Hearing	$2,200 allowance for 2 hearing aids every 2 years through UHC Hearing
Fitness	Free gym membership with the core and premium network	Free gym membership with the core and premium network
OTC	$154/month OTC and wellness support; healthy food and utilities for qualifying members	$290/month OTC and wellness support; healthy food and utilities for qualifying members
Other Benefits	• Transportation: Covered under Medicaid • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Transportation: Covered under Medicaid • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year
Service Area	**Michigan** Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	**Michigan** Macomb, Wayne

Selected States: Michigan

● D-SNP

Plan Name	UHC Dual Complete MI-S001 (PPO D-SNP)
Plan ID	H2001-039-000
Special Eligibility (SNPs)	This plan isn't accepting new members starting Jan 1, 2027.
Provider Network	Access to a local provider network
Rewards	Coming Soon
Rx Deductible	$0 Tier 1 • $700 Tiers 2-5; $0 with LIS
Rx Retail (Tiers 1-5, 30-days)	$0 Tier 1 • costs for other drugs vary by LIS level
Rx Mail (Tiers 1-3, 100-days)	$0 Tier 1 • costs for other drugs vary by LIS level
Dental	$3,000 toward covered services; $0 copay for all covered services
Vision	$0 for a routine eye exam; $350 every year for one pair of eyeglasses or for contact lenses
Hearing Aids	$3,200 allowance for 2 hearing aids every 2 years through UHC Hearing
Fitness	Free gym membership with the core and premium network
OTC	$194/month OTC and wellness support; healthy food and utilities for qualifying members
Other Benefits	• Transportation: $0 INN; 75% OON; 36 one-way trips to or from plan-approved locations; combined INN and OON

Selected States: Michigan

● D-SNP

Plan Name	UHC Dual Complete MI-S3 (HMO D-SNP)	UHC Dual Complete MI-Q1 (HMO-POS D-SNP)	UHC Dual Advantage MI-V1 (HMO-POS D-SNP)
Plan ID	H2247-004-000	H2247-001-000	H2247-003-000
Special Eligibility (SNPs)	Must have full Medicaid benefits: MI: FBDE, QMB PLUS, SLMB PLUS. Outside of AEP and OEP, consumers are limited to SEPs to enroll.	Must be a Qualified Medicare Beneficiary (QMB) with $0 Medicare-covered services but not full Medicaid: MI: QMB. Outside of AEP and OEP, consumers are limited to SEPs to enroll.	Designed for partial Medicaid recipients who get help with their Medicare Part B premium and pay some of their own Medicare-covered costs: MI: QMB, SLMB, QI. Outside of AEP and OEP, consumers are limited to SEPs to enroll.
Provider Network	Access to a local provider network	Access to a local provider network	Access to a local provider network
Rewards	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	$0 Tiers 1 and 2 • $465 Tiers 3-5; $0 with LIS	$0 Tiers 1 and 2 • $315 Tiers 3-5; $0 with LIS	$0 Tiers 1 and 2 • $700 Tiers 3-5; $0 with LIS
Rx Retail (Tiers 1-5, 30-days)	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • costs for other drugs vary by LIS level
Rx Mail (Tiers 1-3, 100-days)	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • $0 Tier 2 • costs for other drugs vary by LIS level	$0 Tier 1 • costs for other drugs vary by LIS level
Dental	Covered under Medicaid	$750 toward covered services; $0 copay for all covered services	$2,500 toward covered services; $0 copay for preventive services; 50% for comprehensive services
Vision	$0 for a routine eye exam; $200 every year for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $150 every year for one pair of eyeglasses or for contact lenses	$0 for a routine eye exam; $200 every year for one pair of eyeglasses or for contact lenses
Hearing Aids	$1,500 allowance for 2 hearing aids every 2 years through UHC Hearing	$1,500 allowance for 2 hearing aids every 2 years through UHC Hearing	$1,000 allowance for 2 hearing aids every year through UHC Hearing
Fitness	Free gym membership with the core and premium network	Not Covered	Free gym membership with the core and premium network
OTC	$249/month OTC and wellness support; healthy food and utilities for qualifying members	$38/month OTC and wellness support; healthy food and utilities for qualifying members	$99/month OTC and wellness support; healthy food and utilities for qualifying members
Other Benefits	• Transportation: Covered under Medicaid • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Transportation: $0 INN; 24 one-way trips to or from plan-approved locations • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Transportation: $0 INN; 24 one-way trips to or from plan-approved locations • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

Effective July 1, 2026

Grace period is retired

- Members who self-indicate after 7/1 will no longer have a grace period allowing temporary access to SSBCI benefits during verification.
- SSBCI benefits will begin only after eligibility is confirmed.
- The 60-day grace period will still be in effect for **NEW** members for 7/1, 8/1, and 9/1 effectives.
- Starting with 10/1 effectives, **NEW** members will not have the 60-day grace period.
- **EXISTING** members who self-indicate after 7/1 will no longer have the 60-day grace period.
- If someone is in the middle of their grace period, it will not end early.

Verification first approach

- Access to SSBCI benefits will align directly with confirmed eligibility, rather than self-indicated qualification giving access while we work to verify.

Plan Year 2027

Eligibility and reassessment

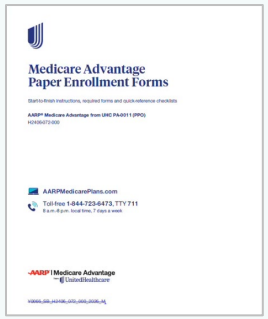
- **Eligibility will be more clearly defined:** Members continue to be required to meet all three criteria, now with clear and objective rules applied to each (chronic condition, hospitalization risk, and need for intensive care coordination), with objective standards applied to each.
- **All members will be reassessed:** All members will undergo verification under the updated approach. Most currently eligible members are expected to continue to qualify.
- **Access follows approval:** SSBCI benefits will begin once eligibility is confirmed, with no retroactive coverage.
- **OTC benefits:** are available when the plan becomes effective.
- **Transparency for members:** Eligibility criteria and the verification process will be published on a public UHC hosted site.

Committed to the Future

2027 Sales Materials

2027 Plan Highlights

- Available for most MA, MAPD and PDP
- Pre-order your 2027 Plan Highlights from **August 15-30** to ensure delivery around Oct. 1
- Download and orderable for pre-order
- Includes: Benefit Highlights, Helpful Resources, Get More from Your Medicare Coverage*, Frequently Asked Questions (FAQ)*, What to Expect After You Enroll and more
- Contains QR codes to look up providers, drugs, fitness locations and more
- Simplified Benefit Highlights section with new benefit categories, including Ambulatory Surgical Centers



Paper Enrollment Packet

- Available for most MA, MAPD and PDP
- Download only
- Includes: Summary of Benefits, Scope of Appointment, SSBCI and C-SNP Verification Forms[1], Enrollment Request Form, Checklist, and receipt and more

* Include if space allows.
[1] Applies to D-SNP and/or C-SNP plans only.

Committed to the Future

Thank you

Committed to the Future