

2026 Agent Quick Reference Guide

UnitedHealthcare Medicare Advantage Plans



UnitedHealthcare Medicare Advantage (Part C) plans offer a compelling choice for consumers seeking comprehensive healthcare coverage. These plans combine medical coverage and may include Part D prescription drug coverage with additional benefits such as dental, vision and/or wellness programs, all under one convenient plan.

- **\$0 copays on routine dental, vision and hearing exams**
- **\$0 copays on hundreds of prescription drugs¹**
- **No underwriting required**

UnitedHealthcare Medicare Advantage Plan Features:



UnitedHealthcare Medicare National Network. Most UnitedHealthcare Medicare Advantage members have access to a large provider network through the UnitedHealthcare National Network². Our Medicare National Network can be accessed without activation and used anytime during the plan year. Members have the freedom to enjoy access to care at network costs when they visit any provider participating in our Medicare National Network.



Rewards for healthy activities. Most UnitedHealthcare Medicare Advantage members are eligible to earn more than \$150 annually in rewards by completing certain health-related activities. Rewards can be spent on eligible items such as gifts, clothing, groceries and more using their UnitedHealthcare UCard³.



The easy-to-use UCard®, only from UnitedHealthcare, is an all-in-one member ID card. Members can use the UCard to access Medicare Advantage's largest national provider network. Plus, members on eligible plans can use it to help pay for OTC products, access rewards and more⁴.

Why Medicare Advantage?

High Satisfaction

- **95% are satisfied with health care quality⁵.**
- **96% are satisfied with ease of getting to the doctor⁵.**
- **95% report having a usual source of care⁵.**

Lower Cost

- **Medicare Advantage beneficiaries spend less on out-of-pocket costs and premiums and are less burdened by health care costs, on average, than Fee-for-Service Medicare⁵.**
- **Medicare Advantage plans include an annual out-of-pocket maximum to help protect members in their total out-of-pocket spend for the year.**



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Medicare Advantage (Part C) plans combine Original Medicare benefits

Medicare Advantage plans are offered by private insurance companies, such as UnitedHealthcare, that are approved and regulated by the Centers for Medicare and Medicaid Services (CMS).

Many plans offer additional valued benefits beyond what Original Medicare covers, such as:



Part D prescription drug coverage



Routine preventive and comprehensive dental care



Routine eye exams, eyeglasses or contact lenses



Routine hearing exams and hearing aids



Over-the-counter (OTC) credits for covered health and wellness products



Wellness benefits such as a free gym membership



Healthy food credits for qualifying individuals (select D-SNP and C-SNP)⁶

Eligibility (for additional eligibility requirements for select plan types, see page 4.)



Enrolled in Medicare Part A and Medicare Part B, and



Live in the plan's service area

Out-of-pocket maximum



Medicare Advantage plans are required to set an **out-of-pocket maximum**, which is the total amount consumers may pay for medical services covered during the plan period – usually a calendar year. The goal of the out-of-pocket maximum is to help provide some financial protection for out-of-pocket costs. Original Medicare doesn't offer an out-of-pocket maximum; beneficiaries are responsible for any cost sharing with no cap.



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UnitedHealthcare Medicare Advantage Plans

Enrollment

There are specific circumstances and times during the year a consumer can enroll in a Medicare Advantage plan. If a consumer is enrolled in Original Medicare Part A and Part B, the consumer may be eligible to enroll in and/or make changes to a Medicare Advantage plan during the following enrollment periods:

Selling Circumstances	Time Frame	Selling Restrictions
Newly Eligible (IEP/ICEP)	Year-Round	Qualifying members will have 7-month window to enroll: 3 months prior, the month of, and 3 months after the start date of Parts A & B eligibility, or the month they turn 65 (or date of disability, if prior to turning 65). If a qualifying member delays enrollment into Part B they will have the 3 months prior to their Part B start date as well as the month of and month after. Note: If qualifying member is born on the first day of the month, their 7-month window will start 4 months before they turn 65 and end 2 months after they turn 65.
Annual Enrollment Period (AEP)	October 15-December 7	During MA-AEP, consumers can make a new plan choice. Any type of plan can be selected.
Medicare Advantage Open Enrollment Period (MA-OEP)	January 1 - March 31	During OEP, MA Plan members may have an opportunity from January 1 through March 31 to switch MA plans (with or without drug coverage) or to disenroll from an MA plan and obtain coverage through Original Medicare (with or without a standalone PDP).
Special Election Period (SEP)	Year-Round	Qualifying members can make changes outside of the AEP in accordance with applicable requirements.(for example, change in residence, change in Medicaid status, new chronic condition, etc.).





UnitedHealthcare Medicare Advantage Plans

As part of our portfolio, United Healthcare also offers **Medicare Advantage Special Needs Plans (SNP)**. A Special Needs Plan (SNP) provides benefits and services to people with specific severe and chronic diseases, certain health care needs, or who also have Medicaid. All SNPs include prescription drug coverage, but availability of plans will depend on where the consumer lives. There are three kinds of Special Needs Plans:

- **Dual Eligible Special Needs Plans (D-SNPs)**

- Designed for people with both Medicare & Medicaid.
- Gives consumers more for their Medicare dollar.
- Includes **\$0 copays for Tier 1 prescriptions and \$0 annual physical exams, lab tests and preventive care⁷**.
- Most D-SNPs offer a monthly credit to use toward over-the-counter (OTC) products, plus healthy foods⁶ and utilities⁸ for qualifying members.

- **Chronic Condition Special Needs Plans (C-SNPs)**

- Designed for people on Medicare who are living with severe or disabling chronic conditions. UnitedHealthcare C-SNPs are designed for consumers with one or more of the following qualifying chronic conditions:
 - Diabetes
 - Cardiovascular disorders
 - Chronic Heart Failure
- Includes a **tailored C-SNP prescription drug formulary, lower cost insulin coverage⁸ (\$25 or less), care management programs and lower specialist copays**.
- Most C-SNPs offer a **monthly credit for OTC products** and healthy foods⁸.

- **Institutional Special Needs Plans (I-SNPs and IE-SNPs)**

- Designed for people on Medicare who live in a contracted skilled nursing facility or who reside in the community and require an institutional level of care (*Note: Certification in I-SNP and IE-SNP is by invitation only*)



For more details about UnitedHealthcare Special Needs plans, visit [Jarvis > Knowledge Center > Reference Guides > Product Guides](#).

UnitedHealthcare also offers plan designs to allow members the choice to select between the HMO and PPO networks.

	Medicare HMO	Medicare HMO POS	Medicare PPO
Must use network providers ⁹	Yes	Varies by plan	No, but costs more out-of-network
Network primary care provider coordinates care	Yes	Yes	No
Referral needed for specialist care	Yes	Yes	No



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**Do consumers need to enroll in Original Medicare?**

Yes. Consumers must be enrolled in Medicare Part A and enrolled in Part B, reside in the plan's service area and continue to pay their Part B premiums in order to be eligible for a Medicare Advantage plan. Some consumers are automatically enrolled in Medicare Part A and B, and some are not. Consumers who are not automatically enrolled can enroll themselves in Original Medicare (Part A and B) online at the [Social Security website](#) or by calling or visiting a local Social Security office. Additional details can be found on the UnitedHealthcare consumer website, [How to Enroll in Medicare | UnitedHealthcare \(uhc.com\)](#).

Does Medicare Advantage offer fewer services compared to Original Medicare?

Medicare Advantage plans must cover all the services Original Medicare covers (except hospice which remains covered by Original Medicare). Even though Medicare Advantage plans are provided by private companies, consumers still have the same rights and protections as with Original Medicare.

Is Medicare Advantage different from Medicare Supplement insurance?

Yes. Medicare Supplement insurance, also called Medigap, is also available from private insurance companies. Medicare Supplement helps pay some out-of-pocket costs not covered by Original Medicare. Medicare Advantage is an alternative to Original Medicare and combines the benefits of Original Medicare (Parts A & B).

Can Medicare Advantage be used in conjunction with a Medicare Supplement Insurance policy?

Medicare Supplement Insurance Policies cannot be used in conjunction with a Medicare Advantage plan, and enrolling in a Medicare Advantage plan doesn't automatically disenroll the member from their Medicare Supplement plan. When a member receives their Medicare Advantage welcome letter, they should call their Medicare Supplement plan to disenroll from that plan. A member's Medicare Supplement plan won't work or coordinate with their new Medicare Advantage plan and it won't cover any of their costs. If they don't disenroll, they will be billed 100% of the Medicare Supplement plan's monthly premium until they end their coverage.

Important things to remember about Medicare Advantage plans:

- Some plans require members to stay within the provider network, while some allow members to see providers out-of-network.
- Out-of-pocket cost maximums can vary by plan.
- Plan premiums can vary by plan, with different plans offered to fit different budgets.



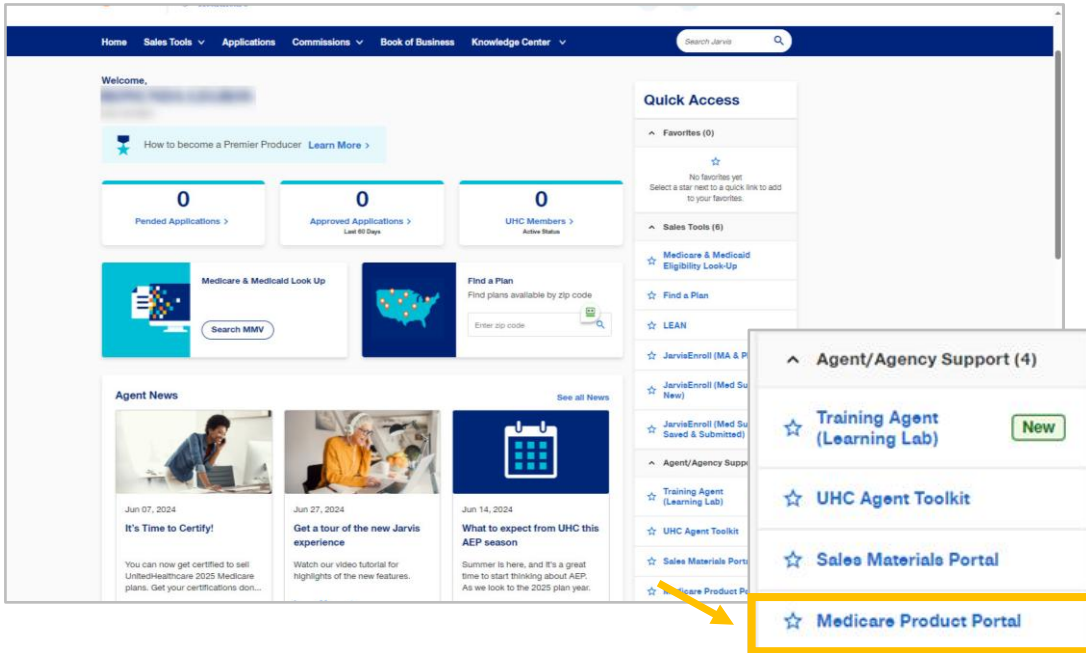


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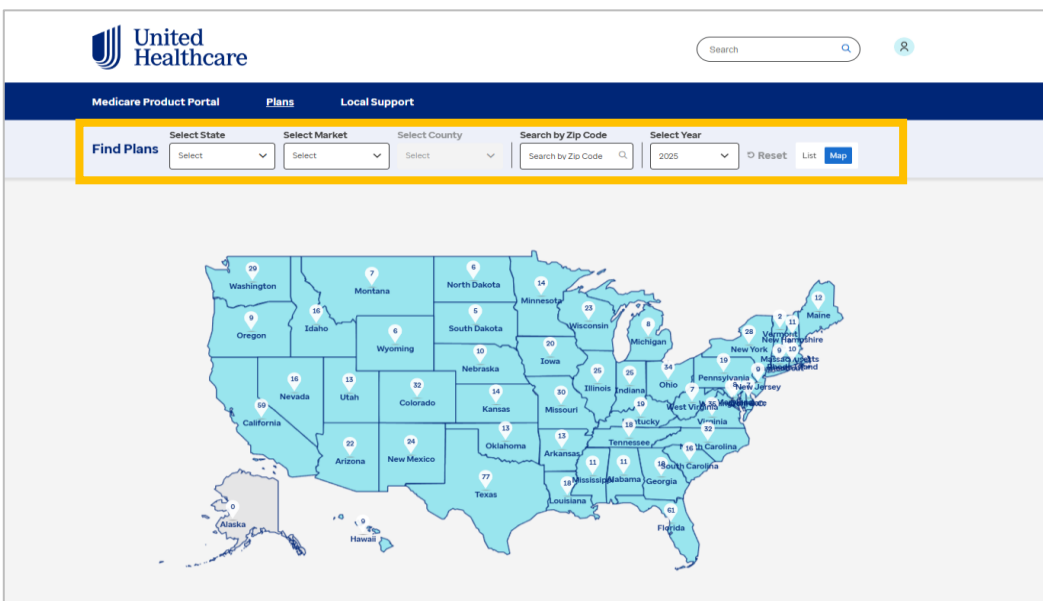
To find more information about 2026 UnitedHealthcare Medicare Advantage plans in your market:

Access the Medicare Product Portal



1. From the Jarvis home screen, select the Medicare Product Portal link from the Home page.
2. Medicare Product Portal will launch in a new browser tab.

Medicare Product Portal – Find Plans



3. Once on the Medicare Product Portal, you can explore Medicare Advantage plans by selecting a state and county or by searching with a ZIP code from the top of the page.



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Resources and Support

Take advantage of UnitedHealthcare tools and resources to enhance the experience for you and consumers.

Medicare Product Portal allows agents to search, view and compare local UnitedHealthcare Medicare Advantage plans. To access the Medicare Product Portal, go to *Jarvis > Quick Access > Medicare Product Portal*. Select Local Support from the blue banner. Here, the portal will display Market Growth Manager and Growth Director contact information based on the selected county.

Find a Plan Tool to find UnitedHealthcare Medicare plans in your area, including Medicare Supplement Plans.

Evidence of Coverage to ensure you and consumers have the key facts about plan benefits and coverage, access the Evidence of Coverage (EOC) located in *Jarvis > Sales Materials Portal*.

JarvisEnroll The UnitedHealthcare online enrollment tool that offers an all-in-one experience within Jarvis. JarvisEnroll provides a simplified enrollment experience that is designed to help agents save time and offer consumers a seamless enrollment experience.

Election Period Booklet for additional details and timelines of each election period when members can enroll or change their plan located in *Jarvis > Knowledge Center > Learning Lab > Election Period Booklet tab*.

¹\$0 copays may be restricted to preferred home delivery. Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. Members are not required to use Optum Home Delivery Pharmacy for maintenance medications. Other pharmacies are available in the network. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions and may not apply across all coverage phases.

²Provider network may vary in local market. Provider network size based on Zelis Network360, May 2025.

³Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply. Members must participate January through December to earn all available.

⁴OTC benefits have expiration timeframes. Review the Evidence of Coverage (EOC) for more information.

⁵Better Medicare Alliance, June 2025.

⁶The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, high blood pressure and/or high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

⁷Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Review the plan Drug List (Formulary) on UHC.com/Medicare for a list of covered prescription drugs, including those on Tier 1.

⁸Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. The maximum you will pay for a 1-month supply of Part D-covered insulin is \$25. Review your plan Drug List (Formulary) on UHC.com/Medicare for covered insulin.

⁹Plans cover emergency care or urgently needed services from an out-of-network provider.

