

2026 Agent Quick Reference Guide

Value of an HMO



A Health Maintenance Organization (HMO) plan may help make managing health and costs easier. Members choose a primary care provider (PCP) to help guide care and connect the member to the right specialists.

HMO plans typically have lower costs than other plan types as members can only use doctors and facilities in the plan's network. **That means more value and fewer surprises.**

A Primary Care Provider (PCP) can act as the member's care captain!

2026 HMO Plans



UnitedHealthcare HMO plans are supported by a broad local network of quality doctors, hospitals and other care providers. Many HMO plans also give members access to care across the country at network costs when they see providers in the UnitedHealthcare Medicare National Network.



Cost control within the network without compromising on access to quality providers. Plans work best within the network of providers, helping members save money and get care that's connected and coordinated.



Get the right care at the right time. The value of being a UnitedHealthcare member extends far beyond benefits, starting with our large provider network, that includes broad local networks of quality providers.

New for 2026 HMO Plans

UnitedHealthcare Medicare Advantage HMO plan (including HMO-POS) designs will require PCP referrals for specialist visits.*

**I-SNP and IE-SNP, Erickson Advantage plans and Michigan Integrated D-SNP H2247-005 will not require referrals. Some plans require referral on additional services. See plan materials for details.*



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What is an HMO and how does it work?

HMO stands for “health maintenance organization.” Its name comes from the overall goal to help maintain health. HMO plans focus on preventive care to help members stay healthy. UnitedHealthcare HMO plans have access to a large local network.

Key Highlights

- ★ Care can stay connected within a single network, reducing the risk of surprise bills and helping to ensure better communication between providers
- ★ Helps lower overall healthcare costs by avoiding unnecessary or duplicate services
- ★ More personalized, consistent care through strong provider relationships and a focus on long-term health goals
- ★ Referrals simplify specialist selection, connecting to trusted, in-network providers with negotiated rates



An **HMO-POS** (point of service) plan gives members the option to use out-of-network providers for certain services, generally at a higher cost. Most UnitedHealthcare HMO-POS plans only cover dental services outside the network.

What is a PPO?

PPO, meaning “preferred provider organization,” covers plan services out-of-network. While PPOs may offer more flexibility to see providers outside of the plan’s network, members will generally pay higher out-of-pocket costs to see providers outside the network.

How can you support your members with understanding the differences?

| | HMO | HMO-POS | PPO |
|---|------|----------------------------|---|
| Am I required to choose a PCP? | Yes | Yes | No, but recommended at the time of enrollment |
| Is there coverage for out-of-network care? | No** | Yes, for specific benefits | Yes |
| Are referrals needed? | Yes* | Yes* | No |

*I-SNP and IE-SNP, Erickson Advantage plans and Michigan Integrated D-SNP H2247-005 do not require referrals. See plan materials for details.

**Except for emergency care, urgent care and renal dialysis services



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What is a referral and why are they important?

A referral is a written order from the network PCP to send members to get certain health care services from a specialist. Referrals keep the member's PCP at the center of their care. They can help guide care decisions and determine when specialists are needed for more advanced and consistent care.

2026 Referral Specifics

- ✔ Referrals are required for physical (PT), occupational, (OT) and speech therapy (ST). However, because most plans also require prior authorization for these services, UnitedHealthcare will not deny a PT/OT/ST service that does not have a referral if a prior authorization has already been approved. Specialty care from an obstetrician/gynecologist, chiropractor, and oncologist do not require a referral.
- ✔ For existing plans with new referral requirements, referrals may not be submitted until on or after January 1, 2026.*
- ✔ Some UnitedHealthcare HMO (including HMO-POS) plans in CA, NV and TX already have referral requirements in 2025. Referral requirements for those plans are not changing, and those members will continue to need referrals for all applicable services starting January 1, 2026. See plan materials for details.
- ✔ Plans with the UnitedHealth Passport® benefit will not require a PCP referral for members who travel and access network care under Passport, even if their plan requires referrals at home.

When are referrals not required on network services for plans that require referrals?

Referrals are not required for, but not limited to:

- Telehealth, annual physicals, or Part D prescription drugs
- Services from a pathologist or inpatient consulting physician, including hospitalist
- Routine vision, routine eyewear, hearing exams, hearing aids, dental and fitness
- Medicare-covered preventive services or services from a network PCP
- Women's health care from a network provider, including breast exams, mammogram screenings, Pap tests and pelvic exams
- Emergency or urgently needed services
- Flu shots, COVID-19 vaccines, hepatitis B vaccines and pneumonia vaccines
- Cardiac or pulmonary rehabilitation services
- Home Health Agency services
- Lab services, X-rays, radiological tests, non-radiological diagnostic tests or radiation therapy
- Durable medical equipment (DME), prosthetic and orthotic devices, medical supplies, and diabetic testing supplies

**This applies to any plan that did not have a gatekeeper requirement in 2025*



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How can you support members?

Help the member choose a PCP. Remember the PCP acts like a care captain for the member helping to make sure they are getting the care needed for the health condition.

Explain the new referral requirement starting January 1, 2026, (excluding plans in CA, NV or TX), and if a member goes to a specialist appointment, they must ask their PCP for a referral to see the specialist. Referrals may be obtained from PCPs without an office visit. It is up to the PCP whether a visit is necessary.



UnitedHealthcare will not deny a referral from an in-network provider.



Referral requirements are not waived for specialists the member has seen in the past or for 2026 appointments scheduled in 2025.



Referrals are valid for either 6 months OR the number of visits entered, whichever comes first. This means that if the referral has visits remaining, once the 6-month expiration has passed, a new referral will be needed, or the PCP would need to extend the existing one.

Check plan limitations and exclusions so members are not surprised by costs associated with different services.

Remind members to ask their PCP what the specialist will evaluate or treat. This may be helpful for the member to understand why they are being referred to a specialist.

Inform the member of the appropriate contact points for inquiries related to referral status or appointment scheduling. They may reach out to Customer Service for assistance or utilize the Member Portal for updates and support.



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Frequently Asked Question (FAQ)

Below are some questions that may be on your mind with answers to help you feel more confident when talking about plan referrals and prior authorizations.

How will a member know if a provider is in the plan network?

Members may access the member portal or call customer service to locate healthcare providers participating in the plan's network.

How will a member know if their plan has the National Network or Passport benefit?

The member ID card will list the logo. Members can also call customer service to find out.

How will members know if their plan has a referral required?

Members can review the plan's Evidence of Coverage and the member's UCard will indicate if referrals are required. Customer Service can also help navigate the process.

How will current members know about 2026 changes?

Members will receive information in their Annual Notice of Change (ANOC) letter.

Are there different types of referrals?

All referrals are the same, but it can only be used to see the specialist listed by the PCP. If the specialist is part of a provider group or clinic, the member may be able to see other providers in the same group or clinic.

Are there limits on how many referrals a member can get?

Members can receive as many referrals as necessary to continue care. Members can work with their PCP to determine whether they need to see a specialist before asking for a referral. Members will need one referral for each specialist.

Will members need a referral when traveling?

Members do not need a referral if they have an emergency while traveling. Emergency medical care and urgently needed services are covered. For non-emergencies, members will need a referral from their PCP to see a specialist while traveling. However, if the member's plan includes the UnitedHealth Passport® benefit and the member activated it, they will not need a referral for covered network services when traveling outside the plan's service area.



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Frequently Asked Question (FAQ), cont.

Does the provider a member is referred to need to be in the plan's network?

If the member's PCP refers them to an out-of-network provider, the member must ask the PCP to refer them to a network provider instead.

Can a member get a referral to see a specialist for a second opinion?

If a member has a referral to see a specialist but wants a second opinion from a different specialist, the member will need to work with their PCP to get another referral.

Does having a referral change what a member would pay?

No, members need to have a referral on file before they see a network specialist for those services to be covered. Without a referral, the provider could cancel the appointment and ask the member to get a referral before they can reschedule.

How will UnitedHealthcare know if a referral was received for a specialist?

When the specialist claim is processed, the referral will match if the provider on the claim if they are either the same provider named in the referral, or another provider operating under the same Taxpayer Identification Number (TIN).

What happens if a provider within the same Taxpayer Identification Number (TIN) as their assigned PCP submits the referral?

A TIN is often used to identify a provider or medical group. If a provider within the same TIN as their assigned PCP submits a referral, the claim for the specialist will match the TIN for their assigned PCP.

What is prior authorization and why is it required?

Prior authorization is a process used by health plans to review certain medical services before they are provided. It helps ensure that the care is medically necessary, safe, and cost-effective. This is separate from the referral requirements.

How does prior authorization benefit members?

It helps protect members from undergoing treatments that may not be needed or could pose risks. It also supports better use of healthcare resources, which may lead to more affordable care.



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UnitedHealthcare has your back with resources to support you and your members!

Agent Support:



Explore the **Medicare Product Resources** section of Jarvis, where you can find Medicare Advantage plan information across the UnitedHealthcare portfolio of products.



Take advantage of the **Medicare Product Portal** to dive deeper into Medicare Advantage plan specifics.



Utilize marketing materials on the **UHC Agent Toolkit** to help consumer know the support you can provide around your local communities.



The **Producer Help Desk** supports your entire sales experience, including contracting, certifications, provider and Rx look-ups, and commission inquiries.

Member Support:



Members can explore the **UHC.com** website or UnitedHealthcare app to help understand their coverage. A Referral landing page is included allowing members to review and track their active (and expired) referrals. In addition, LivePerson is available on both the website and mobile app.



The **UCard** will have an indicator for the PCP name or mention “Referral from Primary Care Required”.