

2026 Agent Quick Reference Guide

Chronic Special Needs Plans



UnitedHealthcare Chronic Special Needs plans (C-SNPs) are designed for consumers with one or more of the following qualifying chronic conditions:

- Diabetes
- Cardiovascular Disorders
- Chronic Heart Failure

UnitedHealthcare C-SNPs offer benefits and services tailored to support the qualifying conditions:

- Lower specialist copays and prescription drug costs
- Ancillary benefits, such as credit for over-the-counter (OTC) products and Healthy Foods Care Management

UnitedHealthcare C-SNP Features:



Expanded coverage. UnitedHealthcare C-SNPs will expand to reach 76% of Medicare eligibles in 2026 with 2 new plans. Use the [Medicare Product Portal](#) to find C-SNPs available in your area.



Year-round enrollment. C-SNP eligible consumers are entitled to a Special Election Period (SEP) that is available anytime during the year. Consumers can use this SEP to enroll in a C-SNP for the first time based on their qualifying condition. All UnitedHealthcare C-SNPs have the same qualifying conditions, so this SEP cannot be used to switch from one UnitedHealthcare C-SNP to another.



OTC and Healthy Foods. Most C-SNPs offer credit for OTC products and Healthy Foods to help pay for thousands of covered OTC products and healthy foods like fruits and vegetables, meat, seafood, dairy products, bread, cereals.



Drug and Insulin coverage. Includes Medicare Part D prescription drug coverage with a unique drug formulary that select medications on a lower tier compared to non-CSNP plans. Members have access to \$25 or less covered insulin and \$0 diabetic supplies from in-network pharmacies.



Care Management. Plans include access to clinical management programs for qualifying members, which includes a telephonic nurse, health education and care reminders.





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UnitedHealthcare C-SNP Plan Design

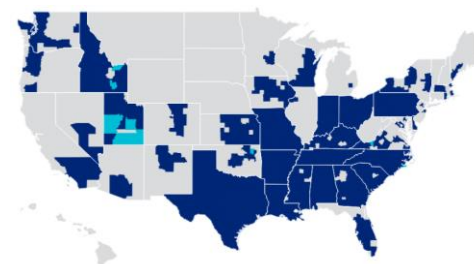
There are three plan designs for UnitedHealthcare C-SNPs: Standard, Extra Help/LIS, and Dual Eligible. They all are designed to meet the needs of members with Diabetes, Heart Failure and/or Cardiovascular Disorders. Standard C-SNPs can be identified by “Complete Care” in the plan name, and Dual Eligible is identified by Care Support AND “A” at the end of the SKU code and LIS targeted is identified by Care Support.

■ Renewal
■ New

Standard C-SNP

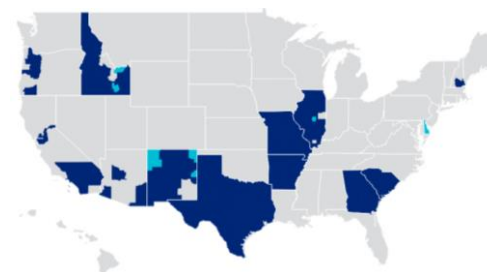
Markets: AL, AR, AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, and WI

- \$0 premiums with cost sharing designed to help members pay less out-of-pocket compared to non-SNPs (excluding C-SNP RPPOs)
- Richer ancillary benefits compared to a non-SNP, including the OTC and healthy food benefit
- Access to a broad local network of providers, with some plans offering a national network
- Includes HMO, HMO-POS, LPPO, and RPPO plan types

**C-SNP for Dual Eligible**

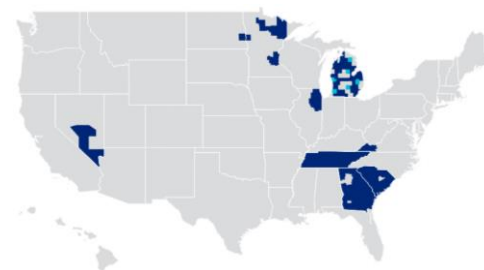
Markets: AR, AZ, CA, DE, GA, ID, IL, MO, NH, NM, OR, SC, and TX

- Designed for consumers with a qualifying chronic condition AND Full Medicaid. However, Medicaid is not required to enroll in the plan.
- Offers rich ancillary benefits compared to a non-SNP
- Plan features designed around medical coverage and Rx copays covered in full by the member's Medicaid and Low Income Subsidy (LIS)
- Includes HMO, HMO-POS, LPPO, and RPPO plan types

**C-SNP for Extra Help/LIS**

Markets: GA, IL, MI, MN, ND, NV, SC, TN, and VA

- Designed for consumers with a qualifying chronic condition AND receiving Extra Help (Low Income Subsidy) for their prescription drug costs
- Offers rich ancillary benefits to a non-SNP
- Offered in a select markets with a high-volume of LIS members. Generally, offered as a side-by-side to a Standard C-SNP
- Includes HMO-POS and LPPO plan types





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C-SNP Formulary

All UnitedHealthcare C-SNPs have a custom C-SNP formulary with lower tiering for commonly used drugs that treat cardiovascular Disorders and heart failure, two of the UnitedHealthcare C-SNP “qualifying conditions.”

Drug Name	Chronic Condition	2026 C-SNP Tier	2026 Non-SNP Tier
bisoprolol fumarate (generic Zebeta)	Cardiovascular Disorders	1	2
bisoprolol fumarate/ hydrochlorothiazide (generic Ziac)	Cardiovascular Disorders	1	2
chlorthalidone (generic Thalitone)	Heart Failure	1	2
digoxin (0.125mg, 0.25mg tablet) (generic Lanoxin)	Cardiovascular Disorders	1	2
diltiazem HCL (generic Cardizem)	Cardiovascular Disorders	1	2
eplerenone (generic Inspra)	Heart Failure	2	3
felodipine ER (generic Plendil)	Cardiovascular Disorders	1	2
fenofibrate (50mg capsule; 48mg & 145mg tablet) (generic Tricor)	Cardiovascular Disorders	1	2
fenofibrate micronized (43mg, 67mg, 134mg, and 200mg) (generic Antara)	Cardiovascular Disorders	1	2
fenofibric acid DR (generic Fibracor)	Cardiovascular Disorders	1	3
gemfibrozil (generic Lopid)	Cardiovascular Disorders	1	2
isosorbide dinitrate (5mg, 10mg, 20mg, 30mg) (generic Isordil)	Heart Failure	1	2
nitroglycerin (generic Nitrostat)	Cardiovascular Disorders	1	2
prasugrel hydrochloride (generic Effient)	Cardiovascular Disorders	1	3
ranolazine ER (generic Ranexa)	Cardiovascular Disorders	2	3
sotalol HCL (generic Betapace)	Cardiovascular Disorders	1	2
spironolactone/hydrochlorothiazide (generic Aldactazide)	Heart Failure	1	2
torsemide (generic Demadex)	Heart Failure	1	2
verapamil HCL ER Tab (generic Calan SR)	Cardiovascular Disorders	1	2



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Chronic Special Needs Plans**How is Eligibility Determined?**

A member's chronic condition of diabetes*, cardiovascular disorders and/or chronic heart failure must be verified by a provider after enrollment. UnitedHealthcare will make several attempts to verify the chronic condition within 60 days after the plan's effective date. Agents will also receive status emails as a courtesy for awareness of the notification sent to the member throughout the process.

**Note: Pre-diabetes is not a qualifying condition*

Identifying an Eligible Consumer

Often when an agent looks up a consumer's doctors or medications, they see signs the consumer may have a qualifying chronic condition, or they may hear statements like those listed below. Agents may ask probing questions to learn more about a consumer's condition to help determine eligibility.



It is estimated that

50%

of UnitedHealthcare
MA members have an
eligible
C-SNP condition

*Based on UnitedHealthcare internal
analysis 2025*

**Statements Agents
Might Hear**

"I take insulin for my high blood sugar."

"I need test strips."

"I have an endocrinologist."

"I have a cardiologist."

"I have blood pressure problems."

"I had a heart attack."

"I have poor circulation in my legs."

"I have Afib."

"I have an irregular heart rate."

**Questions Agents
Might Ask**

"Are you watching your blood sugar on a regular basis?"

"Do you see a cardiologist on a regular basis?"

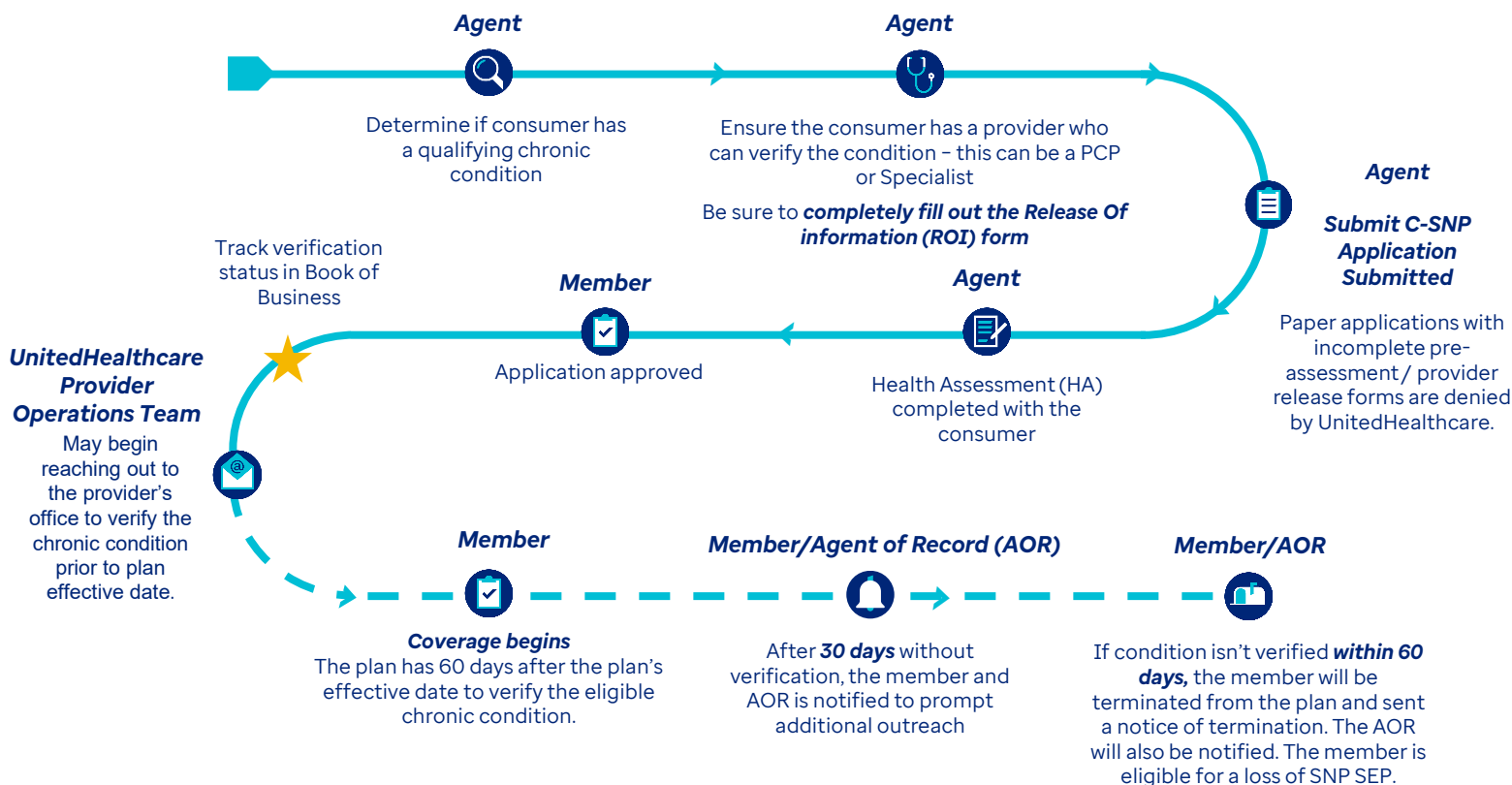
"What is the name of the doctor who can verify your chronic condition? Do you have their phone number?"



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C-SNP Application and Verification Process



Best Practices for Successful C-SNP Enrollments

- C-SNPs are designed with specific network of providers. It is very important that you check all the consumer's providers to see if they are in the network and provide as complete information on the provider as possible.
- UnitedHealthcare's C-SNP verification is a post-enrollment process. We will not begin verifying conditions until after the plan's effective date.
- There are two ways to submit the C-SNP application: JarvisEnroll and Paper. Make sure you completely fill out the Release Of information (ROI) form.
- Trust the verification process! The verification process can take up to 60 days. The Provider Verification team will reach out to the provider when applications are fully submitted. Your members will receive notifications through the process. You will also receive notifications after 30 days giving you an opportunity to connect with the member and check on the application status through Jarvis.
- There is no need to reach out to the member's provider for verification. Members can reach out to their provider to make them aware the verification team will contact them.
- If verification is not accepted, the member is eligible for a "Loss of SNP" special election period to select a new plan.



**C-SNP Verification Process Continued****Providers can:**

- Email provider verifications form to mandrenrollment@uhc.com
- Fax form in using the number listed on form.

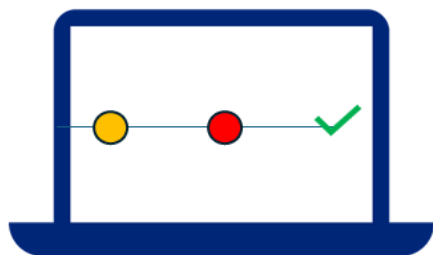
The member could reach out to you with concerns. This is an opportunity for you and the member to connect with their provider to make sure verification is completed. The member can alert the provider that UnitedHealthcare has been trying to reach them to verify the conditions.

**Verification accepted**

- ✓ Verification obtained by end of 2nd month

**Verification not accepted**

- X Final letter to member if eligibility is not confirmed by end of 2nd month
- X Member termed after 2nd month and returned to Original Medicare (not returned to previous plan)
- X Member has SEP “Loss of SNP” election period to select a new plan

**Book of Business Verification Tracking**

Coming Soon! A new feature in the Book of Business in Jarvis will allow you to easily see the member’s chronic verification status and the date the verification is needed.

