

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 health 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.* For existing plans with new referral requirements starting January 1, 2026, if a member goes to a specialist appointment before May 1, 2026, without a required referral, they will still be able to have the appointment.

**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.*



2026 Agent Quick Reference Guide

Value of an HMO

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 will not require referrals. Some plans require referral on additional services. See plan materials for details.

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



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Value of an HMO

How do referrals work for members?

Referrals are a key lever to help ensure members stay engaged with their PCP who is best equipped to know what care and services are appropriate and help reduce unnecessary utilization.

Referrals may help members save money by helping to ensure their care is necessary and stays inside the plan's network. In some cases, the PCP may determine if they can complete the service, which may mean a lower copay than if the member needed to see a specialist.

2026 Referral Specifics

- ✓ The most common UnitedHealthcare referral package applies to specialist office visits (virtual visits are excluded) and all physical, occupational, and speech therapy visits. 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, TX and NV 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.

How can you support your members?

- Help the member choose a PCP
- Explain the new referral requirement starting January 1, 2026, (excluding plans in CA, TX or NV), and if a member goes to a specialist appointment before May 1, 2026, they must ask their PCP for a referral to see a specialist. Referrals may be obtained from PCPs without an office visit. It is up to the PCP whether a visit is necessary.
- Check plan limitations and exclusions
- Remind members to ask their PCP what the specialist will evaluate or treat
- Make sure members know who to call if they have questions about the referral status or appointment scheduling
- Encourage members to check with their PCP for the results and next steps

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



2026 Agent Quick Reference Guide

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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 current members know about 2026 changes?

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

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 view plan documents like the Summary of Benefits or Evidence of Coverage. The Member's UCard will indicate if referrals are required. Customer Service can also help navigate the process.

When are referrals not required on plans that mention referrals?

Referrals are not required for urgent care, emergency care, telehealth or annual physicals. For additional services that do not require referrals, please reference the plan benefits.

What if the PCP doesn't issue a referral to a member?

PCPs are not required to issue referrals, or to specific providers. If a member has an issue, the member will need to find a different PCP.

What happens if a provider turns a member away for not getting a referral?

The member will need to ask the PCP for a referral and then reschedule the appointment.

Will UnitedHealthcare deny a referral?

UnitedHealthcare does not deny referrals. If a referral is submitted, the member may see the specialist listed on the referral.

How long do referrals last for?

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.

**Frequently Asked Question (FAQ), cont.****Can a referral be waived for specialists that members have previously seen?**

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

What about 2026 appointments that members have already scheduled?

If a member has an appointment for services before May 1, 2026, the member can continue with their visit as planned. For visits on or after May 1, 2026, members must talk with their PCP and get any needed referrals before the visit.

Can referrals be made to out-of-network providers?

No, referrals can only be made to in-network providers. For HMO plans, out-of-network services are only covered if the care is emergent, urgent, out-of-area renal dialysis, or in instances where there is no in-network provider available and UnitedHealthcare has issued a gap exception. For HMO-POS plans, certain services are covered out-of-network, depending on the plan. However, even if the HMO-POS plan requires referrals in-network, referrals are not required for covered out-of-network services.

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 is either the same provider named in the referral, or another provider operating under the same Taxpayer Identification Number (TIN). This means if a member arrives for their appointment and the office substitutes a different provider, the referral will still match.

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.



2026 Agent Quick Reference Guide

Value of an HMO

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. 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”.