

Benefit Highlights

UHC Preferred Medicare Advantage FL-002P (HMO)

This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

Monthly plan premium	\$0
Annual medical deductible (applies to certain medical benefits)	\$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$3,400

Plan benefits

Doctor's office visit

Primary care provider (PCP)	\$0 copay
Specialist	\$15 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Preventive services

\$0 copay

Inpatient hospital care

\$195 copay per day: days 1-5
\$0 copay per day: days 6 and beyond

Skilled nursing facility (SNF)

\$0 copay per day: days 1-20
\$150 copay per day: days 21-100

Outpatient hospital, including surgery (cost sharing for additional plan services will apply)

\$195 copay

Outpatient mental health

Group therapy	\$15 copay
Individual therapy	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Plan benefits

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)	20% coinsurance
---------------------------------	-----------------

Prosthetics (e.g., braces, artificial limbs)	\$0 copay - 20% coinsurance
--	-----------------------------

Diabetes monitoring supplies	\$0 copay for covered brands
-------------------------------------	------------------------------

Diagnostic radiology services (such as MRIs, CT scans)	\$260 copay
---	-------------

Diagnostic tests and procedures (non-radiological)	\$5 copay
---	-----------

Lab services	\$0 copay
---------------------	-----------

Outpatient x-rays	\$5 copay
--------------------------	-----------

Ambulance	\$120 copay for ground or air
------------------	-------------------------------

Emergency care	\$150 copay (\$0 copay for emergency care outside the United States) per visit
-----------------------	--

Urgently needed services	\$65 copay (\$0 copay for urgently needed services outside the United States) per visit
---------------------------------	---

Additional plan benefits

Routine physical	\$0 copay, 1 per year
-------------------------	-----------------------

Additional plan benefits

 Hearing services	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	\$199 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year. □ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids □ Access to one of the largest national networks of hearing professionals with more than 6,500 locations □ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period □ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered
 Routine dental benefits	Preventive and comprehensive services	\$0 copay for exams, cleanings, X-rays, and fluoride Comprehensive dental is covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services
 Vision services	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$0 copay Plan pays up to \$100 every year for lenses/frames and contacts. Home delivered eyewear available through select network providers (select products only).
 Fitness program		\$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes: □ Free gym membership at core and premium locations □ Access to a large national network of gyms and fitness locations □ On-demand workout videos and live streaming fitness classes □ Online memory fitness activities

Additional plan benefits	
Routine transportation	\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	\$15 copay, 6 visits per year
 OTC credit	\$70 credit every quarter for over-the-counter (OTC) products in-store or online ☐ Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages		
Deductible	\$0 for Tier 1 and 2 Part D prescription drugs \$270 for Tier 3, 4 and 5 drugs	
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100 you move to the Catastrophic Coverage stage.	
Tier drug coverage	Standard Retail (30-day supply)	Mail Order (100-day supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic¹	\$0 copay	\$0 copay
Tier 3: Preferred Brand	19% coinsurance	19% coinsurance
Covered Insulin²	19%, up to \$35 copay	19%, up to \$105 copay
Tier 4: Non-Preferred Drug³	41% coinsurance	N/A

Prescription drug payment stages

Tier 5: Specialty Tier ³	30% coinsurance	N/A
--	-----------------	-----

Catastrophic Coverage

Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

¹ Tier includes enhanced drug coverage

² You pay no more than 19% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

³ Limited to a 30-day supply

**Scan this code to view
your Summary of
Benefits**



This information is not a complete description of benefits. Contact the plan for more information.

Y0066_MABH_2026_M H1045037000

PCFL26HM0334988_000