

Benefit Highlights

UHC Preferred Dual Complete FL-D01P (HMO D-SNP)

This is a short description of your 2026 plan benefits. The values shown represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.		
	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Monthly plan premium	\$0 with “Extra Help”	\$4.80 without “Extra Help”
Annual medical deductible (applies to certain medical benefits)	\$0	\$257 [†]
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$0	\$9,250


Plan benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	20% coinsurance
Specialist	\$0 copay (referral needed)	\$0 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$2,085 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	\$0 copay	20% coinsurance
Outpatient mental health		
Group therapy	\$0 copay	\$0 copay
Individual therapy	\$0 copay	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay

Plan benefits		
	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	20% coinsurance
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)	\$95 copay (\$0 copay for emergency care outside the United States) per visit
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

†These are the 2025 Medicare-defined amounts and may change for 2026

Additional plan benefits		
Routine physical		\$0 copay, 1 per year
 Hearing services	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	\$2,500 allowance for 2 hearing aids every 2 years <ul style="list-style-type: none"> <input type="checkbox"/> A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids <input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 6,500 locations <input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period <input type="checkbox"/> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered

Additional plan benefits



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 \$300 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 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

Routine transportation

\$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies

Foot care - routine

\$0 copay, 6 visits per year

Additional plan benefits



OTC, healthy food, utilities + wellness support

\$234 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members

- ☐ Choose from thousands of OTC products, like first aid supplies, pain relievers and more
- ☐ Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water
- ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
- ☐ Pay home utilities like electricity, heat, water and internet
- ☐ Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more

Meal benefit

\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

Prescription drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Deductible

Your deductible amount is \$0

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.

Drug coverage

30-day or 100-day supply from retail network pharmacy

Generic (including brand drugs treated as generic)

\$0, \$1.60, or \$5.10 copay
Drugs that are in Tier 1 are always \$0 copay.
(Some covered drugs are limited to a 30-day supply)

All other drugs¹

\$0, \$4.90, or \$12.65 copay
Drugs that are in Tier 1 are always \$0 copay.
(Some covered drugs are limited to a 30-day supply)

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 You pay no more than 25% 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.

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



The 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, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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