

Benefit Highlights

UHC Preferred Dual Complete FL-V2 (HMO D-SNP)

This is a short description of your 2025 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 with “Extra Help”	\$20.30 without “Extra Help”
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Medical benefits

Annual Medical Deductible	No deductible
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Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,400
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Doctor’s office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$15 copay (no referral needed)
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Preventive services	\$0 copay
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Inpatient hospital care	\$150 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
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Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
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Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$150 copay
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Outpatient mental health

Group therapy	\$15 copay
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Individual therapy	\$25 copay
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Diabetes monitoring supplies	\$0 copay for covered brands
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Medical benefits

Diagnostic radiology services (such as MRIs, CT scans)	\$250 copay
Diagnostic tests and procedures (non-radiological)	\$50 copay
Lab services	\$0 copay
Outpatient x-rays	\$25 copay
Ambulance	\$150 copay for ground or air
Emergency care	\$140 copay (\$0 copay for emergency care outside the United States) per visit
Urgently needed services	\$0 copay (worldwide)

Benefits and services beyond Original Medicare

Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$200 every year for lenses/frames and contacts. Plan covers polycarbonate lenses, anti-scratch and UV coatings at no cost to member. Home delivered eyewear available through select network providers (select products only).
Dental – preventive	\$0 copay for exams, cleanings, X-rays and fluoride
Dental – comprehensive	Covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	\$99 - \$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 through network providers. Includes hearing aids delivered directly to you (select products only).
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.

Benefits and services beyond Original Medicare

Routine transportation	\$0 copay for 60 one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	\$15 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$118 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drugs

Deductible	\$0
Initial Coverage	30-day or 100-day supply from retail or mail order network pharmacy
All covered drugs¹	\$0 copay (Some covered drugs are limited to a 30-day supply)

¹ You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.



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Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment. 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.