Benefit Highlights

UHC Preferred Medicare Advantage FL-0001 (HMO)

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

Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$2,900
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay (no 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	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $25 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$75 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	$0 copay for covered brands

Medical benefits	
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$120 copay for ground or air
Emergency care	$90 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 $300 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	$0 copay, 6 visits per year
Over-the-counter (OTC) credit	$175 credit every quarter to buy covered OTC products
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 drug payment stages		
Deductible	$0 for Part D prescription drugs	
Initial Coverage	**Standard Retail (30-day supply)**	**Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$0 copay	$0 copay
Tier 3: Covered Insulin Drugs [2]	$0 copay	$0 copay
Tier 4: Non-Preferred Drug [3]	$40 copay	N/A
Tier 5: Specialty Tier [3]	33% coinsurance	N/A
Catastrophic Coverage	After you, and others on your behalf, have paid a combined total of $2,000, 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 will pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay $0.

[3] Limited to a 30-day supply

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