

Benefit Highlights

UHC Preferred Dual Complete FL-V1 (HMO D-SNP)

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

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| Monthly plan premium | \$0 with “Extra Help” | \$4.80 without “Extra Help” |
| Annual Medical Deductible | \$0 | |
| Annual out-of-pocket maximum (the most you may pay in a year for covered medical care) | \$2,900 | |

Plan benefits

Doctor’s office visit

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| Primary care provider (PCP) | \$0 copay |
| Specialist | \$0 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

\$0 copay per stay for unlimited days

Skilled nursing facility (SNF)

\$0 copay per day: days 1-100

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

\$75 copay

Outpatient mental health

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| 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 |

Plan benefits

Durable medical equipment (DME) and related supplies

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| DME (e.g., wheelchairs, oxygen) | \$0 copay |
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| Prosthetics (e.g., braces, artificial limbs) | \$0 copay - 20% coinsurance |
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| Diabetes monitoring supplies | \$0 copay for covered brands |
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| Diagnostic radiology services (such as MRIs, CT scans) | \$0 copay |
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| Diagnostic tests and procedures (non-radiological) | \$0 copay |
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| Lab services | \$0 copay |
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| Outpatient x-rays | \$0 copay |
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| Ambulance | \$275 copay for ground or air |
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| Emergency care | \$150 copay (\$0 copay for emergency care outside the United States) per visit |
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| Urgently needed services | \$0 copay (worldwide) |
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Additional plan benefits

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| Routine physical | \$0 copay, 1 per year |
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Additional plan benefits

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|  Hearing services | Routine hearing exam | \$0 copay for a routine hearing exam to help support hearing health |
| | Hearing aids | <p>\$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.</p> <ul style="list-style-type: none"> □ 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 | <p>\$0 copay for exams, cleanings, X-rays, and fluoride</p> <p>Comprehensive dental is covered; for a complete list of services and copays, please contact the plan</p> <p>\$0 copay for comprehensive dental services</p> |
|  Vision services | Routine eye exam | \$0 copay, 1 per year |
| | Routine eyewear | <p>\$0 copay</p> <p>Plan pays up to \$250 every year for lenses/frames and contacts.</p> <p>Home delivered eyewear available through select network providers (select products only).</p> |
|  Fitness program | | <p>\$0 copay</p> <p>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:</p> <ul style="list-style-type: none"> □ 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 60 one-way trips to or from approved medically related appointments and pharmacies

Foot care - routine

\$0 copay, 6 visits per year



OTC, healthy food, utilities + wellness support

\$129 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)

Prescription drugs

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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