

# Benefit Highlights

## UHC MedicareMax Dual Complete FL-Y6 (HMO-POS D-SNP)

This is a short description of your 2025 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, 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, you will pay \$0 for your Medicare-covered services.** If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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### Medical benefits

#### Doctor’s office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$0 copay (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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<b>Preventive services</b>	\$0 copay
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<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days
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<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100
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<b>Outpatient hospital, including surgery</b>	\$0 copay
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#### Outpatient mental health

Group therapy	\$0 copay
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Individual therapy	\$0 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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<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands
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<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay
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## Medical benefits

<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay
<b>Ambulance</b>	\$0 copay for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)
<b>Urgently needed services</b>	\$0 copay (worldwide)

## Benefits and services beyond Original Medicare

<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$500 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).
<b>Dental – preventive (covered in-network and out-of-network)</b>	\$0 copay for exams, cleanings, X-rays and fluoride*
<b>Dental – comprehensive (covered in-network and out-of-network)</b>	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	\$5,000 combined limit on all covered dental services*
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	Plan pays up to \$3,200 every year for 2 hearing aids from network providers.  Includes hearing aids delivered directly to you (select products only).
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.

## Benefits and services beyond Original Medicare

<b>Routine transportation</b>	\$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
<b>Foot care - routine</b>	\$0 copay, 6 visits per year
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$344 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.
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
<b>In-home support services</b>	\$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

\*Benefits are combined in and out-of-network

## 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

<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<b>30-day or 100-day supply from retail or mail order network pharmacy</b>
<b>All covered drugs<sup>1</sup></b>	\$0 copay (Some covered drugs are limited to a 30-day supply)

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



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.