Benefit Highlights

UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

This is a short description of your 2023 plan benefits. The values shown in-network 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. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.

Monthly plan premium	$0 with full "Extra Help"	Up to $35.90, depending on your level of "Extra Help"

Medical benefits

	With Medicaid Cost Share Protection		**Without Medicaid Cost Share Protection**	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Annual Medical Deductible	No deductible		No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$0 In-network	$0 combined in and out-of-network	$8,300 In-network	$12,450 combined in and out-of-network
Doctor's office visit				
Primary care provider (PCP)	$0 copay	$0 copay	$0 copay	40% coinsurance
Specialist	$0 copay (no referral needed)	$0 copay (no referral needed)	20% coinsurance (no referral needed)	40% coinsurance (no 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	$0 copay	$0 copay - 40% coinsurance (depending on the service)

Medical benefits

	With Medicaid Cost Share Protection		Without Medicaid Cost Share Protection	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Inpatient hospital care	$0 copay per stay for unlimited days	$0 copay per stay for unlimited days	$1,556 copay per stay for unlimited days	40% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-100	$0 copay per day: days 1-100	$0 copay per day: for days 1-20 $194.50[†] copay per day: days 21-100	40% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$0 copay	$0 copay	20% coinsurance	40% coinsurance
Outpatient mental health				
Group therapy	$0 copay	$0 copay	20% coinsurance	40% coinsurance
Individual therapy	$0 copay	$0 copay	20% coinsurance	40% coinsurance
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	
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay	$0 copay for covered brands	40% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay	20% coinsurance	40% coinsurance
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay	20% coinsurance	40% coinsurance
Lab services	$0 copay	$0 copay	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$0 copay	20% coinsurance	40% coinsurance
Ambulance	$0 copay for ground or air	$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
Emergency care	$0 copay (worldwide)		$90 copay ($0 copay for emergency care outside the United States) per visit	

Medical benefits

	With Medicaid Cost Share Protection		Without Medicaid Cost Share Protection	
	In-network	Out-of-network	In-network	Out-of-network
Urgently needed services	$0 copay (worldwide)		$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.
†These are the 2022 Medicare-defined amounts and may change for 2023

Benefits and services beyond Original Medicare

	In-network	Out-of-network
Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eyewear	$0 copay Plan pays up to $550 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$3,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Hearing - routine exam	$0 copay, 1 per year*	40% coinsurance, 1 per year*
Hearing aids	Plan pays up to $3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Fitness program	$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.	
Routine transportation	$0 copay for 72 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*

	In-network	Out-of-network
Personal Emergency Response System	$0 copay for a personal emergency response system (PERS)	
Foot care - routine	$0 copay, 12 visits per year*	40% coinsurance, 12 visits per year*
Routine chiropractic care	$0 copay, 12 visits per year*	40% coinsurance, 12 visits per year*
Routine acupuncture	$0 copay, 12 visits per year*	40% coinsurance, 12 visits per year*
Food, over-the-counter (OTC) and utility bill credit	$205 credit every month to pay for covered groceries, OTC products and certain utility bills	
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription drugs

	Your cost
Annual prescription (Part D) deductible	$0
30-day or 100-day supply from retail network pharmacy	
All covered drugs	$0 copay Some covered drugs limited to a 30-day supply

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.