

The UHC MedicareMax Dual Complete FL-D4 (HMO D-SNP) plan offers a monthly premium between \$0 and \$20.30, with an annual medical deductible ranging from \$0 to \$257 and an out-of-pocket maximum of \$0 to \$9,350. Eligibility requires members to be enrolled in Medicare and have full or partial Medicaid coverage in specific categories in Florida. The plan includes a \$267 monthly credit for over-the-counter (OTC) products, healthy food, and utility bills, alongside comprehensive dental benefits with no copay for preventive and comprehensive services. Members benefit from unlimited routine transportation to medical appointments at no cost, and \$0 copays for primary care visits, specialist visits (with a referral), virtual visits, and preventive services. Mental health services, opioid treatment, and various therapies also incur no copays.

Prescription drug coverage features a \$0 annual deductible, with \$0 copays for brand and generic drugs for those receiving Extra Help. Routine eye exams and eyewear are covered with a \$0 copay, providing up to \$300 annually for lenses and frames, while hearing aids are covered with a \$2,200 allowance for two devices per year. Additional benefits include a fitness program with a free gym membership, meal delivery post-hospitalization, and routine foot care. Emergency care copays range from \$0 to \$110, and inpatient hospital care is \$0 copay for members with full Medicaid or Qualified Medicare Beneficiary status. Ambulance services are covered at no copay, and various outpatient services have minimal cost-sharing.

Enrollment in this plan is contingent upon contract renewal with Medicare and is insured through UnitedHealthcare Insurance Company or its affiliates. The policy clarifies that ARP and its affiliates are not part of the contractual relationship. Members receiving Extra Help from Medicare may have reduced or eliminated copays. Benefits, features, and devices may vary by plan and area, with potential limitations, exclusions, and network restrictions. Hearing aids are only covered if obtained from a UnitedHealthcare Hearing network provider, and other hearing exam providers are available within the network. For Chronic Special Needs Plans (C-SNP), members will pay a maximum of \$25 for each 1-month supply of Part D covered insulin drugs, while other plans have a maximum copay

of \$35, with \$0 due during the Catastrophic drug payment stage. Benefits related to food, OTC items, and utilities have expiration timeframes, and eligibility for these benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare. The healthy food benefit is available only to chronically ill enrollees with qualifying conditions, and the fitness benefit includes a standard fitness membership, with a recommendation to consult a doctor before starting any exercise program. Out-of-network dental coverage may incur higher costs, and routine transportation is not for emergencies. Virtual visits may require specific devices and are not available for emergencies. The policy mentions that \$0 copays may apply to preferred home delivery prescriptions during the initial coverage phase but may not apply during the Catastrophic stage. Starting January 1, 2025, members spending over \$2,000 on covered Part D prescription drugs may consider the Medicare Prescription Payment Plan, allowing for the spreading of out-of-pocket costs over the calendar year. Out-of-network providers are not obligated to treat members except in emergencies, and the document advises checking the Evidence of Coverage for more details on cost-sharing. Additionally, the D-SNP and C-SNP values shown in-network depend on the Medicare Parts A and B plan cost-sharing covered by the state, and members are encouraged to refer to their Summary of Benefits or Evidence of Coverage for complete information. Information is available in other languages at no cost, and members can contact Customer Service for assistance.