

The UHC Senior Care Options MA-Y001 (HMO D-SNP) plan provides a comprehensive insurance package with a \$0 monthly premium, \$0 annual medical deductible, and an out-of-pocket maximum of \$0. To be eligible, members must be entitled to Medicare Part A, enrolled in Medicare Part B, and have MassHealth Standard Medicaid. The plan offers a \$125 monthly credit for over-the-counter products, healthy food, and utility bills, with \$0 copays for a variety of services including primary care provider visits, specialist consultations, virtual visits, annual routine physicals, preventive services, mental health outpatient services, and opioid treatment services. Prescription drug coverage features a \$0 annual deductible and \$0 copays for both brand and generic drugs for members receiving Extra Help. While comprehensive dental benefits are included, routine dental care is not covered. Emergency and urgent care visits, ambulance services, inpatient hospital care, outpatient services, and therapy sessions also incur no copay, and lab services, outpatient X-rays, and diagnostic tests are covered at a \$0 copay. Routine eye exams are not covered, but members can access routine hearing exams at no cost once per year. Additional benefits include a fitness program with \$0 copay for Renew Active, which grants access to gyms and online fitness classes. The plan is insured through UnitedHealthcare Insurance Company, with enrollment contingent on the plan's contract renewal with Medicare. Limitations and exclusions may apply, particularly regarding eligibility for benefits like the healthy food and utilities credit, which is restricted to members with Extra Help from Medicare.

Supplemental benefits are available exclusively to chronically ill enrollees with qualifying conditions such as high blood pressure, high cholesterol, chronic mental health conditions, diabetes, and cardiovascular disorders, subject to meeting all applicable plan coverage criteria. Members are advised to consult a doctor before starting any exercise program related to the fitness benefit, which includes a standard fitness membership. The gym network may vary by local market, and if out-of-network dental coverage is included, seeing an out-of-network dentist may result in higher costs. Routine transportation services are not intended for emergencies, and virtual visits require a video-enabled device, with not all network providers offering this service. \$0 copays may be limited

to preferred home delivery prescriptions during the initial coverage phase and may not apply during the Catastrophic stage. Members are not required to use Optum® Home Delivery Pharmacy or Optum Rx for regular medications, as other pharmacies may be available in the network. Starting January 1, 2025, if annual spending on covered Part D prescription drugs exceeds \$2,000, members may consider the Medicare Prescription Payment Plan to spread out-of-pocket costs over the remainder of the calendar year. Out-of-network providers are not obligated to treat members except in emergencies, and for more information on cost-sharing for out-of-network services, members should refer to customer service or their Evidence of Coverage. The D-SNP and C-SNP plans indicate that in-network values reflect a range based on the Medicare Parts A and B plan cost-sharing covered by the state, with Medicaid eligibility potentially affecting cost-sharing. For complete information regarding costs and applicable Medicaid cost-sharing, members should consult their Summary of Benefits or Evidence of Coverage, as limitations, exclusions, and restrictions may apply. Assistance is available in other languages at no cost by contacting Customer Service.