

The UHC Nursing Home Plan NY-F003 (HMO I-SNP) is tailored for individuals needing nursing home-level care, featuring a monthly premium of \$7.10 and an annual medical deductible of \$0, with an out-of-pocket maximum of \$6,000. Primary care visits are free of copay, while specialist visits range from \$0 to 20% of the cost, and virtual visits also incur no copay. Preventive services, including annual physicals and vaccinations, are covered without copay, while mental health services require a 20% cost share for both group and individual therapy, with opioid treatment services available at no copay. Prescription drugs have an annual deductible of \$590, which can be waived for those qualifying for Extra Help, and a 25% coinsurance applies for all covered drugs at retail and mail-order pharmacies. For those eligible for Extra Help, copays can be as low as \$0 for brand drugs and \$1.60 for generics. The plan does not include dental coverage, and routine dental services are excluded.

Emergency care incurs a \$50 copay, urgent care visits have a \$40 copay, and inpatient hospital stays require a \$1,500 copay per stay, while outpatient services range from \$0 to 20% of the cost. Skilled nursing facility care is covered at \$0 copay for the first 100 days, and home health care also has no copay. Additional benefits include routine vision care with a \$100 allowance for eyewear and \$0 copay for routine eye exams. Enrollment is contingent upon the plan's contract renewal with Medicare and is insured through UnitedHealthcare Insurance Company. Members may benefit from lower copays if they qualify for Extra Help from Medicare, and the plan's benefits may vary by area, with certain limitations and exclusions.

For chronically ill enrollees, the plan offers a healthy food benefit for those with qualifying conditions such as diabetes or cardiovascular disorders, and for D-SNP enrollees in Tennessee, it extends to conditions like high blood pressure and chronic mental health issues. A fitness benefit providing a standard gym membership is also included, although members are advised to consult a doctor before starting any exercise program. Out-of-network dental coverage may incur higher costs, and routine transportation is not intended for emergencies. Virtual visits require a video-enabled device

and are not available for emergency situations. Members can enjoy \$0 copays on preferred home delivery prescriptions during the initial coverage phase, but this may not apply during the Catastrophic stage. Starting January 1, 2025, members spending over \$2,000 on covered Part D prescription drugs may opt into the Medicare Prescription Payment Plan, which allows for spreading out-of-pocket costs over the calendar year. Out-of-network providers are not obligated to treat members except in emergencies, and members should refer to their Evidence of Coverage for specific cost-sharing details. For D-SNP and C-SNP members, in-network values reflect the cost-sharing covered by the state Medicaid program, which may vary based on individual eligibility. Additional information is accessible in multiple languages through customer service.