

The UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) plan is designed for eligible members who are entitled to Medicare Part A, enrolled in Medicare Part B, and have MassHealth Standard Medicaid. This plan features a \$0 monthly premium, \$0 annual medical deductible, and an out-of-pocket maximum of \$0. Members receive a \$125 monthly credit for over-the-counter products, healthy food, and utility bills. Key services such as primary care provider visits, specialist consultations, virtual visits, preventive services, mental health outpatient services, and opioid treatment services incur no copay. Prescription drug coverage includes a \$0 annual deductible, with \$0 copays for both brand and generic drugs for those receiving Extra Help. While comprehensive dental services are included, routine dental care is not covered. Emergency and urgent care visits, ambulance services, inpatient hospital care, outpatient services, and therapy sessions also have no copay. Routine eye exams are not covered, but routine hearing exams are available at no cost once per year. Additional benefits include a fitness program with \$0 copay for Renew Active, which covers gym memberships and online fitness classes, as well as unlimited one-way transportation to approved locations at no cost. Enrollment in the plan is contingent upon the contract renewal with Medicare, and benefits may vary by plan and area, with applicable limitations and exclusions.

The policy also outlines specific benefits for enrollees with chronic conditions such as diabetes, chronic heart failure, and cardiovascular disorders, who meet certain criteria. In Tennessee, D-SNP enrollees with qualifying conditions like high blood pressure and high cholesterol can access a healthy food benefit. The fitness benefit includes a standard gym membership, but individuals are encouraged to consult their doctors before starting any exercise program. Out-of-network dental coverage may incur higher costs, and the availability of network providers can vary by location. Routine transportation services are not intended for emergencies, and virtual visits may require specific technology and are not universally available through all network providers. The policy notes that \$0 copays for preferred home delivery prescriptions may be limited during the initial coverage phase and may not apply during the Catastrophic stage. Starting January 1, 2025, enrollees exceeding \$2,000 in out-of-pocket costs for covered Part D prescription drugs may opt into the

Medicare Prescription Payment Plan, allowing for cost spreading over the calendar year. Out-of-network providers are not obligated to treat members except in emergencies, and cost-sharing details for out-of-network services are available in the Evidence of Coverage. Additionally, the policy includes a disclaimer regarding state-level Medicaid and D-SNP, indicating that costs may vary based on Medicaid eligibility, with limitations and exclusions applicable. Information is also available in multiple languages upon request.