

The UHC Preferred Medicare Advantage FL-0001 (HMO) plan features a \$0 monthly premium and a \$2,900 out-of-pocket maximum, providing extensive coverage without an annual medical deductible. Members benefit from a \$0 copay for primary care provider visits, specialist visits, virtual visits, and preventive services, as well as comprehensive dental benefits with no copay for preventive and comprehensive dental care. Additionally, members receive a quarterly \$175 credit for over-the-counter (OTC) products and a \$0 copay for routine vision exams, along with a \$300 allowance for eyewear. The plan covers various outpatient services, including urgent care, inpatient hospital stays, and therapy sessions, all at a \$0 copay. Prescription drug coverage includes a \$0 copay for Tier 1 and Tier 2 drugs at network pharmacies, with a \$40 copay for Tier 4 drugs and 33% of the cost for specialty drugs. Other benefits encompass routine hearing exams, a fitness program with free gym memberships, transportation services, meal delivery post-hospital stays, and diabetes monitoring supplies at no cost. For prescription orders through the Home Delivery Pharmacy, prior approval from a doctor is required for the first order, with new prescriptions typically arriving within ten business days and refills within seven. Copays may be limited to preferred home delivery prescriptions during the initial coverage phase and may not apply during the coverage or catastrophic stages, with benefits varying by plan and area. Enrollment is through UnitedHealthcare Insurance Company or its affiliates, contingent on the plan's contract renewal with Medicare, and AARP membership is not required. Members qualifying for Extra Help from Medicare may have reduced or eliminated copays. For Chronic Special Needs Plans, a maximum of \$25 is charged for each one-month supply of covered insulin drugs, while other plans may charge up to \$35, except during the catastrophic stage where the cost is \$0. Additional benefits include healthy food and utility benefits for members with Extra Help, fitness memberships, and routine transportation, though these are not for emergencies. Virtual visits may require specific technology and are not available through all network providers. If members choose to see an out-of-network dentist, they may incur higher costs. Starting January 1, 2025, if annual spending on covered Part D prescription drugs exceeds \$2,000, members may opt into the Medicare Prescription Payment Plan to manage out-of-pocket costs. Out-of-network providers are not obligated to treat members except in

emergencies, and specific cost-sharing applies. Information is available in multiple languages upon request. For full details, members are encouraged to refer to the Evidence of Coverage or Summary of Benefits.