

The UHC Preferred Dual Complete FL-Y2 (HMO-POS D-SNP) plan provides a \$0 monthly premium and a \$0 annual medical deductible, with an out-of-pocket maximum also set at \$0. Eligibility requires members to qualify for both Medicare and Medicaid, specifically holding full Medicaid coverage in designated categories in Florida. The plan offers a \$357 monthly credit for over-the-counter (OTC) products, healthy food, and utility bills, along with a \$5,000 annual allowance for covered dental services, which includes cleanings, fillings, crowns, root canals, extractions, and dentures. Members benefit from unlimited routine transportation to medical appointments at no copay, and primary care visits, specialist consultations, virtual visits, and preventive services are available with a \$0 copay. Prescription drug coverage features a \$0 copay for both brand and generic drugs, with no annual deductible. Additional benefits include \$0 copay for urgent care, emergency care, inpatient hospital stays, outpatient services, and various therapies. Routine eye exams and eyewear are covered with a \$0 copay, and there is a \$3,200 allowance for hearing aids. The plan also includes a fitness program with no copay, meal delivery post-hospitalization, and routine foot care. However, benefits may vary by area, and limitations and exclusions apply. Enrollment is contingent upon the plan's contract renewal with Medicare, and members receiving Extra Help may have reduced or eliminated copays.

The policy outlines that benefits and features may vary by plan and area, with potential limitations, exclusions, and network restrictions. Hearing aids are covered only if obtained from a UnitedHealthcare Hearing network provider, although 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 through all coverage stages, except during the Catastrophic drug payment stage where the cost is \$0. For all other plans, the maximum payment for insulin is \$35 per month, with the same \$0 payment during the Catastrophic stage. Benefits related to food, OTC items, and utilities have expiration timeframes, and eligibility for the healthy food and utilities benefit under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare. The healthy food benefit is specifically available to

chronically ill enrollees with qualifying conditions, such as diabetes or cardiovascular disorders, who meet all plan coverage criteria. The fitness benefit includes a standard fitness membership, but members are advised to consult their doctor before starting any exercise program. If out-of-network dental coverage is offered, costs may be higher when using out-of-network dentists, and routine transportation is not intended for emergencies. Virtual visits may require specific devices and are not available for emergencies. \$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, 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 more details on cost-sharing. The policy also notes that 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 Medicaid eligibility may affect costs. Information is available in other languages upon request.