

The UHC Nursing Home Plan NY-F002 (PPO I-SNP) is tailored for individuals requiring nursing home-level care, featuring a monthly premium of \$35.80 and an annual medical deductible of \$0. The plan includes an out-of-pocket maximum of \$1,500 for in-network services and \$4,200 for combined in and out-of-network services. It offers a quarterly credit of \$190 for over-the-counter (OTC) products and a dental allowance of \$1,750 for covered services such as cleanings, fillings, and dentures. Primary care visits have a \$0 copay, while specialist visits range from \$0 to 20% of the cost, depending on the provider, and virtual visits also incur a \$0 copay. Preventive services are covered at no cost, and mental health services require a 20% copay for both group and individual therapy. Prescription drug coverage includes a \$590 annual deductible, with a 25% coinsurance for all covered drugs at retail and mail-order pharmacies. Additional medical benefits include a \$40 copay for urgent care visits, a \$50 copay for emergency care, and a \$1,500 copay per inpatient hospital stay, while outpatient services may range from \$0 to 20% of the cost. Skilled nursing facility care has a \$0 copay for the first 100 days. The plan also provides extra benefits such as routine eye exams with a \$0 copay, an annual eyewear allowance of up to \$200, and transportation services for approved trips.

The policy outlines that the savings benefit applies during the Initial Coverage period, which begins after the deductible is met and ends when total drug costs reach \$5,030 in 2024. Members are not required to use Optum Home Delivery Pharmacy for regular medications but must approve the first prescription order from their doctor. New prescriptions typically arrive within ten business days, while refills take about seven days. Copays may be \$0 for preferred home delivery prescriptions during the initial coverage phase but may not apply during the coverage or catastrophic stages. Enrollment is contingent upon contract renewal with Medicare, and while UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property, AARP is not an insurer, and membership is not required for enrollment. Eligible members for Extra Help from Medicare may have reduced or eliminated copays. Benefits vary by plan and area, with limitations and exclusions applicable. For chronic special needs plans, members pay a maximum of \$25 for a one-month supply of covered insulin

drugs, while other plans have a maximum of \$35, except during the catastrophic stage where the cost is \$0. Additional benefits include a fitness membership, routine transportation (not for emergencies), and virtual visits, which may require specific technology. Starting January 1, 2025, members spending over \$2,000 on covered Part D prescription drugs may consider the Medicare Prescription Payment Plan to spread costs throughout the year. Out-of-network providers are not obligated to treat members except in emergencies, and costs for out-of-network services can be found in the Evidence of Coverage. For D-SNP and C-SNP members, Medicaid may cover some cost-sharing, with further details available in the Summary of Benefits or Evidence of Coverage. Information is accessible in multiple languages upon request.