

The UHC Dual Complete FL-Y001 (HMO-POS D-SNP) plan offers a comprehensive insurance package with a \$0 monthly premium, \$0 annual medical deductible, and an out-of-pocket maximum of \$0. Members benefit from \$0 copays for primary care visits, specialist consultations, and virtual visits, along with no copay for preventive services such as annual physicals and mental health outpatient services. Prescription drug coverage includes a \$0 annual deductible and \$0 copay for both brand and generic medications for eligible members. The plan also provides a \$5,000 allowance for covered dental services, with \$0 copay for preventive and comprehensive care when using network providers. Additional benefits encompass \$418 monthly credits for over-the-counter products, healthy food, and utility bills, as well as \$0 copay for routine transportation to medical appointments, allowing up to 72 one-way rides per year. Routine eye exams and eyewear are covered with a \$0 copay, and there is a \$3,200 allowance for hearing aids. Members can earn rewards for wellness activities and access a no-cost fitness program, along with meal benefits for home-delivered meals post-hospitalization and chiropractic services at no copay.

Eligibility for this plan requires enrollment in both Medicare and Medicaid with full Medicaid coverage in specific categories in Florida. The plan is subject to renewal with Medicare, and members are encouraged to review the Evidence of Coverage for detailed benefits and limitations. The policy outlines that benefits and features may vary by plan and area, with potential limitations, exclusions, and network restrictions. Coverage for hearing aids is limited to providers within the UnitedHealthcare Hearing network. For Chronic Special Needs Plans (C-SNP), members pay a maximum of \$25 for each one-month supply of covered insulin drugs, while other plans have a maximum of \$35, with \$0 copay during the Catastrophic drug payment stage. Certain benefits, such as healthy food and utility assistance, are available only to members with Extra Help and specific chronic conditions, with eligibility determined post-enrollment. The fitness benefit includes a standard membership, and members are advised to consult their doctors before starting any exercise program. Out-of-network dental coverage may incur higher costs, and routine transportation is not for emergencies. Virtual visits require appropriate technology and are not

available for emergencies. The policy also mentions a Medicare Prescription Payment Plan for those exceeding \$2,000 in covered Part D prescription drug costs annually, allowing for the spreading of out-of-pocket expenses. 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. Additionally, the policy includes a disclaimer regarding state-level Medicaid and D-SNP, indicating that costs may vary based on Medicaid eligibility and coverage, with information available in multiple languages through customer service.