

The UHC Preferred Dual Complete FL-D001 (HMO D-SNP) is a Medicare Advantage plan tailored for individuals eligible for Medicare and with full or partial Medicaid coverage in specific categories in Florida. The plan features a monthly premium ranging from \$0 to \$20.30, an annual medical deductible between \$0 and \$257, and an out-of-pocket maximum of \$0 to \$9,350. Members receive a \$292 monthly credit for over-the-counter (OTC) products, healthy food, and utility bills. Coverage includes preventive and comprehensive dental services with \$0 copay for network services, primary care visits, specialist consultations, and virtual visits, all at no cost. Preventive services, mental health outpatient services, and opioid treatment services are also covered with \$0 copay. Prescription drug coverage entails a \$0 annual deductible, with \$0 copay for both brand and generic drugs for eligible members. Additional benefits include \$0 copay for urgent care, emergency care (with copays from \$0 to \$110), and ambulance services. Inpatient hospital care is covered at \$0 copay for those with full Medicaid or as Qualified Medicare Beneficiaries, while others may face copays ranging from \$0 to \$1,890 per stay. Outpatient services and therapy sessions have varying copays from \$0 to 20% of the cost. The plan provides routine eye exams and eyewear with \$0 copay, a \$2,200 allowance for hearing aids, and a fitness program with \$0 copay for gym memberships. Members are entitled to 28 home-delivered meals post-hospitalization at no cost. Benefits may vary by area and are subject to limitations and exclusions, with enrollment contingent upon the plan's contract renewal with Medicare. AARP is noted as not being an insurer and does not endorse specific products.

The policy outlines various benefits for members, particularly those receiving Extra Help from Medicare, which may reduce or eliminate copays. Benefits, features, and devices vary by plan and area, with limitations and exclusions applicable. Hearing aids are covered only if obtained from a UnitedHealthcare Hearing network provider, while other hearing exam providers are available within the network. For Chronic Special Needs Plans (C-SNP), members pay a maximum of \$25 for each 1-month supply of Part D covered insulin drugs, except during the Catastrophic stage where the cost is \$0; for all other plans, the maximum is \$35 under similar conditions. Benefits related to food, OTC

items, and utilities have expiration timeframes, and eligibility for these benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare. The healthy food benefit is available only to chronically ill enrollees with qualifying conditions, such as diabetes or cardiovascular disorders, who meet plan criteria. The fitness benefit includes a standard fitness 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 a video-enabled device and are not available for emergencies. \$0 copays may apply to preferred home delivery prescriptions during the initial coverage phase but may not be applicable 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 to spread out-of-pocket costs. Out-of-network providers are not obligated to treat members except in emergencies, and cost-sharing details for out-of-network services can be found in the Evidence of Coverage. The policy also notes that D-SNP and C-SNP values in-network depend on state Medicaid coverage, which may involve cost-sharing. Additional information is available in other languages upon request.