

The UHC Preferred Dual Complete FL-V1 (HMO D-SNP) is a Medicare Advantage plan tailored for individuals eligible for Medicare 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 of \$0, and an out-of-pocket maximum of \$2,900. Members benefit from a \$0 copay for primary care provider visits, specialist visits, virtual visits, and preventive services, including annual routine physicals and mental health services. Additionally, members receive a \$144 monthly credit for over-the-counter products, healthy food, and utility bills. Dental benefits include \$0 copay for preventive and comprehensive services, while routine transportation offers 60 one-way rides at no cost for doctor visits or pharmacy trips.

Prescription drug coverage entails a \$0 annual deductible, with \$0 copay for both brand and generic drugs for those receiving Extra Help. The plan covers various medical services with specific copays, such as \$0 for urgent care, \$140 for emergency care, and \$275 for ambulance services. Inpatient hospital care is covered at \$0 per stay, while outpatient services incur a \$75 copay. Additional benefits include \$0 copay for physical, speech, and occupational therapy, lab services, and diabetes monitoring supplies. Routine eye exams and eyewear are covered with \$0 copay, while hearing aids have copays ranging from \$99 to \$1,249.

The plan also includes a fitness program with \$0 copay for Renew Active, meal benefits for home-delivered meals post-hospitalization, and routine foot care. Enrollment is contingent upon contract renewal with Medicare, and benefits may vary by plan and area. Members are encouraged to review the Evidence of Coverage for detailed information on benefits, limitations, and exclusions. The policy outlines specific provisions for hearing exams and aids, insulin drug costs, and supplemental benefits. Hearing aids are accessible only through UnitedHealthcare Hearing network providers, with other hearing exam providers 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, while other plans have a maximum of \$35, with \$0 due during the Catastrophic drug

payment stage.

Benefits related to food, over-the-counter items, and utilities have expiration timeframes, and eligibility for the healthy food and utilities benefit is limited to members with Extra Help from Medicare. The healthy food benefit is available to chronically ill enrollees with qualifying conditions, such as diabetes or cardiovascular disorders, and is subject to plan coverage criteria. The fitness benefit includes a standard gym 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. The policy mentions that \$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 to spread out-of-pocket costs. Out-of-network providers are not obligated to treat members except in emergencies, and state-level Medicaid may affect cost-sharing for D-SNP and C-SNP members. Information is available in other languages upon request.