

The UHC Dual Complete TX-V007 (HMO-POS D-SNP) plan is designed for eligible members enrolled in Medicare with full or partial Medicaid coverage in specific categories in Texas, offering a monthly premium between \$0 and \$3, an annual medical deductible of \$0, and an out-of-pocket maximum of \$3,900. Members receive a \$76 monthly credit for over-the-counter products, healthy food, and utility bills, alongside a \$2,500 dental allowance for preventive and comprehensive services. The plan includes transportation benefits, providing 12 one-way rides to doctor visits or pharmacies at no copay. For medical services, primary care visits have a \$0 copay, while specialist visits require a \$20 copay (with a referral). Virtual visits are also available at no copay, and preventive services, such as annual physicals and vaccinations, incur no copay. Mental health services have a copay of \$15 for group sessions and \$25 for individual sessions, while emergency care costs \$140 and urgent care visits are \$65. Inpatient hospital care is \$0 copay for members with full Medicaid or Qualified Medicare Beneficiary status; otherwise, it costs \$250 per day for the first five days.

Prescription drug coverage features a \$0 annual deductible, with \$0 copay for brand and generic drugs for those receiving Extra Help. For others, brand drugs cost \$12.15 and generics \$4.90. The plan covers routine eye exams and eyewear with a \$0 copay for exams and up to \$250 for eyewear every two years, as well as hearing exams at no copay, with hearing aid copays ranging from \$99 to \$1,249. Additional benefits include a fitness program with \$0 copay for Renew Active and rewards for wellness activities. It is important to note that benefits may vary by area, and limitations and exclusions apply. Enrollment is contingent upon the plan's contract renewal with Medicare, and AARP membership is not required for enrollment.

The policy outlines various benefits, including coverage for prescription drugs, hearing aids, and supplemental benefits for chronic conditions, with reduced or no copays for members receiving Extra Help from Medicare. Insulin drugs have a maximum copay of \$25 for Chronic Special Needs Plans (C-SNP) and \$35 for other plans, with \$0 copay during the Catastrophic stage. Benefits

related to healthy food and utilities are available only to members with Extra Help and specific chronic conditions. Fitness benefits include a standard gym membership, while out-of-network services are not guaranteed except in emergencies, potentially leading to higher costs. The Medicare Prescription Payment Plan allows members to spread out-of-pocket costs for covered Part D drugs over the calendar year if they exceed \$2,000. The policy also includes a disclaimer regarding state-level Medicaid and D-SNP, indicating that costs may vary based on Medicaid eligibility, and emphasizes that limitations, exclusions, and network restrictions apply, with further details available in the Evidence of Coverage. Information is accessible in multiple languages upon request.