



# Summary of Benefits 2025

**UHC Dual Complete FL-D005 (Regional PPO D-SNP)**  
R0759-003-000

Look inside to learn more about the plan and the health and drug services it covers.  
Contact us for more information about the plan.



**UHC.com/CommunityPlan**



**Toll-free 1-844-560-4944, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week

**United  
Healthcare®**  
Dual Complete

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [MyUHC.com/CommunityPlan](https://myuhc.com/CommunityPlan) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC Dual Complete FL-D005 (Regional PPO D-SNP)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$20.30	
<b>Part B premium reduction</b>	\$1.20 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	
<b>Annual medical deductible</b>	Your medical deductible is \$257 combined in and out-of-network for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$9,350  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$14,000  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
	If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	

## Medical premium, deductible and limits

	In-network	Out-of-network
<b>Medicare cost-sharing</b>	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.	If you are a QMB or have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.

## Medical benefits

	In-network	Out-of-network	
<b>Inpatient hospital care<sup>2</sup></b> Our plan covers an unlimited number of days for an inpatient hospital stay.	\$0 copay per stay, or; \$1,365 copay per stay	40% coinsurance per stay	
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise	40% coinsurance
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise	40% coinsurance
	Outpatient hospital observation services <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
<b>Doctor visits</b>	Primary care provider	\$0 copay or 20% coinsurance	40% coinsurance
	Specialists <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

## Medical benefits



	In-network	Out-of-network	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse counseling</li> <li><input type="checkbox"/> Annual wellness visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> Hepatitis C screening</li> <li><input type="checkbox"/> HIV screening</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li><input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li> </ul>	


Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

## Emergency care

\$0 copay or \$110 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Medical benefits			
		In-network	Out-of-network
<b>Urgently needed services</b>		\$0 copay or \$45 copay (\$0 copay for urgently needed services outside the United States) per visit	
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$0 copay or 20% coinsurance otherwise	40% coinsurance
	Lab services <sup>2</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Therapeutic radiology <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Outpatient X-rays <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	40% coinsurance
	Routine hearing exam	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Hearing aids <sup>2</sup>	\$2,200 allowance every year for 2 hearing aids* <ul style="list-style-type: none"> <li><input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li><input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li><input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>	
 <b>Routine dental benefits</b>	Preventive and comprehensive <sup>2</sup>	\$1,500 allowance for all covered dental services* <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>	

Medical benefits			
		In-network	Out-of-network
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	40% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Routine eyewear	\$0 copay Plan pays up to \$150 every year for lenses/frames and contacts. Plan covers polycarbonate lenses, anti-scratch and UV coatings at no cost to member. Home delivered eyewear available through select network providers (select products only).*	
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay, or; \$1,365 copay per stay	40% coinsurance per stay
	Outpatient group therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b> (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.	\$0 copay per day: days 1-100, or; \$0 copay per day: days 1-20 \$209.50 copay per day: days 21-100	40% coinsurance per stay, up to 100 days	
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance

Medical benefits			
		In-network	Out-of-network
	Occupational Therapy Visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$0 copay or 20% coinsurance for ground	20% coinsurance for ground
Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay or 20% coinsurance for air	20% coinsurance for air
<b>Routine transportation</b>		\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Part B covered insulin <sup>2</sup>	\$0 copay or 20% coinsurance, up to \$35	40% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drugs	
<b>Deductible</b>	\$0

## Prescription drugs

**Initial Coverage**      **30-day<sup>^</sup> or 100-day supply from a retail or mail order network pharmacy**

All covered drugs<sup>3</sup>      \$0 copay  
(Some covered drugs are limited to a 30-day supply)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.


<sup>3</sup>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.

## Additional benefits

		In-network	Out-of-network
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay	40% coinsurance
	Routine chiropractic services	\$0 copay, 12 visits per year*	40% coinsurance, 12 visits per year*
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay	40% coinsurance
		<p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	



<b>Additional benefits</b>			
		<b>In-network</b>	<b>Out-of-network</b>
	Diabetes self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Routine foot care	\$0 copay, 8 visits per year*	40% coinsurance, 8 visits per year*
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	
<b>Home health care<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay or 20% coinsurance	40% coinsurance

Additional benefits		
	In-network	Out-of-network
 <b>Food, over-the-counter (OTC) and utility bill credit</b>	\$50 credit every month to pay for OTC products, healthy food and utility bills <ul style="list-style-type: none"> <li><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li> <li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>	
<b>Renal dialysis<sup>2</sup></b>	\$0 copay or 20% coinsurance	20% coinsurance

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network

## Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

## Annual medical deductible

Your deductible is \$257 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

### Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

### In-network

List of applicable services

#### Outpatient hospital

- Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient hospital observation services

#### Doctor visits

- Primary
- Specialists

#### Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

#### Hearing services

### Out-of-network

List of applicable services

#### Outpatient hospital

- Ambulatory surgical center (ASC)
- Outpatient hospital, including surgery
- Outpatient hospital observation services

#### Doctor visits

- Primary
- Specialists

#### Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI)
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

#### Hearing services

- 
- Exam to diagnose and treat hearing and balance issues

- Exam to diagnose and treat hearing and balance issues
- 

**Vision services**

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

**Vision services**

- Exam to diagnose and treat diseases and conditions of the eye
  - Eyewear after cataract surgery
- 

**Mental health**

- Outpatient group therapy visit
- Outpatient individual therapy visit

**Mental health**

- Outpatient group therapy visit
  - Outpatient individual therapy visit
- 

**Physical therapy and speech and language therapy visit**

**Physical therapy and speech and language therapy visit**

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**Ambulance**

**Ambulance**

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**Medicare Part B drugs**

- Chemotherapy drugs
- Other Part B drugs

**Medicare Part B drugs**

- Chemotherapy drugs
  - Other Part B drugs
- 

**Chiropractic services**

- Manual manipulation of the spine to correct subluxation

**Chiropractic services**

- Manual manipulation of the spine to correct subluxation
- 

**Diabetes management**

- Diabetes monitoring supplies
- Therapeutic shoes or inserts

**Diabetes management**

- Diabetes monitoring supplies
  - Diabetes self-management training
  - Therapeutic shoes or inserts
- 

**Durable medical equipment (DME) and related supplies**

- Durable medical equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

**Durable medical equipment (DME) and related supplies**

- Durable medical equipment (e.g. wheelchairs, oxygen)
  - Prosthetics (e.g., braces, artificial limbs)
- 

**Foot care**

- Foot exams and treatment

**Foot care**

- Foot exams and treatment
- 

**Occupational therapy visit**

**Occupational therapy visit**

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**Opioid treatment program services**

**Opioid treatment program services**

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**Outpatient substance use disorder services**

- Outpatient group therapy visit
- Outpatient individual therapy visit

**Outpatient substance use disorder services**

- Outpatient group therapy visit
  - Outpatient individual therapy visit
- 

**Renal dialysis**

**Renal dialysis**

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**Inpatient services**

- Inpatient hospital
- Inpatient mental health

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**Skilled nursing facility (SNF)**

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**Home health care**

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## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Florida Department of Children and Families, 1-850-300-4323.

Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
<b>Inpatient Hospital Care</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services (Including assistive care services)	Covered
<b>Doctor Office Visits</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.	Covered

Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
<b>Outpatient Surgery</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Emergency Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Urgently Needed Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p>	Covered

Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
	\$0 co-pay for Medicaid services	
<b>Hearing Services</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
<b>Dental Services</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
<b>Vision Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services including up to one routine vision exam, up to one pair of frames (includes Medicaid covered eyeglass lenses and frames) per year, and in total up to two pairs of lenses (includes Medicaid covered lenses) per year, or contact lenses (if medically necessary).</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p>	Covered
<b>Preventive Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p>	Covered



Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
	\$0 co-pay for Medicaid services	
<b>Mental Health Care</b> <input type="checkbox"/> Behavioral Health Targeted Case Management <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Mental Health Case Management	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
<b>Outpatient Rehabilitation</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services	Covered
<b>Ambulance</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
<b>Transportation (Routine)</b>	\$0 co-pay for Medicaid services	Covered

Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
	<p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.</p>	
<b>Prescription Drug Benefits</b>	Medicaid does not cover Part D covered drugs.	Covered
<b>Chiropractic Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Diabetes Supplies and Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Durable Medical Equipment (Wheelchairs, oxygen, etc.)</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide</p>	Covered

Benefits	Medicaid	UHC Dual Complete FL-D005 (Regional PPO D-SNP)
	<p>additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	
<p><b>Foot Care (Podiatry services)</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p>Covered</p>
<p><b>Hospice</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>

<b>Benefits</b>	<b>Medicaid</b>	<b>UHC Dual Complete FL-D005 (Regional PPO D-SNP)</b>
<b>Renal Dialysis</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Prosthetic Devices (Braces, artificial limbs, etc.)</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Over-the-Counter Items (with prescription)</b>	\$0 co-pay for Medicaid services	Covered

## About this plan

UHC Dual Complete FL-D005 (Regional PPO D-SNP) is a Medicare Advantage RPPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes **Florida**.

## Use network providers and pharmacies

UHC Dual Complete FL-D005 (Regional PPO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHC.com/CommunityPlan](https://www.uhc.com/CommunityPlan)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

UHC Dual Complete FL-D005 (Regional PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-842-4968 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-842-4968, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Food, over-the-counter (OTC) and utility bill credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.