

Benefit Highlights

UHC Preferred Dual Complete FL-D001 (HMO D-SNP)

This is a short description of your 2025 plan benefits. The values shown represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0 with “Extra Help”	\$20.30 without “Extra Help”
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Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Annual Medical Deductible	No deductible	\$240 [†]
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0	\$9,350
Doctor’s office visit		
Primary care provider (PCP)	\$0 copay	20% coinsurance
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay	\$0 copay

Medical benefits		
	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Inpatient hospital care	\$0 copay per stay for unlimited days	\$1,890 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$0 copay	20% coinsurance
Outpatient mental health		
Group therapy	\$0 copay	\$0 copay
Individual therapy	\$0 copay	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	\$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	20% coinsurance
Ambulance	\$0 copay for ground or air	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)	\$110 copay (\$0 copay for emergency care outside the United States) per visit
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

†These are the 2024 Medicare-defined amounts and may change for 2025

Benefits and services beyond Original Medicare

Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$300 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).
Dental – preventive	\$0 copay for exams, cleanings, X-rays and fluoride
Dental – comprehensive	Covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	Plan pays up to \$2,200 every year for 2 hearing aids from network providers. Includes hearing aids delivered directly to you (select products only).
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
Routine transportation	\$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	\$0 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$292 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
In-home support services	\$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

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	
Deductible	\$0
Initial Coverage	30-day or 100-day supply from retail or mail order network pharmacy
All covered drugs ¹	\$0 copay (Some covered drugs are limited to a 30-day supply)

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



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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. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.