

# Benefit Highlights

## UHC MedicareMax Complete Care FL-30 (HMO C-SNP)

This is a short description of your 2025 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	\$0
Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,400
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$150 copay
<b>Outpatient mental health</b>	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands

## Medical benefits

<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay
<b>Ambulance</b>	\$200 copay for ground or air
<b>Emergency care</b>	\$130 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$0 copay (worldwide)

## Benefits and services beyond Original Medicare

<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	\$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).
<b>Dental – preventive</b>	\$0 copay for exams, cleanings, X-rays and fluoride
<b>Dental – comprehensive</b>	Covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	\$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year through network providers.  Includes hearing aids delivered directly to you (select products only).
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.

## Benefits and services beyond Original Medicare

<b>Routine transportation</b>	\$0 copay for 60 one-way trips to or from approved medically related appointments and pharmacies
<b>Foot care - routine</b>	\$0 copay, 6 visits per year
<b>Food and over-the-counter (OTC) credit</b>	\$60 credit every month to buy covered OTC products – and covered healthy food for qualifying members
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

## 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 drug payment stages

<b>Deductible</b>	\$0 for Part D prescription drugs	
<b>Initial Coverage</b>	<b>Standard Retail (30-day supply)</b>	<b>Mail Order (100-day supply)</b>
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic<sup>1</sup></b>	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$0 copay	\$0 copay
<b>Tier 3: Covered Insulin Drugs<sup>2</sup></b>	\$0 copay	\$0 copay
<b>Tier 4: Non-Preferred Drug<sup>3</sup></b>	\$65 copay	N/A
<b>Tier 5: Specialty Tier<sup>3</sup></b>	33% coinsurance	N/A
<b>Catastrophic Coverage</b>	After you, and others on your behalf, have paid a combined total of \$2,000, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

<sup>3</sup> Limited to a 30-day supply



The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. Contact us for details.

This information is not a complete description of benefits. Contact the plan for more information.

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