Benefit Highlights

UHC Dual Complete GA-V001 (PPO D-SNP)

This is a short description of your 2024 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 with “Extra Help”	$44.20 without “Extra Help”

Medical benefits		
	In-network	**Out-of-network**
Annual Medical Deductible	No deductible in or out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$6,300 In-network	$9,550 combined in and out-of-network
Doctor’s office visit		
Primary care provider (PCP)	$0 copay	$20 copay
Specialist	$10 copay (no referral needed)	$20 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	$0 copay	$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	$325 copay per day: days 1-7 $0 copay per day: days 8 and beyond	$495 copay per day: days 1-10 $0 copay per day: days 11 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100	$225 copay per day: days 1-43 $0 copay per day: days 44-100

Medical benefits		
	In-network	**Out-of-network**
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$325 copay	$495 copay
Outpatient mental health		
Group therapy	$15 copay	$30 copay
Individual therapy	$25 copay	$40 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Diabetes monitoring supplies	$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$225 copay	$325 copay
Diagnostic tests and procedures (non-radiological)	$50 copay	$70 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$25 copay	$30 copay
Ambulance	$290 copay for ground or air	$290 copay for ground or air
Emergency care	$120 copay ($0 copay for emergency care outside the United States) per visit	
Urgently needed services	$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	$0 copay, 1 per year*	$20 copay, 1 per year*
Routine eyewear	$0 copay Plan pays up to $300 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting	

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
	and evaluation may be an additional cost) through UnitedHealthcare Vision.* Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.	
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*
Dental - benefit limit	$2,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Hearing - routine exam	$0 copay, 1 per year*	$20 copay, 1 per year*
Hearing aids	Plan pays up to $2,500 every year for 2 hearing aids through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.	
Routine transportation	$0 copay for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Personal emergency response system	$0 copay for a personal emergency response system (PERS)	
Foot care - routine	$10 copay, 6 visits per year*	$20 copay, 6 visits per year*
Routine chiropractic care	$0 copay, 12 visits per year*	$20 copay, 12 visits per year*
Routine acupuncture	$0 copay, 12 visits per year*	$20 copay, 12 visits per year*

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
Food, over-the-counter (OTC) and utility bill credit	$71 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies	
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits are combined in and out-of-network

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

United Healthcare®
Dual Complete

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.