

Benefit Highlights

UHC Dual Complete NC-V001 (HMO-POS 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”	\$46.90 without “Extra Help”
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Medical benefits

Annual Medical Deductible	No deductible
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Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,600
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Doctor’s office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$15 copay (no referral needed)
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Preventive services	\$0 copay
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Inpatient hospital care	\$295 copay per day: days 1-6 \$0 copay per day: days 7 and beyond
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Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
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Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$295 copay
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Outpatient mental health

Group therapy	\$15 copay
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Individual therapy	\$25 copay
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Medical benefits

Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$225 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay
Lab services	\$0 copay
Outpatient x-rays	\$25 copay
Ambulance	\$275 copay for ground or air
Emergency care	\$135 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

Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	<p>\$0 copay Plan pays up to \$350 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.</p> <p>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.</p>
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	50% coinsurance on dentures and bridges \$0 copay for all other covered comprehensive services*

Benefits and services beyond Original Medicare

Dental - benefit limit	\$1,000 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
Hearing aids	Plan pays up to \$1,100 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 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Personal emergency response system	\$0 copay for a personal emergency response system (PERS)
Foot care - routine	\$15 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$72 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)



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.

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