Benefit Highlights

UHC Dual Complete SC-S001 (PPO D-SNP)

This is a short description of your 2024 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, 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

Medical benefits		
	In-network	**Out-of-network**
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$0 In-network	$0 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	$0 copay	$0 copay
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	
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days	$0 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	$0 copay	$0 copay
Outpatient mental health		

Medical benefits		
	In-network	**Out-of-network**
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	
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground or air	$0 copay for ground or air
Emergency care	$0 copay (worldwide)	
Urgently needed services	$0 copay (worldwide)	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
Routine physical	$0 copay, 1 per year*	$0 copay, 1 per year*
Routine eye exams	$0 copay, 1 per year*	20% coinsurance, 1 per year*
Routine eyewear	$0 copay Plan pays up to $400 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.* Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear	

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
	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	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$4,000 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% coinsurance, 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	$0 copay, 6 visits per year*	$0 copay, 6 visits per year*
Food, over-the-counter (OTC) and utility bill credit	$236 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.