Benefit Highlights

UHC Dual Complete TN-Y001 (HMO-POS D-SNP)

As a UHC Dual Complete TN-Y001 (HMO-POS D-SNP) member, you have no out-of-pocket expenses. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.
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

Medical benefits	
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$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
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-100
Outpatient hospital, including surgery	$0 copay
Outpatient mental health	
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
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay

Medical benefits	
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$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	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $600 every year for lenses/frames and contacts
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)	$0 copay for comprehensive dental services*
Dental - benefit limit	$5,000 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 $3,600 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, brain health content and 1 Fitbit® device.
Routine transportation	$0 copay; 120 one-way trips per year to or from approved locations.

Benefits and services beyond Original Medicare	
Personal emergency response system	$0 copay for a personal emergency response system (PERS)
Adult day care	$0 copay for 24 hours per week of adult day care through a network of contracted providers.
Foot care - routine	$0 copay, 4 visits per year
Routine chiropractic care	$0 copay, 20 visits per year
Food, over-the-counter (OTC) and utility bill credit	$309 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.
In-home support services	$0 copay for 36 hours of in-home support every month for members with disabilities or other qualified medical conditions

*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. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

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