Benefit Highlights

UHC Dual Complete VA-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”	$38.50 without “Extra Help”

Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$3,600
Doctor’s office visit	
Primary care provider (PCP)	$0 copay
Specialist	$25 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	$250 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$250 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video

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	$290 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	$0 copay Plan pays up to $200 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)	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*
Dental - benefit limit	$3,000 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

Benefits and services beyond Original Medicare	
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	$25 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	$59 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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