

# Benefit Highlights

## UHC Dual Complete IA-S001 (HMO-POS D-SNP)

This is a short description of your 2025 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
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### Medical benefits

#### Doctor’s office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$0 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	\$0 copay per stay for unlimited days
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Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
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Outpatient hospital, including surgery	\$0 copay
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#### Outpatient mental health

Group therapy	\$0 copay
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Individual therapy	\$0 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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Diabetes monitoring supplies	\$0 copay for covered brands
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Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
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Medical benefits	
Diagnostic tests and procedures (non-radiological)	\$0 copay
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)
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 \$400 every year toward your purchase of 1 pair of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through network providers.</p> <p>Home delivered eyewear available through select network providers (select products only).</p> <p>You are responsible for all eyewear costs from providers outside of the 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)	\$0 copay for comprehensive dental services*
Dental - benefit limit	\$4,000 combined limit on all covered dental services*
Hearing - routine exam	\$0 copay, 1 per year

## Benefits and services beyond Original Medicare

<b>Hearing aids</b>	Plan pays up to \$2,500 every year for 2 hearing aids from network providers.  Includes hearing aids delivered directly to you (select products only).
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
<b>Routine transportation</b>	\$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
<b>Foot care - routine</b>	\$0 copay, 6 visits per year
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$219 credit every month to buy covered OTC products. Qualifying members can also use this credit to buy covered healthy food or pay certain utility bills.
<b>Rewards</b>	Earn up to \$165 in rewards when you get started in January <sup>Ω</sup> \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$10 Health Assessment, \$5 Flu Shot
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

\* Benefits are combined in and out-of-network

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drugs	
<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<b>30-day or 100-day supply from retail or mail order network pharmacy</b>
<b>All covered drugs<sup>1</sup></b>	\$0 copay (Some covered drugs are limited to a 30-day supply)

<sup>1</sup> You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.



Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

<sup>Ω</sup>Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

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.