2027 Plan Highlights

UHC The Villages Medicare Advantage FL-004P (HMO-POS)

H1045-056-000

Service area: Florida - Lake, Marion, Sumter counties

United Healthcare®

The Villages®

$0 premium FL-004P Dental Only POS

Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our Medicare Advantage members don't have to give up the doctor's they rely on — 9 out of 10 members can keep their preferred doctors. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— Karen K, UnitedHealthcare Medicare Advantage Member

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— Mary M, UnitedHealthcare Complete Care Member

Medicare member responses based on Human8 survey, May 2025.

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Discover a plan that works for you

This HMO-POS plan is designed to help you get the care you need at network costs.

You'll enjoy:

- **$0 copays for covered preventive services** when you use in-network providers
- **Access to a focused network** of doctors, hospitals and dental providers. Depending on your plan you may receive certain covered services from out-of-network providers that accept the plan, but keep in mind your costs may be higher
- **Dental coverage** with access to a large network – out-of-network care is available but may cost more – even for services with a $0 copay
- **Prescription drug coverage** – use network pharmacies for the lowest cost
- **Plan credits** to spend on over-the-counter (OTC) items
- **Extra benefits** to support your health and well-being

How the plan works:

- Choose a primary care provider (PCP) to help manage your care – this is required by the plan and beneficial for your long-term health
- Get care from in-network providers
- Referrals are needed for some services
- This plan has a maximum annual out-of-pocket amount – this is the most you'll pay out-of-pocket for Medicare-covered services each year
- Review your Summary of Benefits to see what's covered and when referrals are needed

Scan this code for OTC credit details

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Benefit Highlights

UHC The Villages Medicare Advantage FL-004P (HMO-POS)

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan.

Plan costs	
Monthly plan premium	$0
Part B premium reduction	Up to $15 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
Annual medical deductible	No deductible
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$2,900

Covered plan benefits and costs when received in-network	
Doctor's office visit	
Primary care provider (PCP)	$0 copay Select a PCP to help manage your care
Specialist	$40 copay Requires a referral from your PCP
Virtual visits	$0 copay
Preventive services	$0 copay
Inpatient hospital care	$295 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $221 copay per day: days 21-100
Outpatient hospital	
Ambulatory surgical center (ASC)	$245 copay
Outpatient hospital, including surgery	$295 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay

Covered plan benefits and costs when received in-network	
Outpatient rehabilitation services	
Physical and speech therapy	$25 copay
Occupational therapy	$25 copay
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$320 copay
Diagnostic tests and procedures (non-radiological)	$50 copay
Lab services	$0 copay
Outpatient X-rays	$30 copay
Ambulance	$350 copay for ground or air
Emergency care	$150 copay per visit
Urgently needed services	$65 copay per visit

Additional plan benefits		
Routine physical	$0 copay, 1 per year	
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	$700 allowance for 2 hearing aids every year • A broad selection of high-value and brand name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or

Additional plan benefits		
		repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered.
Routine dental benefits Covered in and out-of-network.	Preventive and comprehensive services	$5,000 allowance for all covered dental services* $0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride 50% coinsurance for covered comprehensive services like fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist
Vision services	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	$200 allowance every 2 years for 1 pair of eyeglasses (lenses and frames) or contacts • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA • You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network
Fitness program	$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no additional cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations	
Foot care - routine	$40 copay, 6 visits per year	
OTC credit	$85 credit every quarter for over-the-counter (OTC) products in-store or online • Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more	

Additional plan benefits	
	• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you
Rewards	Earn up to $155 in rewards when you get started in January
Meal benefit	$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

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages		
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $405 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.	
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400, you move to the Catastrophic Coverage stage.	
Tier drug coverage	**Standard Retail (30-day supply)**	**Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[3]	$0 copay	$0 copay
Tier 3: Preferred Brand	22% coinsurance	22% coinsurance
Covered Insulin Drugs[4]	22% coinsurance, up to $35 copay	22% coinsurance, up to $105 copay
Tier 4: Non-Preferred Drug[5]	31% coinsurance	N/A
Tier 5: Specialty Tier[5]	29% coinsurance	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

[3]Tier includes enhanced drug coverage.

[4]You pay no more than 22% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

[5]Limited to a 30-day supply

Member discounts

As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Scan this code to view your Summary of Benefits

Required Information

UHC The Villages Medicare Advantage FL-004P (HMO-POS) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. THE VILLAGES is a trademark of Holding Company of The Villages, Inc. and is used under license. The Villages and its affiliates are not insurers. You do not need to reside in The Villages to enroll. The Villages encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-627-7806 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-627-7806, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son 7 a.m. a 10 p.m. hora del centro, los 7 días de la semana, de octubre a marzo, de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

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.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Routine dental benefits - If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

Routine eyewear - Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program - The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC credit - OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program - 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**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.

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Helpful resources

A yearly in-home visit to help support your health

As a UnitedHealthcare member, you have access to Optum® HouseCalls — a yearly in-home health and wellness visit designed to support your overall health at no additional cost to you.

An Optum HouseCalls visit is completed by a licensed health care practitioner and provides an extra layer of preventive care. The visit lasts up to an hour and includes an exam, tailored health screenings, and a review of your medications and supplements. These services may help identify potential health concerns earlier and support informed decisions about your care.

After your visit, you'll receive a summary of the results, and a copy is shared with your primary care provider. This information can help keep everyone aligned on your care plan. Investing in preventive care today may help support your health and could mean fewer health care visits in the future.

There's no additional cost for this visit — it's included as part of your UnitedHealthcare plan.

Scan this code or visit **UHCHouseCalls.com** for more information

Resources for caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

You may qualify for Extra Help from Medicare

If you haven't already, you may want to find out if you qualify for Medicare's low-income subsidy, called Extra Help. Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778 or visit ssa.gov
- Your state Medicaid office or visit medicaid.gov

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn about Medicare so you can make informed decisions about your health and Medicare coverage.

MedicareMadeClear.com

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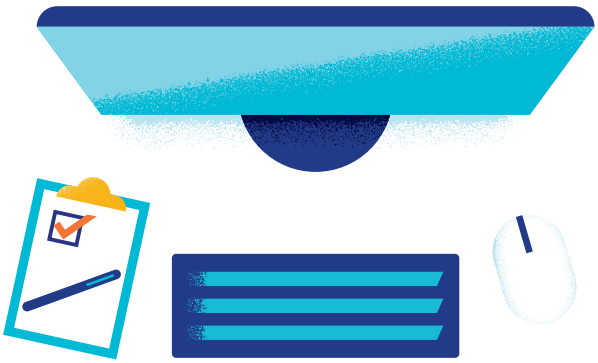
Get more from your Medicare coverage



With this plan you have access to online resources that help you use your plan with confidence. You can find all these documents, directories and other helpful resources on the UnitedHealthcare app or at **UHC.com/Medicare**.

See what drugs are covered

Review the **Drug List (Formulary)** to find out what drugs are covered and any coverage rules.

- Medications are grouped by tiers — generally, lower-tier drugs cost less
- If your medication isn't on the list, there may be an alternative covered drug you can discuss with your provider

You can also use the online **Drug Cost Estimator** to:

- Look up covered medications
- View your estimated costs
- See if a lower-cost generic option is available

Visit **UHCdrugcosts.com** or scan the QR code below.

Confirm your providers are in the plan network

To help manage costs, make sure you use network doctors and specialists. If your current provider is not in the network, you will need to select a new one.

Check your pharmacy directory

If your pharmacy isn't in the network, switching to a network pharmacy can help ensure you receive the lowest cost available through your plan.

Review your plan details anytime

Your Summary of Benefits gives you an overview of many key plan features. For a complete picture — including coverage, costs, benefits and plan rules — your Evidence of Coverage is available online whenever you need it.

Scan this code to use the Drug Cost Estimator

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A few more things to know

You'll receive 2 cards in the mail — each with a different purpose

Your membership comes with 2 easy-to-use cards: Your UnitedHealthcare UCard® and your member ID card. Use your member ID card when visiting a provider or filling a prescription. Use your UCard to access over-the-counter (OTC) products and earned rewards.

Talk with your PCP about referrals

Some network specialty services require a referral from your primary care provider (PCP).

What's the difference between a copay and coinsurance?

Copays and coinsurance are both ways you share the cost of care and prescriptions, but they work differently. A **copay** is a fixed dollar amount. You pay the same amount each time for the same service or prescription. **Coinsurance** is a percentage of the cost. The amount you pay depends on how much the service or prescription costs.

What is a deductible?

A deductible is the amount you pay for prescriptions and covered services before your plan starts to pay its share. You pay the full cost for prescriptions and covered services until the deductible is met. Some services, like preventive care, may be covered before you meet the deductible. There are separate deductibles for prescriptions and covered medical services. Not all plans have deductibles. Any applicable deductible amounts are listed in the Benefit Highlights.

Watch for your Annual Notice of Change (ANOC)

You'll get an ANOC in the fall. It explains what's changing in your plan for the upcoming year — including costs, benefits and coverage rules. Reviewing the ANOC helps you understand what's changing — so you can feel confident your plan will continue to meet your needs next year. If it's still the right plan for you, you don't need to do anything. Your enrollment will continue automatically.

UnitedHealth Passport Program

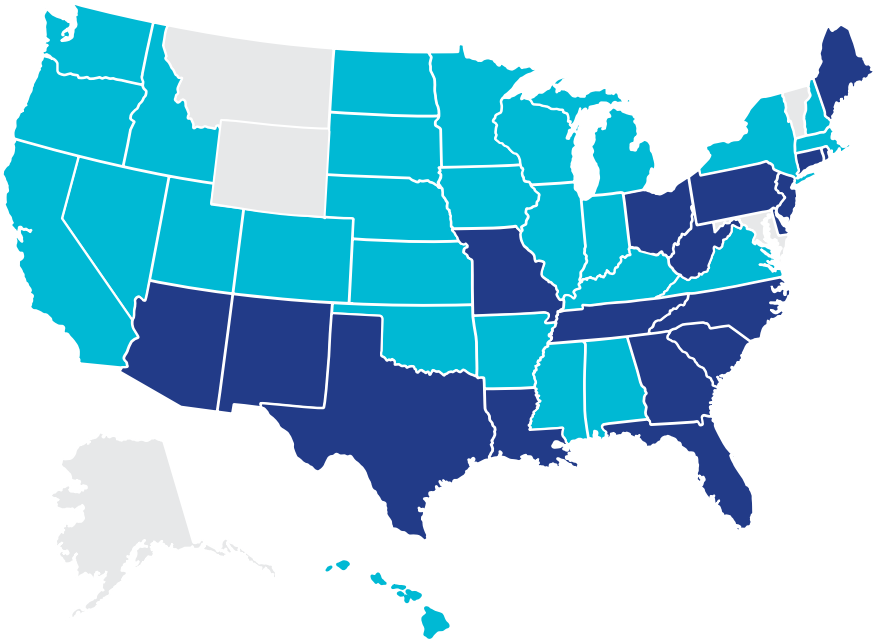
Your coverage travels with you

Use UnitedHealth Passport® when you're away from home or out of your plan's service area.

Before you travel
Call the member number on your member ID card and let us know the address you're traveling to. We can activate the program and help you find a network provider if needed.

While you're away
Use your plan as usual. You'll pay your usual copay or coinsurance for covered services when you visit any network provider in the Passport service area. Your plan's out-of-pocket maximum also applies to covered services received under Passport. Plus, no referrals are needed, even if your plan requires referrals at home.

When you return home
Call us so we can deactivate the program. Passport can only be used for 9 months in a row.



2027 UnitedHealth Passport service area

- All counties
- Select counties
- No coverage

For a list of states and counties in the Passport service area, scan the QR code or visit **myUHCMedicare.com**

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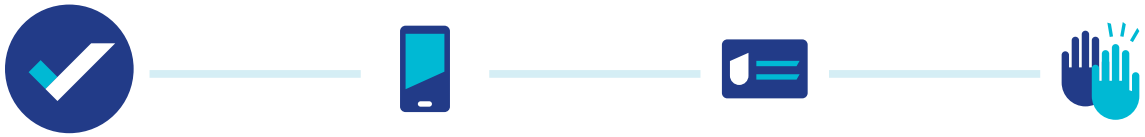
What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site.



You are here
Enrollment submitted

Download the app or create your account online

Member ID card and UCard arrive in 2 separate mailings

Coverage begins! Start using your plan

Manage your plan online

If you haven't done so already, use your Medicare number or member ID number and email address to create an account on the app or at **myUHCMedicare.com**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

Use the right card for the job

- Show your member ID card when visiting a provider or pharmacy
- Reach for your UCard when paying for OTC products and spending your earned rewards

Once your coverage begins

- Schedule your annual physical and wellness visit
- Visit the UCard Hub to check your balance, find covered products, locate thousands of participating stores to shop at and much more

Thank you for choosing UnitedHealthcare

We're here for you — today and along the way. Chat with us on the UnitedHealthcare app or member site. Or call us at the toll-free member phone number on your member ID card.

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Notes & doodles

Notes & doodles

Ready to use your extra benefits?

UHC The Villages Medicare Advantage FL-004P (HMO-POS)

Take advantage of your additional plan benefits by using the providers below.

Call **1-866-627-7806**, TTY **711**, 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept or visit **myUHCMedicare.com** for:

- Routine vision services: UnitedHealthcare Vision®
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®

Scan this code to find fitness locations

Hearing aids
UnitedHealthcare Hearing
1-877-704-3384
UHCHearing.com/Medicare

Prescription drug home delivery
Optum® Home Delivery Pharmacy
1-877-889-6358
myUHCMedicare.com

OTC credit
Solutran
1-833-845-8798
ucardhub.uhc.com

50 years of experience

UnitedHealthcare has 50 years of experience serving members like you. You can count on us to be there when you need us. Call us when you need 1 on 1 support.

We're happy to help

Download the UnitedHealthcare app

Visit **UHC.com/Medicare**

Call toll-free **1-844-723-6473**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone.

Scan this code to download the UnitedHealthcare app

Important plan information

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