

# Benefit Highlights

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

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   |  |
| Annual Medical Deductible  | No deductible  |
| Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)               | \$2,400  |
| <b>Doctor's office visit</b>   |  |
| Primary care provider (PCP)  | \$0 copay  |
| Specialist   | \$20 copay (referral needed)   |
| Virtual visits   | \$0 copay to talk with a network telehealth provider online through live audio and video |
| <b>Preventive services</b>   | \$0 copay  |
| <b>Inpatient hospital care</b>   | \$150 copay per day: days 1-4<br>\$0 copay per day: days 5 and beyond                    |
| <b>Skilled nursing facility (SNF)</b>  | \$0 copay per day: days 1-20<br>\$203 copay per day: days 21-100                         |
| <b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b> | \$150 copay  |
| <b>Outpatient mental health</b>  |  |
| 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 |

## Medical benefits

|   |   |
|---|---|
| <b>Diabetes monitoring supplies</b>                           | \$0 copay for covered brands  |
| <b>Diagnostic radiology services (such as MRIs, CT scans)</b> | \$85 copay  |
| <b>Diagnostic tests and procedures (non-radiological)</b>     | \$15 copay  |
| <b>Lab services</b>   | \$0 copay   |
| <b>Outpatient x-rays</b>                                      | \$15 copay  |
| <b>Ambulance</b>  | \$150 copay for ground or air   |
| <b>Emergency care</b>   | \$135 copay (\$0 copay for emergency care outside the United States) per visit          |
| <b>Urgently needed services</b>                               | \$40 copay (\$0 copay for urgently needed services outside the United States) per visit |

## Benefits and services beyond Original Medicare

|   |  |
|---|--|
| <b>Routine physical</b>   | \$0 copay, 1 per year  |
| <b>Routine eye exams</b>  | \$0 copay, 1 per year  |
| <b>Routine eyewear</b>  | <p>\$0 copay<br/>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.</p> <p>Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.</p> |
| <b>Dental - preventive (covered in-network and out-of-network)</b>    | \$0 copay for exams, cleanings, X-rays, and fluoride*  |
| <b>Dental - comprehensive (covered in-network and out-of-network)</b> | 50% coinsurance on dentures and bridges<br>\$0 copay for all other covered comprehensive services*   |

## Benefits and services beyond Original Medicare

|                                      |   |
|--------------------------------------|---|
| <b>Dental - benefit limit</b>        | \$4,500 combined limit on all covered dental services*<br>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay  |
| <b>Hearing - routine exam</b>        | \$0 copay, 1 per year   |
| <b>Hearing aids</b>                  | \$99 to \$1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.<br><br>Includes hearing aids delivered directly to you with virtual follow-up care (select models). |
| <b>Fitness program</b>               | \$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.  |
| <b>Foot care - routine</b>           | \$20 copay, 6 visits per year   |
| <b>Over-the-counter (OTC) credit</b> | \$215 credit every quarter to buy covered OTC products  |
| <b>Meal benefit</b>                  | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.  |
| <b>Nurse Hotline</b>                 | Speak with a registered nurse (RN) 24 hours a day, 7 days a week.   |

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

## Prescription drug payment stages

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Annual Prescription Deductible</b> | \$0 for Part D prescription drugs      |  |
| <b>Initial Coverage</b>               | <b>Standard Retail (30-day supply)</b> | <b>Preferred Mail Order (100-day supply)</b> |
| <b>Tier 1: Preferred Generic</b>      | \$0 copay                              | \$0 copay                                    |
| <b>Tier 2: Generic<sup>1</sup></b>    | \$0 copay                              | \$0 copay                                    |
| <b>Tier 3: Preferred Brand</b>        | \$40 copay                             | \$110 copay                                  |
| <b>Tier 3: Covered Insulin Drugs</b>  | \$35 copay                             | \$95 copay                                   |

## Prescription drug payment stages

**Tier 4: Non-Preferred Drug**

\$90 copay

\$260 copay

**Tier 5: Specialty Tier**

33% coinsurance

N/A<sup>3</sup>

**Coverage Gap (Donut hole)**

After your total drug cost reaches \$5,030, the plan continues to pay its share of the cost of your Tier 1 and Tier 2 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.

**Catastrophic Coverage**

After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

<sup>1</sup> Tier includes enhanced drug coverage

<sup>3</sup> Limited to a 30-day supply



This information is not a complete description of benefits. Contact the plan for more information.

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