









2025 Medicare Advantage plans information

	UHC The Villages Medicare Advantage FL-0004 (HMO-POS)	UHC The Villages Medicare Advantage FL-004P (HMO-POS)	UHC Complete Care FL-14 (HMO-POS C-SNP)
	H1045-025-000	H1045-056-000	H1045-048-004
	If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness.	Manage your health and keep your out-of-pocket costs low through a focused provider network.	If you’re living with diabetes, chronic heart failure, and/or cardiovascular disorders, this plan helps with low-cost specialist visits and insulin, plus a monthly credit for OTC products – and healthy food for qualifying members.
Plan Benefits			
Monthly plan premium*	\$0	\$0	\$0
Annual medical deductible	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$2,700	\$2,400	\$2,600
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$30 copay	\$20 copay	\$30 copay
Specialist referral required?	No	Yes	Yes
Inpatient hospital care	\$175 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$150 copay per day for Days 1-4; \$0 copay per day for unlimited days after that	\$175 copay per day for Days 1-4; \$0 copay per day for unlimited days after that
Emergency care	\$125 copay (\$0 copay when outside of the United States)	\$90 copay (\$0 copay when outside of the United States)	\$135 copay (\$0 copay when outside of the United States)
Prescription Drugs – Standard Retail (30 day); Preferred Mail Order (100 day)			
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$40 copay; 100 day: \$110 copay	30 day: \$47 copay; 100 day: \$131 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay	30 day: \$90 copay	30 day: \$100 copay
Tier 5 – Specialty tier drugs	30 day: 31% coinsurance	30 day: 31% coinsurance	30 day: 31% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$175 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$175 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$175 deductible for Tiers 3, 4 and 5

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Extra Benefits and Features			
 Medicare Part B premium giveback	Up to \$192 giveback a year on your Medicare Part B premium	Up to \$192 giveback a year on your Medicare Part B premium	Giveback on your Medicare Part B premium
 Dental benefits	\$2,500 dental allowance for covered services like cleanings, fillings and crowns	\$5,000 dental allowance for covered services like cleanings, fillings and crowns	\$2,750 dental allowance for covered services like cleanings, fillings and crowns
 OTC benefit	\$60 credit every quarter for OTC products in-store or online	\$180 credit every quarter for OTC products in-store or online	\$85 credit every month for OTC -- and healthy food for qualifying members
 Routine vision benefits	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$250 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 Fitness benefit	Free gym membership	Free gym membership	Free gym membership
 Network	No referrals to see any provider in our Medicare National Network	Access to a large network of providers	See any provider in our Medicare National Network
 Routine hearing benefits	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids
 UnitedHealthcare® Member Rewards	Rewards for physical activity, an annual wellness visit and more	Rewards for physical activity, an annual wellness visit and more	Rewards for physical activity, an annual wellness visit and more

The UnitedHealthcare plans listed on this document are available in the following counties:

UHC The Villages Medicare Advantage FL-0004 (HMO-POS) H1045-025-000
Lake, Marion, Sumter

UHC The Villages Medicare Advantage FL-004P (HMO-POS) H1045-056-000
Lake, Marion, Sumter

UHC Complete Care FL-14 (HMO-POS C-SNP) H1045-048-004
Alachua, Lake, Marion, Sumter

Get help finding the right plan for you. Call 1-855-656-9528, TTY 711.

Plans are 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 healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. Contact us for details.

“If you receive Medicare Extra Help, your premium and prescription drug costs may be lower.”“The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. There may be other pharmacies in our network. 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. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market and exclusions may apply. Referrals may be needed in your plan’s service area. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Food and OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. The Giveback benefit is a reduction on your Medicare Part B premium. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Annual routine eye exam and \$100-500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 United HealthCare Services, Inc. All Rights Reserved.