Benefit Highlights

UHC MedicareMax Medicare Advantage FL-0029 (HMO)

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)	$2,900
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$10 copay (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	$0 copay per stay for unlimited days
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)	$150 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
Diabetes monitoring supplies	$0 copay for covered brands

Medical benefits	
Diagnostic radiology services (such as MRIs, CT scans)	$80 copay
Diagnostic tests and procedures (non-radiological)	$25 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$150 copay for ground or air
Emergency care	$135 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$50 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 $250 every year for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$99 to $1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. 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 36 one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$10 copay, 6 visits per year

Benefits and services beyond Original Medicare	
Over-the-counter (OTC) credit	$135 credit every quarter to buy covered OTC products
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.

Prescription drug payment stages		
Annual Prescription Deductible	$0 for Part D prescription drugs	
Initial Coverage	**Standard Retail (30-day supply)**	**Preferred Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$25 copay	$65 copay
Tier 3: Covered Insulin Drugs	$25 copay	$65 copay
Tier 4: Non-Preferred Drug	$100 copay	$290 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
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.	

[1] Tier includes enhanced drug coverage

[3] Limited to a 30-day supply

PREFERRED CARE NETWORK
A UnitedHealthcare Company

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