

Benefit Highlights

UHC MedicareMax Dual Complete FL-Y6 (HMO-POS D-SNP)

This is a short description of your 2026 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, 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
----------------------	-----

Plan benefits

Doctor’s office visit

Primary care provider (PCP)	\$0 copay
-----------------------------	-----------

Specialist	\$0 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)(Stay must meet Medicare coverage criteria)	\$0 copay per day: days 1-100
---	-------------------------------

Outpatient hospital, including surgery	\$0 copay
--	-----------

Outpatient mental health

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
----------------	--

Plan benefits

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)	\$0 copay
---------------------------------	-----------

Prosthetics (e.g., braces, artificial limbs)	\$0 copay
--	-----------

Diabetes monitoring supplies	\$0 copay for covered brands
------------------------------	------------------------------

Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
--	-----------

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)
--------------------------	-----------------------

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	\$2,500 allowance for 2 hearing aids every 2 years ☐ A broad selection of over-the-counter (OTC), 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 repair during warranty period ☐ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered
--------------	--

Additional plan benefits



Routine dental benefits

Covered in and out-of-network.

Preventive and comprehensive services

\$4,500 allowance for all covered dental services*

\$0 copay for covered preventive and comprehensive services like cleanings, 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, 1 per year

Routine eyewear

\$0 copay

Plan pays up to \$400 every year for lenses/frames and contacts.

Home delivered eyewear available through select network providers (select products only).



Fitness program

\$0 copay

Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes:

- ☐ Free gym membership at core and premium locations
- ☐ Access to a large national network of gyms and fitness locations
- ☐ On-demand workout videos and live streaming fitness classes
- ☐ Online memory fitness activities

Routine transportation

\$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies

Foot care - routine

\$0 copay, 6 visits per year

Additional plan benefits



OTC, healthy food, utilities + wellness support

\$297 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members

- ☐ Choose from thousands of OTC products, like first aid supplies, pain relievers and more
- ☐ Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water
- ☐ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
- ☐ Pay home utilities like electricity, heat, water and internet
- ☐ Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more

Meal benefit

\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

In-home support services

\$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

* Benefits are combined in and out-of-network

Prescription drugs

Deductible

\$0

Drug coverage

30-day or 100-day supply from retail or mail order network pharmacy

All covered drugs¹

\$0 copay
(Some covered drugs are limited to a 30-day supply)

¹ You pay a maximum of \$0 for each 1-month supply of Part D covered insulin.

**Scan this code to view
your Summary of
Benefits**





The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

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.

Y0066_MABH_2026_M H5420016000

PNFL26HP0335574_000