Benefit Highlights

UHC MedicareMax Complete Care FL-30 (HMO C-SNP)

This is a short description of your 2026 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
Annual medical deductible (applies to certain medical benefits)	$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$3,400

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)	$0 copay per day: days 1-20 $218 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	$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)	20% coinsurance
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$100 copay
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$140 copay for ground or air
Emergency care	$150 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$25 copay ($0 copay for urgently needed services outside the United States) per visit

Additional plan benefits	
Routine physical	$0 copay, 1 per year

Additional plan benefits		
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	$199 - $829 copay for each OTC hearing aid. $199 - $1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year. ▯ 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
Routine dental benefits	Preventive and comprehensive services	$0 copay for exams, cleanings, X-rays, and fluoride Comprehensive dental is covered; for a complete list of services and copays, please contact the plan $0 copay for comprehensive dental services
Vision services	Routine eye exam	$0 copay, 1 per year
	Routine eyewear	$0 copay Plan pays up to $300 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 additional 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

Additional plan benefits	
Routine transportation	$0 copay for 60 one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$0 copay, 6 visits per year
OTC and food credit	$40 credit every month for over-the-counter (OTC) products, plus healthy food 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
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

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 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.

Prescription drug payment stages		
Deductible	$0 for Part D prescription drugs	
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 $2,100 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[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$0 copay	$0 copay
Covered Insulin [2]	$0 copay	$0 copay
Tier 4: Non-Preferred Drug [3]	40% coinsurance	N/A
Tier 5: Specialty Tier [3]	33% coinsurance	N/A

Prescription drug payment stages	
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.

[1] Tier includes enhanced drug coverage
[2] You pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs.
[3] Limited to a 30-day supply

Scan this code to view your Summary of Benefits

PREFERRED CARE NETWORK
A UnitedHealthcare Company

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