Benefit Highlights

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

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan.

Plan costs	
Monthly plan premium	$0
Part B premium reduction	Up to $61 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
Annual medical deductible	No deductible
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$3,400

Covered plan benefits and costs when received in-network	
Doctor's office visit	
Primary care provider (PCP)	$0 copay Select a PCP to help manage your care
Specialist	$0 copay Requires a referral from your PCP
Virtual visits	$0 copay
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 $221 copay per day: days 21-100
Outpatient hospital	
Ambulatory surgical center (ASC)	$50 copay
Outpatient hospital, including surgery	$150 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay

Covered plan benefits and costs when received in-network		
Outpatient rehabilitation services		
Physical and speech therapy	$0 copay	
Occupational therapy	$0 copay	
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)	$150 copay	
Diagnostic tests and procedures (non-radiological)	$0 copay	
Lab services	$0 copay	
Outpatient X-rays	$0 copay	
Ambulance	$125 copay for ground or air	
Emergency care	$150 copay per visit	
Urgently needed services	$65 copay per visit	

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	$700 allowance for 2 hearing aids every year • A broad selection of 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

Additional plan benefits		
		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 $200 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 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	
Routine transportation	$0 copayment for 24 one-way trips to or from approved medically related appointments and pharmacies	
Foot care - routine	$0 copay, 6 visits per year	
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	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
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 $2,400, you move to the Catastrophic Coverage stage.	
Tier drug coverage	**Standard Retail (30-day supply)**	**Mail Order (100-day supply)**

Prescription drug payment stages		
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[3]	$0 copay	$0 copay
Tier 3: Preferred Brand	$0 copay	$0 copay
Covered Insulin Drugs[4]	$0 copay	$0 copay
Tier 4: Non-Preferred Drug[5]	27% coinsurance	N/A
Tier 5: Specialty Tier[5]	33% coinsurance	N/A
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.	

[3]Tier includes enhanced drug coverage.

[4]You pay a maximum of $0 for each 1-month supply of Part D covered insulin drugs.

[5]Limited to a 30-day supply

Choose network pharmacies for the best experience and lowest out-of-pocket costs. Using out-of-network pharmacies could mean paying more - or even the full price - for your prescriptions.

Member discounts

As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Find everything you need to know online

Download the UnitedHealthcare app or go to **PCNhealth.com** to search for a network provider or pharmacy using our online directories. You can also access our Drug Cost Estimator and view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Summary of Benefits or Evidence of Coverage for a list of all covered services.

Scan this code to view your Summary of Benefits

Required Information

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

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Fitness program - The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.