



Summary of Benefits 2023

UnitedHealthcare® MedicareDirect Patriot (PFFS)
H5435-001-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare

United Healthcare

Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at UHC.com/Medicare or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® MedicareDirect Patriot (PFFS) is a Medicare Advantage PFFS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Kansas: Cheyenne, Clay, Cloud, Decatur, Ellis, Graham, Lane, Logan, Marshall, Rawlins, Rooks, Saline, Scott, Sheridan, Thomas;

Missouri: Clark, Schuyler, Sullivan;

Montana: Carter, Daniels, Dawson, Fallon, Garfield, Petroleum, Phillips, Powder River, Prairie, Roosevelt, Sheridan, Valley;

Nebraska: Banner, Box Butte, Keya Paha, Morrill, Scotts Bluff, Sheridan;

Wyoming: Albany, Crook, Fremont, Natrona, Sheridan, Teton, Weston.

About providers

You can go to any doctor, hospital, or other provider that accepts the plan's terms and conditions for payment and agrees to treat you. However, the provider can decide at every visit whether or not to accept the plan and treat you.

UnitedHealthcare® MedicareDirect Patriot (PFFS)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount	<p>\$6,700 annually for Medicare-covered services you receive from providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p>

UnitedHealthcare® MedicareDirect Patriot (PFFS)

Benefits

		Cost-Share
Inpatient Hospital Care		\$395 copay per day: days 1-4 \$0 copay per day: days 5 and beyond
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay for a diagnostic colonoscopy \$395 copay otherwise
	Outpatient Hospital, including surgery	\$0 copay for a diagnostic colonoscopy \$395 copay otherwise
	Outpatient Hospital Observation Services	\$395 copay
Doctor Visits	Primary Care Provider	\$20 copay
	Specialists	\$50 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive Services	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP)

Benefits

		Cost-Share
		<p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>
	Routine physical	\$0 copay, 1 per year
Emergency Care		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$40 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan)	<p>\$0 copay for each diagnostic mammogram</p> <p>\$150 copay otherwise</p>
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$25 copay
	Therapeutic Radiology	\$60 copay per service
	Outpatient X-rays	\$15 copay per service

Benefits

		Cost-Share
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$20 copay
	Routine hearing exam	\$0 copay, 1 per year
Routine Dental Benefits		Not covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
Mental Health	Inpatient visit	\$395 copay per day: days 1-4 \$0 copay per day: days 5-90 Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$15 copay
	Outpatient individual therapy visit	\$25 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
	Skilled Nursing Facility (SNF)	\$0 copay per day: days 1-20 \$196 copay per day: days 21-55 \$0 copay per day: days 56-100 Our plan covers up to 100 days in a SNF.

Benefits

		Cost-Share
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit	\$40 copay
	Occupational Therapy Visit	\$40 copay
	Virtual Visit	\$0 copay
Ambulance		\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered
Medicare Part B Prescription Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	\$0 copay for allergy antigens 20% coinsurance for all others

Additional Benefits

		Cost-Share
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$20 copay
Diabetes Management	Diabetes monitoring supplies	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Foot Care (podiatry services)	Foot exams and treatment	\$50 copay
	Routine foot care	\$50 copay, 6 visits per year
Home Health Care		\$0 copay

Additional Benefits

		Cost-Share
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Opioid Treatment Program Services		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$15 copay
	Outpatient individual therapy visit	\$25 copay
Renal Dialysis		20% coinsurance

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-579-8774 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-579-8774, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

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

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.