



Summary of Benefits 2024

UHC Nursing Home Plan NY-F003 (HMO I-SNP)
H3379-002-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free **1-855-544-4342**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare

**United
Healthcare®**

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myUHCMedicare.com or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

UHC Nursing Home Plan NY-F003 (HMO I-SNP)

Medical premium, deductible and limits

Monthly plan premium	\$22.20
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Annual medical deductible	This plan does not have a medical deductible.
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Maximum out-of-pocket amount (does not include prescription drugs)	\$7,200
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This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.

If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

Medical benefits

Inpatient hospital care² \$1,628 copay per stay

Our plan covers 90 days for an inpatient hospital stay.

Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy 20% coinsurance otherwise
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy 20% coinsurance otherwise
	Outpatient hospital observation services ²	20% coinsurance

Doctor visits	Primary care provider	\$0 copay
	Specialists ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Preventive services	Routine physical	\$0 copay, 1 per year
	Medicare-covered	\$0 copay

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| <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <ul style="list-style-type: none"> <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling |
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Medical benefits

- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

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% when you use in-network providers.

Emergency care

\$90 copay per visit. 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.

Urgently needed services

\$40 copay

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
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Lab services ²	\$0 copay
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Diagnostic tests and procedures ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
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Therapeutic radiology ²	20% coinsurance
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Outpatient X-rays ²	\$0 copay
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Hearing services

Exam to diagnose and treat hearing and balance issues ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
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Routine dental benefits

Not covered

Medical benefits



Vision services

Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Eyewear after cataract surgery	\$0 copay
Routine eye exam	\$0 copay, 1 per year
Routine eyewear	\$100 allowance for frames or contacts <ul style="list-style-type: none"> • Access to one of Medicare Advantage's largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating • Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more

Mental health

Inpatient visit ²	\$1,628 copay per stay
Our plan covers 90 days for an inpatient hospital stay	
Outpatient group therapy visit ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Outpatient individual therapy visit ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Skilled nursing facility (SNF)²

\$0 copay per day: days 1-100

Our plan covers up to 100 days in a SNF.

Medical benefits

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit² \$0 copay

Occupational Therapy Visit² \$0 copay

Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

Ambulance²

Your provider must obtain prior authorization for non-emergency transportation.

20% coinsurance for ground
20% coinsurance for air

Routine transportation

\$0 copay; 12 one-way trips per year to or from approved locations.

Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs² 20% coinsurance

Part B covered insulin² 20% coinsurance, up to \$35

Other Part B drugs² \$0 copay for allergy antigens
20% coinsurance for all others

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Prescription drug payment stages

Annual Prescription Deductible	\$545 for Part D prescription drugs		
Initial Coverage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.		
Drug Coverage	Retail	Mail Order	
	30-day supply[^]	100-day supply	100-day supply
All covered drugs³	25% coinsurance	25% coinsurance (Some covered drugs are limited to a 30-day supply)	25% coinsurance (Some covered drugs are limited to a 30-day supply)
Coverage Gap (Donut hole)	In this stage, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.		
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.		

[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

Additional benefits

Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Diabetes management	Diabetes monitoring supplies ²	20% coinsurance
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
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.
Opioid treatment program services²		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
	Outpatient individual therapy visit ²	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Renal Dialysis²		\$0 copay in a nursing home 20% coinsurance outside of a nursing home

² May require your provider to get prior authorization from the plan.

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.

About this plan

UHC Nursing Home Plan NY-F003 (HMO I-SNP) is a Medicare Advantage HMO 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.

UHC Nursing Home Plan NY-F003 (HMO I-SNP) is an Institutional Special Needs Plan designed specifically for people who live in a contracted institution (like a nursing home) for 90 days or longer. You can find a list of contracted institutions at www.uhc nursinghomeplan.com.

Our service area includes these counties in:

New York: Bronx, Dutchess, Kings, Nassau, New York, Queens, Richmond, Rockland, Westchester.

Use network providers and pharmacies

UHC Nursing Home Plan NY-F003 (HMO I-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to UHC.com/Medicare to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UHC Nursing Home Plan NY-F003 (HMO I-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.

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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-870-9604 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-870-9604, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Additional authorizations may be required to access discount programs. 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 services are 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.