

Summary of Benefits 2025

UHC Preferred Complete Care FL-0003 (HMO C-SNP)
H1045-018-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

 **myPreferredCare.com**

 Toll-free **1-855-548-1564, TTY 711**
8 a.m.-8 p.m. local time, 7 days a week



Summary of Benefits

January 1, 2025 - December 31, 2025

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 myPreferredCare.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 Preferred Complete Care FL-0003 (HMO C-SNP)

Medical premium, deductible and limits

Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Part B premium reduction	\$18 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
Annual medical deductible	This plan does not have a medical deductible.
Maximum out-of-pocket amount (does not include prescription drugs)	\$2,900 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

Medical benefits

Inpatient hospital care ²		\$0 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$25 copay otherwise
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$75 copay otherwise

Cost-sharing for additional plan covered services will apply.

Medical benefits

Outpatient hospital observation services² \$75 copay

Doctor visits

Primary care provider \$0 copay

Specialists² \$0 copay

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

- | | |
|--|---|
| <input type="checkbox"/> Abdominal aortic aneurysm screening | <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening |
| <input type="checkbox"/> Alcohol misuse counseling | <input type="checkbox"/> Medical nutrition therapy services |
| <input type="checkbox"/> Annual wellness visit | <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) |
| <input type="checkbox"/> Bone mass measurement | <input type="checkbox"/> Obesity screenings and counseling |
| <input type="checkbox"/> Breast cancer screening (mammogram) | <input type="checkbox"/> Prostate cancer screenings (PSA) |
| <input type="checkbox"/> Cardiovascular disease (behavioral therapy) | <input type="checkbox"/> Sexually transmitted infections screenings and counseling |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| <input type="checkbox"/> Cervical and vaginal cancer screening | <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 |
| <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |
| <input type="checkbox"/> Depression screening | |
| <input type="checkbox"/> Diabetes screenings and monitoring | |
| <input type="checkbox"/> Hepatitis C screening | |
| <input type="checkbox"/> HIV screening | |

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.

Medical benefits

Emergency care \$80 copay (\$0 copay for emergency care outside the United States) 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 \$0 copay (worldwide) per visit

Diagnostic tests, lab and radiology services, and X-rays Diagnostic radiology services (e.g. MRI, CT scan)² \$0 copay

Lab services² \$0 copay

Diagnostic tests and procedures² \$0 copay

Therapeutic radiology² \$0 copay

Outpatient X-rays² \$0 copay



Hearing services

Exam to diagnose and treat hearing and balance issues² \$0 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids² \$99 - \$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) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period



Routine dental benefits

Preventive and comprehensive² \$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

Medical benefits



Vision services

Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay
Eyewear after cataract surgery	\$0 copay
Routine eye exam	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$200 every year for lenses/frames and contacts. Plan covers polycarbonate lenses, anti-scratch and UV coatings at no cost to member. Home delivered eyewear available through select network providers (select products only).

Mental health

Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay
Outpatient group therapy visit ²	\$0 copay
Outpatient individual therapy visit ²	\$0 copay
Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Skilled nursing facility (SNF)²

Our plan covers up to 100 days in a SNF.

\$0 copay per day: days 1-20
\$25 copay per day: days 21-100

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit ²	\$0 copay
Occupational Therapy Visit ²	\$0 copay
Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Medical benefits

Ambulance²

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

\$140 copay for ground

\$140 copay for air

Routine transportation

\$0 copay for 60 one-way trips to or from approved medically related appointments and pharmacies

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.

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

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 \$2,000, you move to the Catastrophic Coverage stage.

Tier drug coverage

Retail

Mail Order

30-day supply[^]

100-day supply

100-day supply

Tier 1:

Preferred Generic

\$0 copay

\$0 copay

\$0 copay

Tier 2:

Generic³

\$0 copay

\$0 copay

\$9 copay

Prescription drug payment stages

Tier drug coverage	Retail		Mail Order
	30-day supply [^]	100-day supply	100-day supply
Tier 3: Preferred Brand	\$3 copay	\$9 copay	\$9 copay
Tier 3: Covered Insulin Drugs ⁴	\$3 copay	\$9 copay	\$9 copay
Tier 4: Non-Preferred Drug ⁵	\$45 copay	N/A	N/A
Tier 5: Specialty Tier ⁵	33% coinsurance	N/A	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.		

Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

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

³ Tier includes enhanced drug coverage.

⁴ You will pay a maximum of \$3 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.

⁵ Limited to a 30-day supply

Additional benefits

Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)² \$0 copay

Additional benefits

Diabetes management

Diabetes monitoring supplies²

\$0 copay

We only cover Accu-Chek® and OneTouch® brands.

Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.

Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.

Other brands are not covered by your plan.

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts²

\$0 copay

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)²

\$0 copay

Prosthetics (e.g., braces, artificial limbs)²

\$0 copay - 20% coinsurance



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
- Access to a large national network of gyms and fitness locations
- On-demand workout videos and live streaming fitness classes
- Online memory fitness activities

Foot care (podiatry services)


Foot exams and treatment²

\$0 copay

Routine foot care

\$0 copay, 6 visits per year

Additional benefits

Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
Home health care²		\$0 copay
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 use disorder services	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
 Over-the-counter (OTC) and food credit		\$51 credit every month to pay for OTC products — and healthy food for members who qualify <ul style="list-style-type: none"><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more<input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water<input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you
Renal dialysis²		20% coinsurance

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 Preferred Complete Care FL-0003 (HMO C-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 Preferred Complete Care FL-0003 (HMO C-SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure, and Diabetes.

Our service area includes the following county in:

Florida: Miami-Dade.

Use network providers and pharmacies

UHC Preferred Complete Care FL-0003 (HMO C-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 [myPreferredCare.com](https://www.myPreferredCare.com) 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 Preferred Complete Care FL-0003 (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.

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.

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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 1-866-231-7201 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 1-866-231-7201, 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.

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Fitness program

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

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conditions.

Food and over-the-counter (OTC) credit

Food and OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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. Contact us for details.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.

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