



Summary of Benefits 2025

UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS)
H5435-001-000

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



UHC.com/Medicare



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

**United
Healthcare®**

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 [UHC.com/Medicare](https://www.uhc.com/Medicare) 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 MedicareDirect Patriot No Rx PF-MA01 (PFFS)

Medical premium, deductible and limits

Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Part B premium reduction	\$25 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	\$6,700 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from providers.

Medical benefits

Inpatient hospital care		\$420 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient hospital	Ambulatory surgical center (ASC)	\$0 copay for a colonoscopy \$420 copay otherwise
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery	\$0 copay for a colonoscopy \$420 copay otherwise
	Outpatient hospital observation services	\$420 copay

Medical benefits

Doctor visits

Primary care provider \$20 copay

Specialists \$55 copay

Virtual medical visits \$0 copay to talk with a 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) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening | <ul style="list-style-type: none"> <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 <input type="checkbox"/> Prostate cancer screenings (PSA) <input type="checkbox"/> Sexually transmitted infections screenings and counseling <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |
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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%.

Medical benefits

Emergency care \$125 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 \$55 copay (\$0 copay for urgently needed services outside the United States) per visit

Diagnostic tests, lab and radiology services, and X-rays Diagnostic radiology services (e.g. MRI, CT scan) \$0 copay for each diagnostic mammogram \$250 copay otherwise

Lab services \$0 copay

Diagnostic tests and procedures \$50 copay

Therapeutic radiology 20% coinsurance

Outpatient X-rays \$25 copay



Hearing services

Exam to diagnose and treat hearing and balance issues \$20 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids \$1,500 allowance for OTC and prescription hearing aids



Routine dental benefits

Preventive and comprehensive \$500 allowance for all covered dental services

\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns

50% coinsurance for bridges and dentures

No annual deductible

Freedom to see any dentist



Vision services

Exam to diagnose and treat diseases and conditions of the eye \$0 copay

Medical benefits		
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	Plan pays up to \$100 every year for eyeglass lenses/ frames or contact lenses.
Mental health	Inpatient visit Our plan covers 90 days for an inpatient hospital stay	\$420 copay per day: days 1-5 \$0 copay per day: days 6-90
	Outpatient group therapy visit	\$15 copay
	Outpatient individual therapy visit	\$25 copay
	Virtual mental health visits	\$0 copay to talk with a telehealth provider online through live audio and video
Skilled nursing facility (SNF)	Our plan covers up to 100 days in a SNF.	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit	\$50 copay
	Occupational Therapy Visit	\$45 copay
	Virtual medical visits	\$0 copay to talk with a telehealth provider online through live audio and video
Ambulance²	Your provider must obtain prior authorization for non-emergency transportation.	\$290 copay for ground \$290 copay for air
Routine transportation		Not covered

Medical benefits

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 drugs	20% coinsurance
Part B covered insulin	20% coinsurance, up to \$35
Other Part B drugs	\$0 copay for allergy antigens 20% coinsurance for all others

Additional benefits

Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$20 copay
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Diabetes management

Diabetes monitoring supplies	\$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 inserts	20% coinsurance

Durable medical equipment (DME)

DME (e.g., wheelchairs, oxygen)	20% coinsurance
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Additional benefits

and related supplies	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Foot care (podiatry services)	Foot exams and treatment	\$45 copay
	Routine foot care	\$45 copay, 6 visits per year
Home health care		\$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 services		\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit	\$15 copay
	Outpatient individual therapy visit	\$25 copay
Renal dialysis		20% coinsurance

*Benefits are combined in and out-of-network

About this plan

UHC MedicareDirect Patriot No Rx PF-MA01 (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, Decatur, Ellis, Lane, Logan, Rawlins, Rooks, Scott, Sheridan, Thomas;

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

Wyoming: Sheridan.

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.

Required Information

UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS) 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.

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 1-866-579-8774 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 comunice 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 1-866-579-8774, 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.