Summary of Benefits 2025

UHC MedicareDirect PF-0001 (PFFS)
H5435-024-000

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

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®

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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** 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 PF-0001 (PFFS)

Medical premium, deductible and limits	
Monthly plan premium	$82
Annual medical deductible	This plan does not have a medical deductible.
Maximum out-of-pocket amount (does not include prescription drugs)	$6,700 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from 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 care Our plan covers an unlimited number of days for an inpatient hospital stay.		$525 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$0 copay for a colonoscopy $525 copay otherwise
	Outpatient hospital, including surgery	$0 copay for a colonoscopy $525 copay otherwise
	Outpatient hospital observation services	$525 copay

Medical benefits		
Doctor visits	Primary care provider	$25 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

- ☐ 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)
- ☐ Obesity screenings and counseling
- ☐ 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%.

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	$525 copay per day: days 1-4 $0 copay per day: days 5-90
	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
Ambulance[2] 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

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	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $495 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to 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, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.			
Tier drug coverage	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply^	**100-day supply**	**100-day supply**	**100-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic[3]	$14 copay	$42 copay	$0 copay	$42 copay
Tier 3: Preferred Brand	$47 copay	$141 copay	$131 copay	$141 copay

Prescription drug payment stages				
Tier drug coverage	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply^	**100-day supply**	**100-day supply**	**100-day supply**
Tier 3: Covered Insulin Drugs [4]	$35 copay	$105 copay	$95 copay	$105 copay
Tier 4: Non-Preferred Drug [5]	$100 copay	N/A	N/A	N/A
Tier 5: Specialty Tier [5]	27% coinsurance	N/A	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 $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.

[5] Limited to a 30-day supply

Additional benefits		
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	$20 copay

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

Additional benefits	
Renal dialysis	20% coinsurance

*Benefits are combined in and out-of-network

About this plan

UHC MedicareDirect PF-0001 (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 and network pharmacies

UHC MedicareDirect PF-0001 (PFFS) has a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy. 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.

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

Required Information

UHC MedicareDirect PF-0001 (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 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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Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

The Formulary and/or pharmacy 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.