



# Summary of Benefits 2025

**UHC Medicare Advantage GS-0001 (Regional PPO)**  
R2604-001-000

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®**  
Medicare Advantage

# 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 [MyUHC Medicare.com](https://www.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 Medicare Advantage GS-0001 (Regional PPO)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$87	
<b>Annual medical deductible</b>	This plan does not have a medical deductible.	
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$8,900	
	<p>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.</p> <p>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.</p>	

Medical benefits			
		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		\$445 copay per day: days 1-4	\$445 copay per day: for days 1-4
		\$0 copay per day: days 5 and beyond	\$0 copay per day: for days 5 and beyond
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy	\$0 copay for a colonoscopy
		\$445 copay otherwise	\$445 copay otherwise
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy	\$0 copay for a colonoscopy
		\$445 copay otherwise	\$445 copay otherwise

Medical benefits			
		In-network	Out-of-network
	Outpatient hospital observation services <sup>2</sup>	\$445 copay	\$445 copay
<b>Doctor visits</b>	Primary care provider	\$0 copay	\$25 copay
	Specialists <sup>2</sup>	\$45 copay	\$45 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	Routine physical	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<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	<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)	

Any additional preventive services approved by Medicare during the contract year will be covered.

## Medical benefits

### In-network

### Out-of-network

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

### Emergency care

\$110 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

\$45 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)<sup>2</sup>

\$0 copay for each diagnostic mammogram  
\$220 copay otherwise

\$0 copay for each diagnostic mammogram  
\$220 copay otherwise

Lab services<sup>2</sup>

\$0 copay

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$50 copay

\$50 copay

Therapeutic radiology<sup>2</sup>

20% coinsurance

20% coinsurance

Outpatient X-rays<sup>2</sup>

\$25 copay

\$25 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup>

\$0 copay

\$45 copay

Routine hearing exam



\$0 copay, 1 per year\*

\$45 copay, 1 per year\*

Hearing aids<sup>2</sup>

\$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

Medical benefits			
		In-network	Out-of-network
		<input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period	
	<b>Routine dental benefits</b>	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
	<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
		Eyewear after cataract surgery	\$0 copay
		Routine eye exam	\$0 copay, 1 per year*
<b>Mental health</b>	Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$445 copay per day: days 1-3 \$0 copay per day: days 4-90	\$445 copay per day: days 1-3 \$0 copay per day: days 4-90
	Outpatient group therapy visit <sup>2</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$25 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Skilled nursing facility (SNF)<sup>2</sup></b> Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-100
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$20 copay	\$20 copay
	Occupational Therapy Visit <sup>2</sup>	\$20 copay	\$20 copay

Medical benefits			
		In-network	Out-of-network
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$275 copay for ground	\$275 copay for ground
Your provider must obtain prior authorization for non-emergency transportation.		\$275 copay for air	\$275 copay for air
<b>Routine transportation</b>		Not covered	Not covered
<b>Medicare Part B prescription drugs</b>	Chemotherapy drugs <sup>2</sup>	20% coinsurance	20% coinsurance
In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Part B covered insulin <sup>2</sup>	20% coinsurance, up to \$35	20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens	\$0 copay for allergy antigens
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	20% coinsurance for all others	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	
<b>Deductible</b>	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 \$570 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.
<b>Initial Coverage</b>	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.

## Prescription drug payment stages

Tier drug coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply <sup>^</sup>	100-day supply	100-day supply	100-day supply
<b>Tier 1:</b> Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2:</b> Generic <sup>3</sup>	\$14 copay	\$42 copay	\$0 copay	\$42 copay
<b>Tier 3:</b> Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>Tier 3:</b> Covered Insulin Drugs <sup>4</sup>	\$35 copay	\$105 copay	\$95 copay	\$105 copay
<b>Tier 4:</b> Non-Preferred Drug <sup>5</sup>	\$100 copay	N/A	N/A	N/A
<b>Tier 5:</b> Specialty Tier <sup>5</sup>	26% 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)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> Tier includes enhanced drug coverage.

<sup>4</sup> 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.

<sup>5</sup> Limited to a 30-day supply

Additional benefits		In-network	Out-of-network
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$15 copay	\$15 copay
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, 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>	50% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance	50% coinsurance
	<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance	50% coinsurance



## Additional benefits

		In-network	Out-of-network
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$35 copay	\$35 copay
	Routine foot care	\$35 copay, 6 visits per year*	\$35 copay, 6 visits per year*
<b>Home health care<sup>2</sup></b>		\$0 copay	50% coinsurance
<b>Hospice</b>		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.	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$25 copay
<b>Renal dialysis<sup>2</sup></b>		20% coinsurance	20% coinsurance

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network

## Optional supplemental benefits

### Platinum Dental Rider premium

Additional \$59 per month

The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage 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 Medicare Advantage GS-0001 (Regional PPO) is a Medicare Advantage RPO 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 **Georgia, and South Carolina.**

## Use network providers and pharmacies

UHC Medicare Advantage GS-0001 (Regional PPO) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. 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 **[UHC.com/Medicare](https://www.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 Medicare Advantage GS-0001 (Regional PPO) 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](http://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 1-877-370-4892 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 1-877-370-4892, 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.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided

by third parties.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.