

Summary of Benefits 2027

UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)

H1045-012-000



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



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**Preferred
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A UnitedHealthcare Company

Summary of Benefits

January 1, 2027 - December 31, 2027

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 Dual Complete FL-QV4 (HMO D-SNP)

Medical premium, deductible and limits	
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Annual medical deductible	Your medical deductible is the Original Medicare Part B deductible amount in-network as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services. The 2026 Original Medicare deductible amount is \$283. The 2027 amount will be set by CMS in the fall of 2026. Our plan will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (does not include prescription drugs)	\$9,850 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.
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart.
Medical benefits	
Inpatient hospital care ² Our plan covers an unlimited number of days for an inpatient hospital stay.	\$0 copay per stay, or \$2,035 copay per stay
Outpatient hospital	Ambulatory surgical center (ASC) ² \$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise
Cost-sharing for additional plan	Outpatient hospital, including surgery ² \$0 copay for a colonoscopy \$0 copay or 20% coinsurance otherwise

Medical benefits		
covered services will apply.	Outpatient hospital observation services ²	\$0 copay or 20% coinsurance
Doctor visits	Primary care provider	\$0 copay or 20% coinsurance
	Specialists ^{1,2}	\$0 copay
	Virtual medical visits	\$0 copay
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% when you use in-network providers.	
Emergency care		\$0 copay or \$115 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		\$0 copay per visit

Medical benefits		
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$0 copay or 20% coinsurance otherwise
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay or 20% coinsurance
	Therapeutic radiology ²	\$0 copay or 20% coinsurance
	Outpatient X-rays ²	\$0 copay or 20% coinsurance
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay
	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
	Hearing aids ²	\$2,200 allowance for 2 hearing aids every 2 years • A broad selection of high-value and brand name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered.
 Routine dental benefits	Preventive and comprehensive services ²	\$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
 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 \$250 every year for lenses/frames and contacts. Home delivered eyewear available through select network providers (select products only).
Mental health	Inpatient visit ² Our plan covers 90 days for an	\$0 copay per stay, or \$2,035 copay per stay

Medical benefits

	inpatient hospital stay	
	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
	Virtual mental health visits	\$0 copay
Skilled nursing facility (SNF)² Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$0 copay or 20% coinsurance
	Occupational Therapy Visit ²	\$0 copay or 20% coinsurance
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay or 20% coinsurance for ground \$0 copay or 20% coinsurance for air
Routine transportation		\$0 copayment for unlimited one-way trips to or from approved medically related appointments and pharmacies
Medicare Part B prescription drugs	Chemotherapy drugs ²	\$0 copay
	Part B covered insulin ²	\$0 copay
	Other Part B drugs ² Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay

Prescription drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Deductible	Your deductible amount is \$0.
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

Prescription drugs	
	\$2,400, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Drug coverage	30-day^ or 100-day supply from a retail network pharmacy
Generic (including brand drugs treated as generic)	\$0, \$1.65, or \$5.80 copay Drugs that are in Tier 1 and Tier 2 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs ³	\$0, \$5, or \$14.40 copay Drugs that are in Tier 1 and Tier 2 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)
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.

^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 pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

Additional plan benefits		
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay
Diabetes management	Diabetes monitoring supplies ²	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay
Durable medical equipment (DME)	DME (e.g., wheelchairs, oxygen) ²	\$0 copay

Additional plan benefits		
and related supplies	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay
 Fitness program		\$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay or 20% coinsurance
	Routine foot care	\$0 copay, 6 visits per year
Meal benefit		\$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
 OTC, healthy food, utilities + wellness support Special Supplemental Benefits for the Chronically Ill (SSBCI) allow eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.	\$240 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more	

Additional plan benefits

Renal dialysis²

\$0 copay

In-home support services

\$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

¹ Requires a referral from your doctor.

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 a 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.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is the 2027 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2026 Medicare deductible amount is \$283. The 2027 amount will be set by CMS in the fall of 2026. Our plan will provide updated rates as soon as they are released. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network

List of applicable services

Outpatient hospital

- Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient hospital observation services

Doctor visits

- Primary
- Specialists

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

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram and in-home vascular screening
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

Hearing services

- Exam to diagnose and treat hearing and balance issues

Vision services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Mental health

- Outpatient group therapy visit

-
- Outpatient individual therapy visit
-

Physical therapy and speech and language therapy visit

Ambulance (All Non-emergency)

Medicare Part B drugs

- Chemotherapy drugs
 - Other Part B drugs
-

Chiropractic services

- Manual manipulation of the spine to correct subluxation
-

Diabetes management

- Diabetes monitoring supplies
 - Therapeutic shoes or inserts
-

Durable medical equipment (DME) and related supplies

- Durable Medical Equipment (e.g. wheelchairs, oxygen)
 - Prosthetics (e.g., braces, artificial limbs)
-

Foot care (podiatry services)

- Foot exams and treatment
-

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services

- Outpatient group therapy visit
 - Outpatient individual therapy visit
-

Renal dialysis

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Florida Department of Children and Families, 1-850-300-4323.

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
Inpatient Hospital Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services (Including assistive care services)	Covered
Doctor Office Visits	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.	Covered
Outpatient Surgery	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
	following cost share amounts: \$0 co-pay for Medicaid services	
Emergency Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Urgently Needed Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Hearing Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
Dental Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
Vision Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services including up to one routine vision exam, up to one pair of frames (includes Medicaid covered eyeglass lenses and frames) per year, and in total up to two pairs of lenses (includes Medicaid covered lenses) per year, or contact lenses (if medically necessary). Prior authorization may be required and must be received by a participating vision provider.	Covered
Preventive Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Mental Health Care - Behavioral Health Targeted Case Management - Community Mental Health - Mental Health Case Management	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Outpatient Rehabilitation	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
	amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services	
Ambulance	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Transportation (Routine)	\$0 co-pay for Medicaid services For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.	Covered
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs.	Covered
Chiropractic Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
Diabetes Supplies and Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Durable Medical Equipment (Wheelchairs, oxygen, etc.)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Foot Care (Podiatry services)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Skilled Nursing Facility (SNF)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-QV4 (HMO D-SNP)
Hospice	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Renal Dialysis	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Prosthetic Devices (Braces, artificial limbs, etc.)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Over-the-Counter Items (with prescription)	\$0 co-pay for Medicaid services	Covered

About this plan

UHC Preferred Dual Complete FL-QV4 (HMO D-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.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart above. There may be some services that do not have a member cost share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Florida: Broward, Miami-Dade.

Use network providers and pharmacies

UHC Preferred Dual Complete FL-QV4 (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. 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** 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 Dual Complete FL-QV4 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. 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.

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Fitness program - The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support - OTC, food and utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food and utilities benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

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. 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 discount offers is 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.