

Benefit Highlights

UnitedHealthcare Dual Complete® (HMO D-SNP)

This is a short description of your 2021 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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Medical Benefits

	Your Cost
Doctor’s office visit	Primary Care Provider: \$0 copay Virtual medical visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay
Mental health (outpatient and virtual)	Group therapy: \$0 copay Individual therapy: \$0 copay Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every year; up to \$200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
Dental - comprehensive	\$0 copay for comprehensive dental services
Dental - benefit limit	\$2,000 limit on all covered dental services
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$2,000 allowance for hearing aids, up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations
Personal Emergency Response System	Emergency monitoring device at no cost.
Foot care - routine	\$0 copay; 4 visits per year
Routine Chiropractic care	\$0 copay; 20 chiropractic visits per year
Over-the-Counter (OTC) Products Card	\$170 credit per quarter to use on approved over-the-counter products.
Healthy Food Benefit	\$30 credit per month to spend on healthy food items.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription Drugs

Annual prescription (Part D) deductible	\$0
30-day supply from retail network pharmacy	
All covered drugs	\$0 copay Some covered drugs limited to a 30-day supply



Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.