

# Benefit highlights

## UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)

This is a short description of your 2022 plan benefits. The values shown in-network 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.** 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

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0 In-Network	\$0 combined In and Out-of-Network
Doctor’s office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay	\$0 copay
Mental health (outpatient and virtual)	Group therapy: \$0 copay	Group therapy: \$0 copay
	Individual 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	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay

## Medical Benefits

	In-Network	Out-of-Network
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	\$0 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	\$0 copay
<b>Ambulance</b>	\$0 copay for ground or air	\$0 copay for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)	
<b>Urgently needed services</b>	\$0 copay (worldwide)	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

## Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per year*	\$0 copay; 1 per year*
<b>Routine eye exams</b>	\$0 copay; 1 every year*	\$0 copay; 1 every year*
<b>Routine eyewear</b>	<p>\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>	
<b>Dental - preventive</b>	\$0 copay for exams, cleanings, x-rays, and fluoride*	<p>\$0 copay for exams, cleanings, x-rays, and fluoride*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p>
<b>Hearing - routine exam</b>	\$0 copay; 1 per year*	20% coinsurance; 1 per year*
<b>Hearing aids</b>	<p>\$2,500 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing.*</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.</p>	
<b>Fitness program</b>	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
<b>Routine Transportation</b>	\$0 copay for 12 one-way trips to or from approved medically related appointments and pharmacies*	75% coinsurance*
<b>Foot care - routine</b>	\$0 copay; 6 visits per year*	\$0 copay; 6 visits per year*

	In-Network	Out-of-Network
<b>Over-the-Counter (OTC) + Healthy Food Card</b>	\$65 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.	
<b>NurseLine</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

\* Benefits combined in and out-of-network

## Prescription Drugs

<b>Annual prescription (Part D) deductible</b>	\$0
<b>30-day or 100-day supply from retail network pharmacy</b>	
<b>All covered drugs</b>	\$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.