

Benefit Highlights

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

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan, including costs for members without Medicare Parts A and B cost-sharing covered by the state.

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.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Monthly plan premium	\$0 with "Extra Help"	\$0
Annual medical deductible (applies to certain medical benefits)	\$0	\$283 [†]
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$0	\$9,850

Covered plan benefits and costs when received in-network

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Doctor's office visit		
Primary care provider (PCP)	\$0 copay Select a PCP to help manage your care	20% coinsurance Select a PCP to help manage your care
Specialist	\$0 copay Requires a referral from your PCP	\$0 copay Requires a referral from your PCP
Virtual visits	\$0 copay	\$0 copay
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$2,035 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100

Covered plan benefits and costs when received in-network

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Outpatient hospital

Ambulatory surgical center (ASC)	\$0 copay	20% coinsurance
----------------------------------	-----------	-----------------

Outpatient hospital, including surgery	\$0 copay	20% coinsurance
--	-----------	-----------------

Outpatient mental health

Group therapy	\$0 copay	\$0 copay
---------------	-----------	-----------

Individual therapy	\$0 copay	\$0 copay
--------------------	-----------	-----------

Virtual visits	\$0 copay	\$0 copay
----------------	-----------	-----------

Outpatient rehabilitation services

Physical and speech therapy	\$0 copay	20% coinsurance
-----------------------------	-----------	-----------------

Occupational therapy	\$0 copay	20% coinsurance
----------------------	-----------	-----------------

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
---------------------------------	-----------	-----------

Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay
--	-----------	-----------

Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay for covered brands
-------------------------------------	------------------------------	------------------------------

Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
---	-----------	-----------------

Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance
---	-----------	-----------------

Lab services	\$0 copay	\$0 copay
---------------------	-----------	-----------

Outpatient X-rays	\$0 copay	20% coinsurance
--------------------------	-----------	-----------------

Ambulance	\$0 copay for ground or air	20% coinsurance for ground or air
------------------	-----------------------------	-----------------------------------

Emergency care	\$0 copay	\$115 copay per visit
-----------------------	-----------	-----------------------

Urgently needed services	\$0 copay	\$0 copay
---------------------------------	-----------	-----------

†These are the 2026 Medicare-defined amounts and may change for 2027

Additional plan benefits

Routine physical	\$0 copay, 1 per year
-------------------------	-----------------------

Additional plan benefits		
 Hearing services	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	\$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	\$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	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).
 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	
Routine transportation		\$0 copayment for unlimited one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine		\$0 copay, 6 visits per year
 OTC, healthy food, utilities + wellness support Special Supplemental	\$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	

Additional plan benefits

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.

- 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

Meal benefit

\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

In-home support services

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

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 \$2,400, 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 drugs³

\$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.

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.

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.

Scan this code to view
your Summary of
Benefits



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.

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 [medicare.gov](https://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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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 1-855-245-5196 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique 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 1-855-245-5196, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son 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.

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.

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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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.

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.

