Benefit highlights

UnitedHealthcare Dual Complete® Choice (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

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 stay, up to 100 days
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
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground or air	$0 copay for ground or air
Emergency care	$0 copay (worldwide)	
Urgently needed services	$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
Routine physical	$0 copay; 1 per year*	20% coinsurance; 1 per year*
Routine eye exams	$0 copay; 1 each year*	20% coinsurance; 1 each year*
Routine eyewear	$0 copay every year; up to $300 for lenses/frames and contacts *	$0 copay every year; up to $300 for lenses/frames and contacts*
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Hearing - routine exam	$0 copay; 1 per year*	20% coinsurance; 1 per year*
Hearing aids	$2,000 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.	
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
Routine Transportation	$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
Personal Emergency Response System	Emergency monitoring device at no cost.	

	In-Network	Out-of-Network
Foot care - routine	$0 copay; 8 visits per year*	20% coinsurance; 8 visits per year*
Routine Chiropractic care	$0 copay; 6 chiropractic visits per year*	20% coinsurance; 6 chiropractic visits per year*
Over-the-Counter (OTC) + Healthy Food Card	$90 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.	
Meal Benefit	$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription Drugs

Annual prescription (Part D) deductible	$0
30-day or 90-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.