

# Benefit Highlights

## UHC Preferred Medicare Advantage FL-002P (HMO)

This is a short description of your 2025 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

Monthly plan premium	\$0
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### Medical benefits

Annual Medical Deductible	No deductible
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Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,400
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### Doctor's office visit

Primary care provider (PCP)	\$0 copay
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Specialist	\$10 copay (no referral needed)
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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Preventive services	\$0 copay
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Inpatient hospital care	\$150 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
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Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$150 copay per day: days 21-100
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Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$150 copay
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### Outpatient mental health

Group therapy	\$15 copay
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Individual therapy	\$25 copay
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Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
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## Medical benefits

<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$250 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$15 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$5 copay
<b>Ambulance</b>	\$120 copay for ground or air
<b>Emergency care</b>	\$140 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$20 copay (\$0 copay for urgently needed services outside the United States) per visit

## Benefits and services beyond Original Medicare

<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$100 every year for lenses/frames and contacts. Plan covers polycarbonate lenses, anti-scratch and UV coatings at no cost to member. Home delivered eyewear available through select network providers (select products only).
<b>Dental – preventive</b>	\$0 copay for exams, cleanings, X-rays and fluoride
<b>Dental – comprehensive</b>	Covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	\$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year through network providers.  Includes hearing aids delivered directly to you (select products only).

## Benefits and services beyond Original Medicare

<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
<b>Routine transportation</b>	\$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies
<b>Foot care - routine</b>	\$10 copay, 6 visits per year
<b>Over-the-counter (OTC) credit</b>	\$85 credit every quarter to buy covered OTC products
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

## Prescription drug payment stages

<b>Deductible</b>	\$0 for Tier 1 and 2 Part D prescription drugs \$175 for Tier 3, 4 and 5 drugs	
<b>Initial Coverage</b>	<b>Standard Retail (30-day supply)</b>	<b>Preferred Mail Order (100-day supply)</b>
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic<sup>1</sup></b>	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$15 copay	\$35 copay
<b>Tier 3: Covered Insulin Drugs<sup>2</sup></b>	\$15 copay	\$35 copay
<b>Tier 4: Non-Preferred Drug<sup>3</sup></b>	\$100 copay	N/A
<b>Tier 5: Specialty Tier<sup>3</sup></b>	31% coinsurance	N/A
<b>Catastrophic Coverage</b>	After you, and others on your behalf, have paid a combined total of \$2,000, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> You will pay a maximum of \$15 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

<sup>3</sup> Limited to a 30-day supply



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This information is not a complete description of benefits. Contact the plan for more information.

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