2024 Benefit Highlights Preferred Care Network

Broward County

Not for distribution to retirees or beneficiaries

Benefit Highlights

UHC MedicareMax Medicare Advantage FL-0029 (HMO)

This is a short description of your 2024 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

Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$2,900
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$10 copay (referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$150 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	$0 copay for covered brands

Medical benefits	
Diagnostic radiology services (such as MRIs, CT scans)	$80 copay
Diagnostic tests and procedures (non-radiological)	$25 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$150 copay for ground or air
Emergency care	$135 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$50 copay ($0 copay for urgently needed services outside the United States) per visit

Benefits and services beyond Original Medicare	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $250 every year for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$99 to $1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.
Routine transportation	$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$10 copay, 6 visits per year

Benefits and services beyond Original Medicare	
Over-the-counter (OTC) credit	$135 credit every quarter to buy covered OTC products
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription drug payment stages		
Annual Prescription Deductible	$0 for Part D prescription drugs	
Initial Coverage	**Standard Retail (30-day supply)**	**Preferred Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$25 copay	$65 copay
Tier 3: Covered Insulin Drugs	$25 copay	$65 copay
Tier 4: Non-Preferred Drug	$100 copay	$290 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
Coverage Gap (Donut hole)	After your total drug cost reaches $5,030, the plan continues to pay its share of the cost of your Tier 1 and Tier 2 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
Catastrophic Coverage	After your total out-of-pocket drug cost reaches $8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.	

[1] Tier includes enhanced drug coverage

[3] Limited to a 30-day supply

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

Benefit Highlights

UHC MedicareMax Medicare Advantage FL-D004 (HMO D-SNP)

This is a short description of your 2024 plan benefits. The values shown represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, 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 with "Extra Help"	$37.70 without "Extra Help"

Medical benefits		
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**
Annual Medical Deductible	No deductible	$226†
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$0	$8,850
Doctor's office visit		
Primary care provider (PCP)	$0 copay	20% coinsurance
Specialist	$0 copay (referral needed)	$0 copay (referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay	$0 copay

Medical benefits		
	With Medicaid Cost Share Assistance	**Without Medicaid Cost Share Assistance**
Inpatient hospital care	$0 copay per stay for unlimited days	$2,000 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 (Cost sharing for additional plan services will apply)	$0 copay	20% coinsurance
Outpatient mental health		
Group therapy	$0 copay	$0 copay
Individual therapy	$0 copay	$0 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
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)	$100 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$0 copay (worldwide)	$0 copay (worldwide)

Benefits and services beyond Original Medicare	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $300 every year for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	Plan pays up to $2,000 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes, brain health content and 1 Fitbit® device.
Routine transportation	$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$0 copay, 6 visits per year
Food, over-the-counter (OTC) and utility bill credit	$281 credit every month to pay for covered healthy food, OTC products and utility bills from network utility companies
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
In-home support services	$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

Prescription drugs	
Annual Prescription Deductible	$0
30-day or 100-day supply from retail or mail order network pharmacy	
All covered drugs	$0 copay (Some covered drugs are 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.

Benefit Highlights

UHC MedicareMax Complete Care FL-0030 (HMO C-SNP)

This is a short description of your 2024 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

Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$3,400
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay (referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$150 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	$0 copay for covered brands

Medical benefits	
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	$275 copay for ground or air
Emergency care	$135 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$0 copay (worldwide)

Benefits and services beyond Original Medicare	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $300 every year for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$99 to $1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.
Routine transportation	$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$0 copay, 6 visits per year

Benefits and services beyond Original Medicare	
Food and over-the-counter (OTC) credit	$53 credit every month to buy covered OTC products – and covered healthy food for qualifying members
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription drug payment stages		
Annual Prescription Deductible	$0 for Part D prescription drugs	
Initial Coverage	**Standard Retail (30-day supply)**	**Preferred Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$0 copay	$0 copay
Tier 3: Covered Insulin Drugs	$0 copay	$0 copay
Tier 4: Non-Preferred Drug	$65 copay	$185 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
Coverage Gap (Donut hole)	After your total drug cost reaches $5,030, the plan continues to pay its share of the cost of your Tier 1, Tier 2 and Tier 3 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
Catastrophic Coverage	After your total out-of-pocket drug cost reaches $8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.	

[1] Tier includes enhanced drug coverage

[3] Limited to a 30-day supply

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

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