

Benefit highlights

Preferred Medicare Assist Palm Beach (HMO D-SNP)

This is a short description of your 2022 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 full “Extra Help”	Up to \$31.50, depending on your level of “Extra Help”
-----------------------------	----------------------------	--

Medical Benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Annual Medical Deductible	No deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0	\$3,400
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.	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 (Cost sharing for additional plan services will apply)	\$0 copay	\$0 copay

Medical Benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
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.	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 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)	\$90 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

	Your Cost
Routine physical	\$0 copay; 1 per year
Routine eye exams	\$0 copay; 1 each year
Routine eyewear	\$0 copay every year; up to \$300 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	\$600 allowance per ear, maximum benefit of \$1200 every 2 years; up to 2 hearing aids
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.

	Your Cost
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
Over-the-Counter (OTC) + Healthy Food Card	\$205 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.
Meal Benefit	\$0 copay; coverage for at home meal benefit. Restrictions apply.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription Drugs

Annual prescription (Part D) deductible	\$0
30-day or 100-day supply from retail network pharmacy	
All covered drugs	\$0 copay Some covered drugs limited to a 30-day supply



**Preferred
Care Partners**

A UnitedHealthcare Company

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.

Y0066_MABH_2022_M H1045038000

PCFL22HM4999317_000