

# Benefit Highlights

## Preferred Medicare Assist Palm Beach (HMO D-SNP)

This is a short description of your 2023 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.

<b>Monthly plan premium</b>	\$0 with full “Extra Help”	Up to \$35.90, depending on your level of “Extra Help”
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### Medical benefits

	<b>With Medicaid Cost Share Assistance</b>	<b>Without Medicaid Cost Share Assistance</b>
<b>Annual Medical Deductible</b>	No deductible	No deductible
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$0	\$3,400
<b>Doctor’s office visit</b>		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$0 copay (no referral needed)	\$0 copay (no 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
<b>Preventive services</b>	\$0 copay	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100

## Medical benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$0 copay	\$0 copay
<b>Outpatient mental health</b>		
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
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	\$0 copay for covered brands
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	\$0 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	\$0 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	\$0 copay
<b>Ambulance</b>	\$0 copay for ground or air	\$0 copay for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)	\$90 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$0 copay (worldwide)	\$0 copay (worldwide)

## Benefits and services beyond Original Medicare

	Your cost
<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 \$300 every year for lenses/frames and contacts
<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

	Your cost
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	Plan pays up to \$2,500 every year for 2 hearing aids through UnitedHealthcare Hearing.  Includes hearing aids delivered directly to you with virtual follow-up care (select models).
<b>Fitness program</b>	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.
<b>Routine transportation</b>	\$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
<b>Foot care - routine</b>	\$0 copay, 6 visits per year
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$280 credit every month to pay for covered groceries, OTC products and certain utility bills
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
<b>NurseLine</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

## Prescription drugs

	Your cost
<b>Annual prescription (Part D) deductible</b>	\$0
<b>30-day or 100-day supply from retail network pharmacy</b>	
<b>All covered drugs</b>	\$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.