Benefit Highlights

Preferred Choice Palm Beach (HMO)

This is a short description of your 2023 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

	Your cost
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	$10 copay (no 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	$150 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $150 copay per day: days 21-43 $0 copay per day: days 44-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$100 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
Diagnostic radiology services (such as MRIs, CT scans)	$55 copay

Medical benefits

	Your cost
Diagnostic tests and procedures (non-radiological)	$25 copay
Lab services	$0 copay
Outpatient x-rays	$15 copay
Ambulance	$250 copay for ground or air
Emergency care	$90 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$0 copay (worldwide)

Benefits and services beyond Original Medicare

	Your cost
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 $0 copay for comprehensive dental services
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$175 - $1,225 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 challenges.
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
Over-the-counter (OTC) credit	$215 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.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	$0	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (100-day)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$0 copay	$0 copay
Tier 3: Preferred Brand	$15 copay	$35 copay
Select insulin drugs[2]	$15 copay	$35 copay
Tier 4: Non-Preferred Drug	$100 copay	$290 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,400, you will pay the greater of $4.15 copay for generic (Including brand drugs treated as generic), $10.35 copay for all other drugs, or 5% coinsurance	

[1] Tier includes enhanced drug coverage

[2] For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of $15 for each 1-month supply of Part D select insulin drug through all coverage stages.

[3] Limited to a 30-day supply