Benefit Highlights

Preferred Medicare Assist (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.

Monthly plan premium	$0 with full "Extra Help"	Up to $35.90, 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 (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
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

Medical benefits

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$0 copay	$0 copay
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)	$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 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

	Your cost
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	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).
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 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	$230 credit every month to pay for covered groceries, OTC products and certain utility bills
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.
In-home support services	$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges

Prescription drugs

	Your cost
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.