

Benefit Highlights

UnitedHealthcare® Chronic Complete (HMO C-SNP)

This is a short description of your 2020 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
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Medical Benefits

	Your Cost
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$3,200
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$20 copay (referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$100 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-40 \$0 copay per day: days 41-100
Outpatient hospital, including surgery	\$0 - \$100 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$125 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$210 copay for ground \$210 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$20 copay (\$90 copay for worldwide coverage)

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$250 for lenses/frames and contacts
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
Dental - comprehensive	\$0 copay or 50% coinsurance for comprehensive dental services
Dental - benefit limit	\$1,500 limit on all covered dental services
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com , and click the link in the footer entitled Terms and Conditions.
Transportation	\$0 copay; 34 one-way trips per year to or from approved locations
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
Health & Wellness Products Catalog	\$50 credit per quarter to use on approved health products. Order online at Walmart.com , over the phone, or by mail.
Home Delivered Meals	\$0 copay; Coverage for at home meal benefit. Restrictions apply.
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.

Prescription Drugs

		Your Cost	
Annual prescription deductible	\$0		
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (100-day)	
Tier 1: Preferred Generic Drugs	\$3 copay	\$0 copay	
Tier 2: Generic Drugs	\$14 copay	\$0 copay	
Tier 3: Preferred Brand Drugs	\$47 copay	\$75 copay	
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay	
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	
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 \$4,020, 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 \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance		



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone having a qualifying chronic care condition. This information is not a complete description of benefits. Contact the plan for more information.