

Benefit highlights

UnitedHealthcare Dual Complete® (HMO D-SNP)

This is a short description of your 2022 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

You pay \$0 unless the service is not a Medicaid covered benefit or Medicaid Copays apply for any benefit referenced in this document.

Monthly plan premium	\$0
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Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$0 copay
	Specialist: \$0 copay (no referral needed)
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay
Mental health (outpatient and virtual)	Group therapy: \$0 copay
	Individual therapy: \$0 copay
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
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 every year
Routine eyewear	<p>\$0 copay; up to \$200 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
Dental - comprehensive	\$0 copay for comprehensive dental services
Dental - benefit limit	\$3,000 limit on all covered dental services
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	<p>\$2,000 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.</p>
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.
Routine Transportation	\$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Personal Emergency Response System	Emergency monitoring device at no cost.
Foot care - routine	\$0 copay; 4 visits per year
Routine Chiropractic care	\$0 copay; 20 chiropractic visits per year
Routine Acupuncture	\$0 copay; 20 acupuncture visits per year
Over-the-Counter (OTC) + Healthy Food Card	\$130 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.
Meal Benefit	\$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.
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



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.