

Palm Beach County HMO & Dual SNP

2024

Category	H1045 - 037 UHC Preferred Medicare Advantage FL-002P (HMO)	H1045 - 038 UHC Preferred Dual Complete FL-D01P (HMO D-SNP)
Prescription Drugs	\$0 copay Tier 1 and Tier 2 drugs Tier 1 and Tier 2 drugs covered through the gap \$5,030 ICL	\$0 copay for all covered drugs Some covered drugs limited to a 30-day supply \$5,030 ICL
Hospital	\$150 copay inpatient hospital days (1-5) \$0 copay inpatient hospital days (6-Unlimited)	\$0-20% coinsurance per stay inpatient hospital - no limit to the number of days
Physician Visits	\$0 copay Primary Care Provider \$10 copay Specialist visit	\$0 copay Primary Care Provider \$0 copay Specialist visit
Referrals to Specialist	No referrals required	No referrals required
Dental Coverage	Comprehensive dental, including dentures	Comprehensive dental, including dentures
OTC Debit/UnitedHealthcare Ucard®	\$135 quarterly Over-The-Counter benefit	\$295 credit on Ucard® every month for OTC, healthy food and certain utility bills, combined credit
Additional Benefits		
Hearing	\$99- \$1,249 copay for each hearing aid; limited to 2 devices every year	\$2,500 every year toward the cost of 2 hearing aids
Vision	\$300 toward the cost of contact lenses or glasses (lenses/frames) every year	\$300 toward the cost of contact lenses or glasses (lenses/frames) every year
Transportation	36 one-way trips per year to and/or from plan approved locations	Unlimited transportation to and/or from plan approved locations
Meals	\$0 copay for up to 28 post discharge meals for 14 days, unlimited times per year	\$0 copay for up to 28 post discharge meals for 14 days, unlimited times per year
Fitness	Renew Active fitness membership	Renew Active fitness membership
Nurse Hotline	24/7 nurse hotline	24/7 nurse hotline
Virtual Visits	\$0 copay, virtual visit using online technology	\$0 copay, virtual visit using online technology

Not for distribution to retirees or beneficiaries

