

Category	H1045 - 001 UHC Preferred Medicare Advantage FL-0001 (HMO)	H5420 - 001 UHC MedicareMax Medicare Advantage FL-0028 (HMO)	H1045 - 018 UHC Preferred Complete Care FL-0003 (HMO C-SNP)
Prescription Drugs	\$0 copay Tier 1, Tier 2 and Tier 3 Tier 1 and Tier 2 drugs covered through the gap	\$0 copay Tier 1, Tier 2 and Tier 3 Tier 1 and Tier 2 drugs covered through the gap	\$0 copay Tier 1 and Tier 2 Tier 1, Tier 2 and Tier 3 drugs covered through the gap
Hospital	\$0 copay inpatient hospital days - no limit to the number of days	\$0 copay inpatient hospital days - no limit to the number of days	\$0 copay inpatient hospital days - no limit to the number of days
Physician Visits	\$0 copay Primary Care Provider \$0 copay Specialist visit	\$0 copay Primary Care Provider \$0 copay Specialist visit	\$0 copay Primary Care Provider \$0 copay Specialist visit
Referrals to Specialist	No referrals required	Referrals required	No referrals required
Dental Coverage	Comprehensive dental, including dentures	Comprehensive dental, including dentures	Comprehensive dental, including dentures
Over-the-Counter Debit (OTC)/UnitedHealthcare Ucard™	\$220 quarterly Over-The-Counter benefit	\$170 quarterly Over-The-Counter benefit	\$50 credit every month for OTC/ healthy food combined credit
Additional Benefits			
Hearing	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year
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	\$300 toward the cost of contact lenses or glasses (lenses/frames) every year
Transportation	Unlimited one-way trips to and/or from plan approved locations	Unlimited one-way trips to and/or from plan approved locations	Unlimited one-way trips 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	\$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	Renew Active fitness membership
Nurse Hotline	24/7 hour nurse hotline	24/7 hour nurse hotline	24/7 hour nurse hotline
Virtual Visits	\$0 copay, virtual visit using online technology	\$0 copay, virtual visit using online technology	\$0 copay, virtual visit using online technology

Category	H1045 - 005 UHC Preferred Medicare Advantage FL-0002 (HMO)	H5420 - 003 UHC MedicareMax Medicare Advantage FL-0029 (HMO)
Prescription Drugs	\$0 copay Tier 1 and Tier 2 Tier 1 and Tier 2 drugs covered through the gap	\$0 copay Tier 1 and Tier 2 Tier 1 and Tier 2 drugs covered through the gap
Hospital	\$0 copay inpatient hospital days - no limit to the number of days	\$0 copay inpatient hospital days - no limit to the number of days
Referrals to Specialist	No referrals required	Referrals required
Physician Visits	\$0 copay Primary Care Provider \$10 copay Specialist visit	\$0 copay Primary Care Provider \$10 copay Specialist visit
Dental Coverage	Comprehensive dental, including dentures	Comprehensive dental, including dentures
OTC Debit/UnitedHealthcare Ucard®	\$110 quarterly Over-The-Counter benefit	\$135 quarterly Over-The-Counter benefit
Additional Benefits		
Hearing	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year
Vision	\$300 toward the cost of contact lenses or glasses (lenses/frames) every year	\$250 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	36 one-way trips per year to and/or from plan approved locations
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
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

Category	H1045 - 012 UHC Preferred Dual Complete FL-D001 (HMO D-SNP)	H5420 - 014 UHC MedicareMax Complete Care FL-0030 (HMO C-SNP)	H5420 - 006 UHC MedicareMax Medicare Advantage FL-D004 (HMO D-SNP)
Prescription Drugs	\$0 copay for all covered drugs Some covered drugs limited to a 30-day supply \$5,030 ICL	\$0 copay Tier 1, Tier 2 and Tier 3 \$0 copay Tier 1, Tier 2 and Tier 3 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	\$0-\$1,935 copay per stay for inpatient hospital - no limit to the number of days	\$0 copay inpatient hospital days - no limit to the number of days	\$0-\$2,000 copay per stay for inpatient hospital - no limit to the number of days
Physician Visits	\$0-20% coinsurance Primary Care Provider, \$0 copay Specialist visit	\$0-20% coinsurance Primary Care Provider, \$0 copay Specialist visit	\$0-20% coinsurance Primary Care Provider, \$0 copay Specialist visit
Referrals to Specialist	No referrals required	Referrals required	Referrals required
Dental Coverage	Comprehensive dental, including dentures	Comprehensive dental, including dentures	Comprehensive dental, including dentures
OTC Debit/UnitedHealthcare Ucard®	\$305 credit on Ucard® every month for OTC, healthy food and certain utility bills, combined credit	\$53 credit on Ucard® every month OTC, healthy food combined credit	\$281 credit on Ucard® every month for OTC, healthy food and certain utility bills, combined credit
Additional Benefits			
Hearing	\$2,500 every year toward the cost of 2 hearing aids	\$99-\$1,249 copay for each hearing aid; limited to 2 devices every year	\$2,000 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	\$300 toward the cost of contact lenses or glasses (lenses/frames) every year
Transportation	Unlimited one-way trips to or from plan approved locations	Unlimited one-way trips to or from plan approved locations	Unlimited one-way trips to 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	\$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	Renew Active fitness membership
Nurse Hotline	24/7 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	\$0 copay, virtual visit using online technology