Benefit Highlights

Preferred Choice Palm Beach (HMO)

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

Medical Benefits

	Your Cost
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	$3,400
Doctor's office visit	Primary Care Provider: $0 copay Specialist: $20 copay (referral needed)
Preventive services	$0 copay
Inpatient hospital care	$150 copay per day: for days 1-9 $0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $150 copay per day: days 21-43 $0 copay per day: days 44-100
Outpatient hospital, including surgery	Type 1 facility: $0 - $75 copay; Type 2 facility: $0 - $150 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	$0 copay for covered brands
Home health care	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$0 - $50 copay
Diagnostic tests and procedures (non-radiological)	$25 copay
Lab services	$0 copay
Outpatient x-rays	$18 copay
Ambulance	$240 copay for ground $240 copay for air
Emergency care	$90 copay (worldwide)
Urgently needed services	$0 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 year; up to $200 for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride
Hearing - routine exam	$0 copay; 1 per year
Hearing aids	$600 allowance per ear, maximum benefit of $1,200 every 2 years, up to 2 hearing aids
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.
Foot care - routine	$20 copay; 6 visits per year
Over-the-Counter Benefit	$45 credit per quarter to use from a plan approved listing of products.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com

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	$0 copay	$0 copay
Tier 2: Generic Drugs*	$10 copay	$0 copay
Tier 3: Preferred Brand Drugs	$47 copay	$131 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	

Prescription Drugs

	Your Cost
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

* Tier includes enhanced drug coverage

Preferred Care Partners is 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 information is not a complete description of benefits. Contact the plan for more information.

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