



# 2020 Plan Comparison

## Florida Full Dual Individual Benefits

Plan Name	<b>UnitedHealthcare Dual Complete® LP (HMO SNP) H1045-039</b>	<b>UnitedHealthcare Dual Complete® RP (Regional PPO SNP) R0759-003</b> *Plan ID change (previously R7444-012)	<b>UnitedHealthcare Dual Complete® Choice (PPO D-SNP) H1889-001</b> *New Plan
Location	Brevard, Charlotte, Clay, Duval, Flagler, Hernando, Hillsborough, Indian River, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns	Statewide	Flagler, Volusia, Seminole, Orange, Osceola

### Plan benefits for Full Dual individuals (FBDE/QMB+/SLMB+)

Annual out-of-pocket maximum	\$0	\$0	\$0
Annual deductible	\$0	\$0	\$0
Monthly plan premium	\$0	\$0	\$0
Primary Care Provider (PCP) visit	\$0	\$0 in-network, \$0 out-of-network	\$0 in-network, \$0 out-of-network
Specialist office visit	\$0	\$0 in-network, \$0 out-of-network	\$0 in-network, \$0 out-of-network
Referrals required for specialist visit	Yes	No	No
Inpatient hospital copay	\$0 (unlimited days)	\$0 unlimited days in- or out-of-network	\$0 unlimited days in- or out-of-network
Outpatient surgery and hospital	\$0	\$0 in-network, \$0 out-of-network	\$0 in-network, \$0 out-of-network
Emergency care	\$0	\$0	\$0
Urgent care	\$0 contracted, \$0 not contracted	\$0 contracted, \$0 not contracted	\$0 contracted, \$0 not contracted
Home health care	\$0	\$0	\$0
Lab services	\$0	\$0	\$0

### Prescription Drugs

Generic (including brand drugs treated as generic)	Copay based on LIS level \$0 copay for Tier 1 drugs	Copay based on LIS level	Copay based on LIS level
90-day supply (mail order or pharmacy)	LIS copay applies to first 30 days, \$0 copay for days 60-90	LIS copay applies to first 30 days, \$0 copay for days 60-90	LIS copay applies to first 30 days, \$0 copay for days 60-90
Additional pharmacy benefits	\$0 copay for certain pain relievers and anti-inflammatory over the counter medications (i.e. acetaminophen and ibuprofen); Rx required	\$0 copay for certain pain relievers and anti-inflammatory over the counter medications (i.e. acetaminophen and ibuprofen); Rx required	\$0 copay for certain pain relievers and anti-inflammatory over the counter medications (i.e. acetaminophen and ibuprofen); Rx required

The benefit information provided is a brief summary, not a complete description of benefits. For more information, please order the 2020 plan Enrollment Kit.

Call today to enroll or get answers to your questions.

**1-855-277-4716, TTY 711**

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## Additional benefits, services and programs not covered under Medicare

Preventive and comprehensive dental services, includes dentures	\$0 for exam twice a year, comprehensive coverage up to \$3,500 every year for covered codes, includes dentures and implants in accordance with the limitations in the plan EOC	\$0 for exam twice a year, comprehensive coverage up to \$2,500 every year for covered codes, includes dentures in accordance with the limitations in the plan EOC	\$0 for exam twice a year, comprehensive coverage up to \$2,500 every year for covered codes, includes dentures in accordance with the limitations in the plan EOC
Routine vision	\$0 annual vision exam, up to 2 pairs of frames and lenses yearly, or 1 pair of contacts if medically necessary	\$0 annual vision exam, \$200 credit for up to 2 pairs of frames and lenses or 1 pair of contacts if medically necessary	\$0 annual vision exam, \$250 credit for up to 2 pairs of frames and lenses or 1 pair of contacts if medically necessary
Additional vision services	N/A	\$0 copay for up to 1 routine vision exam and up to 2 pairs of eyeglasses per year or contacts if medically necessary. Must use 20/20 vision.	\$0 copay for up to 1 routine vision exam and up to 2 pairs of eyeglasses per year or contacts if medically necessary. Must use 20/20 vision.
Routine hearing exam, plus a credit for hearing aids	\$0 copay for routine hearing exam, \$2,500 credit for hearing aids every 2 years	\$0 copay for routine hearing exam, \$2,500 credit for hearing aids every 2 years	\$0 copay for routine hearing exam, \$2,500 credit for hearing aids every 2 years
Transportation	60 one-way rides every year to doctors or pharmacies (up to 75 miles per trip)	60 one-way rides every year to doctors or pharmacies (up to 75 miles per trip)	60 one way rides every year to doctors or pharmacies (up to 75 miles per trip)
Additional transportation	Unlimited (trips and miles)	Unlimited (trips and miles)	Unlimited (trips and miles)
Over-the-counter debit card you can use for everyday health care products	\$350 per quarter, \$1,400 annual. Credits can be spent in catalog and at Walgreens	\$285 per quarter, \$1,140 annual. Credits can be spent in catalog and at Walgreens	\$275 per quarter, \$1,100 annual. Credits can be spent in catalog and at Walmart
Amwell Virtual Doctor Visits	Talk to a doctor 24 hours a day, 7 days a week with \$0 copay	Talk to a doctor 24 hours a day, 7 days a week with \$0 copay	Talk to a doctor 24 hours a day, 7 days a week with \$0 copay
Acupuncture and chiropractic coverage	Up to 20 acupuncture or chiropractic visits every year with \$0 copay	Up to 20 acupuncture or chiropractic visits every year with \$0 copay	Up to 20 acupuncture or chiropractic visits every year with \$0 copay
Foot care	Up to 12 visits every year with \$0 copay	Up to 8 visits every year with \$0 copay	Up to 12 visits every year with \$0 copay
24-hr. NurseLine	Speak with a registered nurse anytime	Speak with a registered nurse anytime	Speak with a registered nurse anytime
HouseCalls	Yes	Yes	Yes
Personal Emergency Response System	Get connected to a trained operator quickly in any emergency situation 24 hours a day at no extra cost	Get connected to a trained operator quickly in any emergency situation 24 hours a day at no extra cost	Get connected to a trained operator quickly in any emergency situation 24 hours a day at no extra cost
Post discharge meals program	Up to 28 meals for 14 days, up to 3 qualifying events \$0 copay, annual	Up to 28 meals for 14 days, up to 2 qualifying events \$0 copay, annual	Up to 28 meals for 14 days, up to 2 qualifying events \$0 copay, annual
Fitness Benefit	Renew Active™ gym membership	N/A	One Fitbit® activity tracker per year
Virtual Mental Health Visits	\$0 copay for virtual mental health visits; available 24 hours a day, 7 days a week. Visit <a href="https://virtualvisitsmentalhealth.uhc.com">virtualvisitsmentalhealth.uhc.com</a> to schedule a virtual appointment	\$0 copay for virtual mental health visits; available 24 hours a day, 7 days a week. Visit <a href="https://virtualvisitsmentalhealth.uhc.com">virtualvisitsmentalhealth.uhc.com</a> to schedule a virtual appointment	\$0 copay for virtual mental health visits; available 24 hours a day, 7 days a week. Visit <a href="https://virtualvisitsmentalhealth.uhc.com">virtualvisitsmentalhealth.uhc.com</a> to schedule a virtual appointment

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Call 1-855-277-4716, TTY 711 for more information. Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Dual Complete RP plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Your use of any Fitbit device or service is voluntary. If you have a medical or heart condition, you should consult your doctor before using the Fitbit Service, engaging in an exercise program, or changing your diet. Availability of the Fitbit benefit varies by plan/market. Refer to the plan's Evidence of Coverage for more details. Fitbit and the Fitbit logo are trademarks or registered trademarks of Fitbit, Inc. in the US and other countries. Additional Fitbit trademarks can be found at [www.fitbit.com/legal/trademark-list](https://www.fitbit.com/legal/trademark-list).