

South Florida

2021 Medicare Advantage Plans

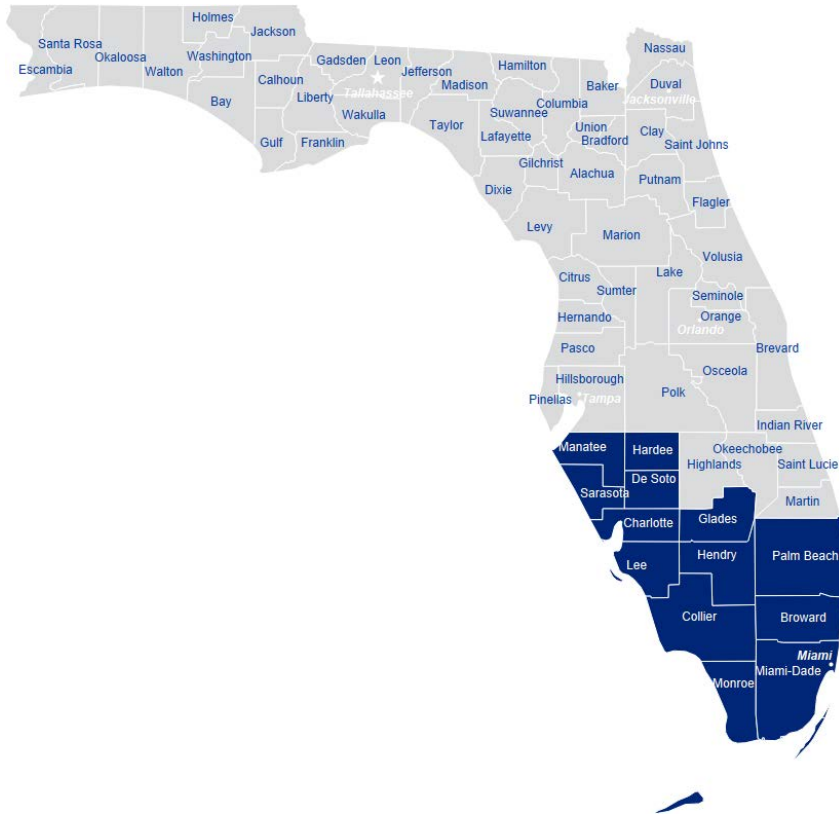
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

For final 2021 plan details, refer to the 2021 Summary of Benefits.

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● Current Footprint

2021 Medicare Advantage Service Area



State Landscape¹

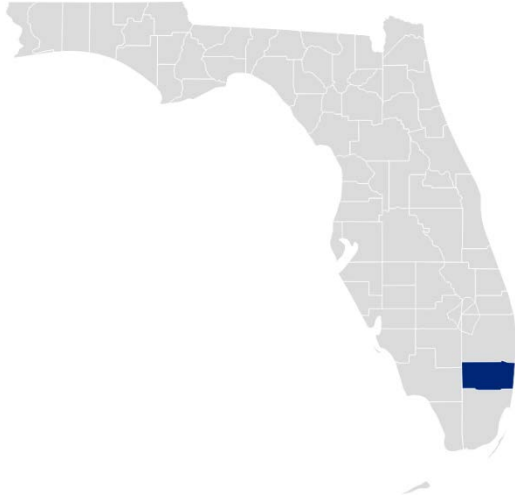
Eligibles (as of May 2020)	1,981,292
Estimated Dual Eligibles ²	400,796
YOY Eligible Growth	5.4%
MA Penetration	46.1%
YOY MA Enrollment Growth	7.0%
UHC Market Share	26.4%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

² UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 69,801 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H5420-003-000	Medica HealthCare Plans MedicareMax (HMO)
H1045-005-000	Preferred Choice Broward (HMO)
<i>Florida:</i> Broward	
H2406-018-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Broward, Miami-Dade, Palm Beach	

Market Landscape ¹	
Eligibles (as of May 2020)	367,394
YOY Eligible Growth	5.3%
MA Non-SNP Penetration	41.3%
YOY MA Non-SNP Enrollment Growth	5.7%
UHC Non-SNP Market Share	17.8%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

BROWARD

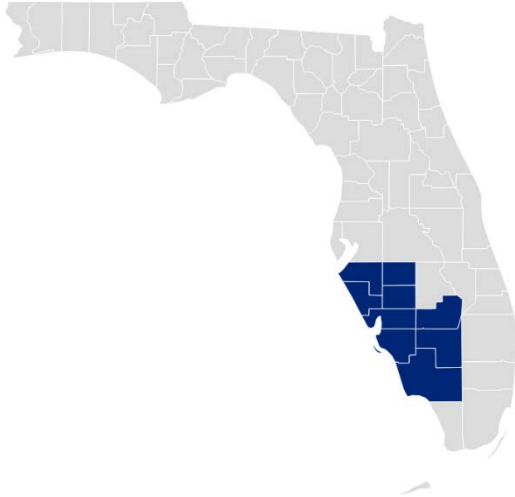


Plan Name	AARP® Medicare Advantage Choice (PPO)	Preferred Choice Broward (HMO)	Medica HealthCare Plans MedicareMax (HMO)
Plan ID	H2406-018-000 	H1045-005-000	H5420-003-000
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. INN and OON combined maximum out-of-pocket decreased	\$0 premium plan with rich ancillary benefits	\$0 premium plan with rich ancillary benefits
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$2,900	\$3,400
PCP/Specialist	\$0 / \$35; No Referral Required	\$0 / \$10; No Referral Required	\$0 / \$15; Referral Required
Inpatient Hospital	\$280 Days 1-6	\$0 per admit	\$0 Days 1-5; \$100 Days 6-20
ASC/Outpatient	\$0 or \$150 / \$0 or \$275	\$0 or \$75 / \$0 or \$150	\$0 or \$75 / \$0 or \$170
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$150 Tiers 3-5; \$3/\$12/\$47/\$100/30%	\$0; \$0/\$5/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$5/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Preventive & Comprehensive Dental (no cost sharing)	Preventive Dental (no cost sharing)
Eyewear	Up to \$200 per year	Up to \$200 per year	Up to \$200 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/quarter catalog	\$25/quarter catalog	\$25/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$1,200 allowance for hearing aids every 2 years	\$1,200 allowance for hearing aids every 2 years
Other Benefits	Nurseline	Nurseline, Transportation: 36 one-way trips to or from approved locations	Nurseline

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● Current Footprint
 ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-009-000	AARP® Medicare Advantage Choice (PPO) <i>Florida:</i> Charlotte, Collier, Glades, Hendry, Lee, Manatee, Sarasota
H1045-034-000 H1045-048-002	AARP® Medicare Advantage Plan 2 (HMO) UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP) <i>Florida:</i> Charlotte, Collier, Lee, Manatee, Sarasota
H1045-028-000	AARP® Medicare Advantage (HMO-POS) <i>Florida:</i> Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie
H1045-042-000 H2406-019-000	AARP® Medicare Advantage (HMO-POS) AARP® Medicare Advantage Choice (PPO) <i>Florida:</i> DeSoto, Hardee, Highlands

Market Landscape¹

Eligibles (as of May 2020)	725,421
YOY Eligible Growth	6.9%
MA Non-SNP Penetration	22.8%
YOY MA Non-SNP Enrollment Growth	12.1%
UHC Non-SNP Market Share	38.0%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

FLORIDA SOUTHWEST



Plan Name	AARP® Medicare Advantage Plan 2 (HMO)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage (HMO-POS)
Plan ID	H1045-034-000	H1045-028-000	H1045-042-000
Plan Highlights	\$0 premium plan with low out-of-pocket costs, \$0 Rx deductible and rich ancillary benefits. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$2,900	\$4,900	\$3,900
PCP/Specialist	\$0 / \$20; Referral Required	\$0 / \$35; Referral Required	\$0 / \$20; Referral Required
Inpatient Hospital	\$195 Days 1-6	\$280 Days 1-6	\$250 Days 1-6
ASC/Outpatient	\$0 or \$145 / \$0 or \$175	\$0 or \$195 / \$0 or \$250	\$0 or \$125 / \$0 or \$225
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$3/\$10/\$45/\$95/33%; Tiers 1-2 Full Gap Coverage	\$0; \$3/\$10/\$45/\$95/33%	\$0; \$3/\$10/\$45/\$95/33%
Dental	Dental Level 1 (no cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$60/quarter catalog	\$80/quarter catalog	\$40/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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2021 PRODUCT BENEFIT GRID

FLORIDA SOUTHWEST

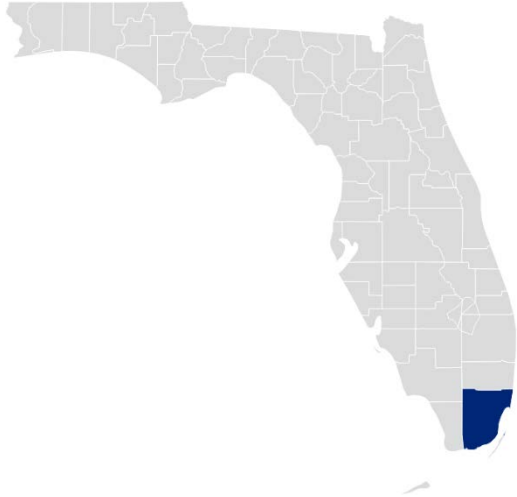


Plan Name	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-048-002 	H2406-009-000 	H2406-019-000 
Plan Highlights	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan for those who are cost-conscious, but want provider choice	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,900	\$4,900	\$5,900
PCP/Specialist	\$0 / \$20; Referral Required	\$10 / \$35; No Referral Required	\$10 / \$35; No Referral Required
Inpatient Hospital	\$175 Days 1-6	\$280 Days 1-6	\$280 Days 1-6
ASC/Outpatient	\$0 or \$50 / \$0 or \$175	\$0 or \$175 / \$0 or \$250	\$0 or \$175 / \$0 or \$250
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$100/quarter catalog	\$40/quarter catalog	\$40/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-018-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Broward, Miami-Dade, Palm Beach	
H5420-001-000	Medica HealthCare Plans MedicareMax (HMO)
H1045-046-000	Preferred Complete Care (HMO)
H1045-018-000	Preferred Special Care Miami-Dade (HMO C-SNP)
H1045-001-000	Preferred Choice Dade (HMO)
<i>Florida:</i> Miami-Dade	

Market Landscape ¹	
Eligibles (as of May 2020)	506,473
YOY Eligible Growth	3.5%
MA Non-SNP Penetration	48.5%
YOY MA Non-SNP Enrollment Growth	3.5%
UHC Non-SNP Market Share	23.9%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

MIAMI-DADE



Plan Name	AARP® Medicare Advantage Choice (PPO)	Medica HealthCare Plans MedicareMax (HMO)	Preferred Choice Dade (HMO)
Plan ID	H2406-018-000 	H5420-001-000	H1045-001-000
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. INN and OON combined maximum out-of-pocket decreased	\$0 premium plan with rich ancillary benefits. \$0 Tier 1 and Tier 2 Rx copays	\$0 premium plan with rich ancillary benefits. \$0 Tier 1 and Tier 2 Rx copays
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$3,400	\$2,900
PCP/Specialist	\$0 / \$35; No Referral Required	\$0 / \$0; Referral Required	\$0 / \$0; No Referral Required
Inpatient Hospital	\$280 Days 1-6	\$0 per admit	\$0 per admit
ASC/Outpatient	\$0 or \$150 / \$0 or \$275	\$0 or \$50 / \$0 or \$150	\$0 or \$25 / \$0 or \$75
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$150 Tiers 3-5; \$3/\$12/\$47/\$100/30%	\$0; \$0/\$0/\$30/\$65/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$0/\$0/\$40/33%; Tiers 1-2 Full Gap Coverage
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Preventive Dental (no cost sharing)	Preventive & Comprehensive Dental (no cost sharing)
Eyewear	Up to \$200 per year	Up to \$200 per year	Up to \$200 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/quarter catalog	\$20/month catalog	\$50/month catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$1,200 allowance for hearing aids every 2 years	\$1,200 allowance for hearing aids every 2 years
Other Benefits	Nurseline	Nurseline, Transportation: Unlimited one-way trips to or from approved locations	Nurseline, Transportation: Unlimited one-way trips to or from approved locations

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2021 PRODUCT BENEFIT GRID

MIAMI-DADE

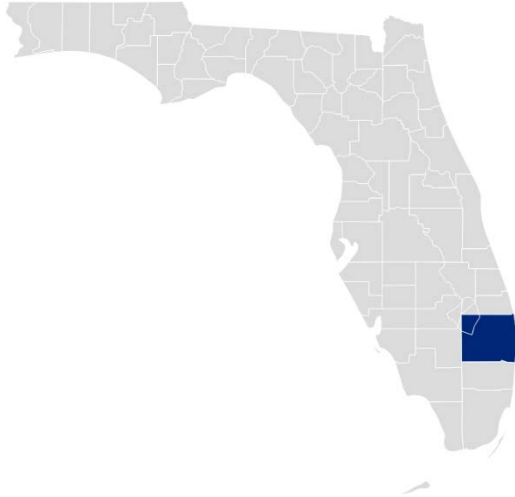


Plan Name	Preferred Special Care Miami-Dade (HMO C-SNP)	Preferred Complete Care (HMO)
Plan ID	H1045-018-000	H1045-046-000
Plan Highlights	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays	\$0 premium plan for members with full Low Income Subsidy (LIS); rich ancillary benefits with low out-of-pocket costs
Premium	\$0	\$27.20 (Varies by LIS level)
Medical Ded.	\$0	\$0
Max OOP	\$3,400	\$2,900
PCP/Specialist	\$0 / \$0; No Referral Required	\$0 / \$0; No Referral Required
Inpatient Hospital	\$0 per admit	\$0 per admit
ASC/Outpatient	\$0 or \$25 / \$0 or \$75	\$0 / \$0
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$15/\$45/33%; Tiers 1-3 Full Gap Coverage	Varies By LIS Level
Dental	Preventive & Comprehensive Dental (no cost sharing)	Preventive & Comprehensive Dental (no cost sharing)
Eyewear	Up to \$300 per year	Up to \$300 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$50/quarter catalog	\$150/month catalog
Hearing Aid	\$1,200 allowance for hearing aids every 2 years	\$1,200 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: Unlimited one-way trips to or from approved locations, Meal Benefit: 16 meals over 28 days	Nurseline, Transportation: Unlimited one-way trips to or from approved locations, PERS, Meal Benefit: 16 meals over 28 days

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-018-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Broward, Miami-Dade, Palm Beach	
H1045-037-000	Preferred Choice Palm Beach (HMO)
<i>Florida:</i> Palm Beach	

Market Landscape ¹	
Eligibles (as of May 2020)	360,528
YOY Eligible Growth	5.4%
MA Non-SNP Penetration	29.4%
YOY MA Non-SNP Enrollment Growth	7.1%
UHC Non-SNP Market Share	21.4%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

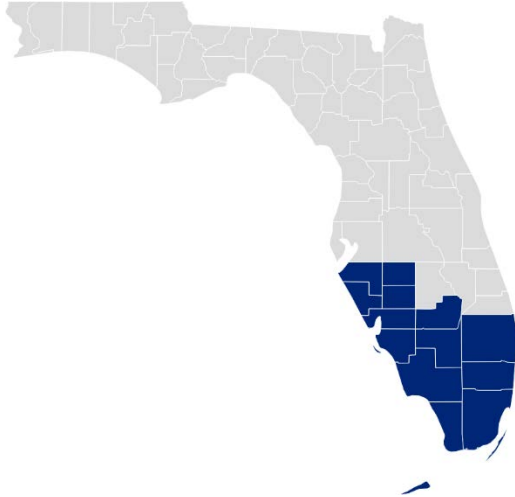


Plan Name	AARP® Medicare Advantage Choice (PPO)	Preferred Choice Palm Beach (HMO)
Plan ID	H2406-018-000 	H1045-037-000
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. INN and OON combined maximum out-of-pocket decreased	\$0 premium plan with rich ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$3,400	\$3,400
PCP/Specialist	\$0 / \$35; No Referral Required	\$0 / \$10; Referral Required
Inpatient Hospital	\$280 Days 1-6	\$150 Days 1-9
ASC/Outpatient	\$0 or \$150 / \$0 or \$275	\$0 or \$75 / \$0 or \$150
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$150 Tiers 3-5; \$3/\$12/\$47/\$100/30%	\$0; \$0/\$10/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Preventive Dental (no cost sharing)
Eyewear	Up to \$200 per year	Up to \$200 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/quarter catalog	\$45/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$1,200 allowance for hearing aids every 2 years
Other Benefits	Nurseline	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
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R0759-001-000	AARP® Medicare Advantage Choice Plan 2 (Regional PPO)
R0759-002-000	AARP® Medicare Advantage Patriot (Regional PPO)

All counties in state

Market Landscape¹



Eligibles (as of May 2020)	1,981,292
YOY Eligible Growth	5.4%
MA Non-SNP Penetration	33.8%
YOY MA Non-SNP Enrollment Growth	6.6%
UHC Non-SNP Market Share	25.7%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

SOUTH FLORIDA RPPO

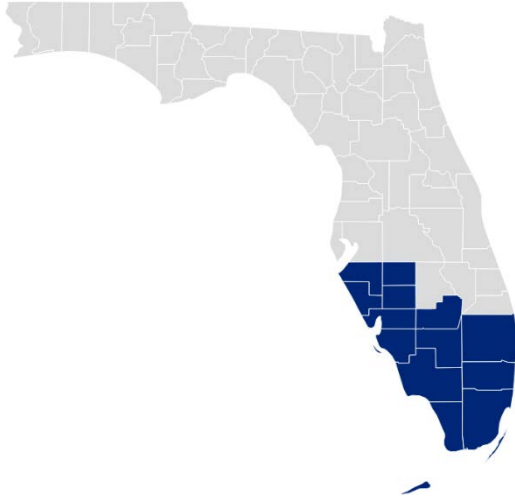


Plan Name	AARP® Medicare Advantage Choice Plan 2 (Regional PPO)	AARP® Medicare Advantage Patriot (Regional PPO)
Plan ID	R0759-001-000 	R0759-002-000 
Plan Highlights	\$0 premium plan with open-access for those seeking statewide provider choice	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
Premium	\$0	\$0; Part B Rebate: \$50
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$10 / \$50; No Referral Required	\$10 / \$50; No Referral Required
Inpatient Hospital	\$395 Days 1-4	\$395 Days 1-4
ASC/Outpatient	\$0 or \$395 / \$0 or \$395	\$0 or \$395 / \$0 or \$395
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$395 Tiers 3-5; \$3/\$14/\$47/\$100/25%	Not Covered
Dental	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$40/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1889-002-002	UnitedHealthcare Dual Complete® Choice (PPO D-SNP) <i>Florida:</i> Broward, Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Lee, Manatee, Miami-Dade, Palm Beach, Sarasota
H1045-053-000	Preferred Medicare Assist Plan 2 (HMO D-SNP) <i>Florida:</i> Broward, Miami-Dade
R0759-003-000	UnitedHealthcare Dual Complete® RP (Regional PPO D-SNP) All counties in state
H1045-039-000	UnitedHealthcare Dual Complete® LP (HMO D-SNP) <i>Florida:</i> Brevard, Charlotte, Clay, Duval, Flagler, Hernando, Hillsborough, Indian River, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns
H1045-012-000	Preferred Medicare Assist Plan 1 (HMO D-SNP)
H5420-006-000	Medica HealthCare Plans MedicareMax Plus (HMO D-SNP) <i>Florida:</i> Broward, Miami-Dade
H1045-038-000	Preferred Medicare Assist Palm Beach (HMO D-SNP) <i>Florida:</i> Palm Beach

Market Landscape¹

Est. Dual Eligibles	400,796
D-SNP Enrollees	156,046
D-SNP Penetration (All Plans)	38.9%
Total UHC D-SNP Enrollees	45,616
UHC D-SNP Market Share	38.9%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 69,801 partial duals who may or may not be eligible).

2021 PRODUCT BENEFIT GRID

SOUTH FLORIDA DUAL



Plan Name	Preferred Medicare Assist Plan 1 (HMO D-SNP)	Preferred Medicare Assist Palm Beach (HMO D-SNP)	Medica HealthCare Plans MedicareMax Plus (HMO D-SNP)
Plan ID	H1045-012-000	H1045-038-000	H5420-006-000
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB
Premium	\$0	\$0	\$0
Acupuncture	Not Covered	Not Covered	Not Covered
Chiro	Not Covered	Not Covered	Not Covered
Dental	Preventive & Comprehensive Dental (no cost sharing)	Preventive & Comprehensive Dental (no cost sharing)	Preventive & Comprehensive Dental (\$0 - \$175 cost share)
Eyewear	Up to \$300 per year	Up to \$300 per year	Up to \$200 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
Foot Care	\$0, 6 visits per year	\$0, 6 visits per year	\$0, 6 visits per year
Hearing Aid	\$1,200 allowance for hearing aids every 2 years	\$1,200 allowance for hearing aids every 2 years	\$1,200 allowance for hearing aids every 2 years
Meal Program	\$0, up to 16 meals in 28 days following IP stay per year	\$0, up to 16 meals in 28 days following IP stay per year	\$0, up to 16 meals in 28 days following IP stay per year
Healthy Foods	Not Covered	Not Covered	Not Covered
OTC	\$150/month catalog	\$125/month catalog	\$113/month catalog
PERS	Not Covered	Not Covered	Not Covered
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	Unlimited one-way trips to or from approved locations	Unlimited one-way trips to or from approved locations	Unlimited one-way trips to or from approved locations
Other Benefits	Nurseline, In-Home Support: Up to 12 hours/year after discharge from an inpatient hospital or SNF	Nurseline	Nurseline

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NEW PLAN

Plan Name	Preferred Medicare Assist Plan 2 (HMO D-SNP)	UnitedHealthcare Dual Complete® LP (HMO D-SNP)
Plan ID	H1045-053-000	H1045-039-000
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB
Premium	\$0	\$0
Acupuncture	Not Covered	\$0, 12 visits per year
Chiro	Not Covered	\$0, 12 visits per year
Dental	Preventive & Comprehensive Dental (no cost sharing)	\$3,500 Preventive & Comprehensive Dental (no cost sharing)
Eyewear	Up to \$300 per year	\$0 for up to two pairs of select lenses and frames, or one pair of contacts (if medically necessary), every year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
Foot Care	\$0, 6 visits per year	\$0, 12 visits per year
Hearing Aid	\$1,200 allowance for hearing aids every 2 years	\$2,500 allowance for hearing aids every 2 years
Meal Program	\$0, up to 16 meals in 28 days following IP stay per year	\$0, Up to 28 meals for 14 days, three times per year
Healthy Foods	\$50 per month food allowance, amount expires monthly	\$50 per month food allowance, amount expires monthly
OTC	\$400/quarter debit card	\$265/quarter debit card
PERS	Not Covered	\$0
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	Unlimited one-way trips to or from approved locations	60 one-way trips to or from approved locations
Other Benefits	Nurseline, In-Home Support: Up to 12 hours/year after discharge from an inpatient hospital or SNF	Nurseline

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NEW PLAN

Plan Name	UnitedHealthcare Dual Complete® Choice (PPO D-SNP)	UnitedHealthcare Dual Complete® RP (Regional PPO D-SNP)
Plan ID	H1889-002-002 	R0759-003-000
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB
Premium	\$0	\$0
Acupuncture	\$0, 12 visits per year	\$0, 12 visits per year
Chiro	\$0, 12 visits per year	\$0, 12 visits per year
Dental	\$2,500 Preventive & Comprehensive Dental (no cost sharing)	\$2,000 Preventive & Comprehensive Dental (no cost sharing)
Eyewear	\$250 credit for up to two pairs of lenses and frames, or one pair of contacts (if medically necessary), every year	\$200 credit for up to two pairs of select lenses and frames, or one pair of contacts (if medically necessary), every year
Fitness	Not Covered	Not Covered
Foot Care	\$0, 12 visits per year	\$0, 8 visits per year
Hearing Aid	\$2,500 allowance for hearing aids every 2 years	\$2,500 allowance for hearing aids every 2 years
Meal Program	\$0, Up to 28 meals for 14 days, two times per year	\$0, Up to 28 meals for 14 days, two times per year
Healthy Foods	\$25 per month food allowance, amount expires monthly	Not Covered
OTC	\$240/quarter debit card	\$160/quarter catalog
PERS	\$0	\$0
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	60 one-way trips to or from approved locations	60 one-way trips to or from approved locations
Other Benefits	Nurseline	Nurseline

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