



# Summary of Benefits 2024

**UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS)**  
H5435-001-000

Look inside to learn more about the plan and the health services it covers.  
Call Customer Service or go online for more information about the plan.



**Toll-free 1-844-723-6473, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week



**[UHC.com/Medicare](https://UHC.com/Medicare)**

**United  
Healthcare®**

# Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [UHC.com/Medicare](https://UHC.com/Medicare) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS)

Medical premium, deductible and limits	
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Annual medical deductible	This plan does not have a medical deductible.
Maximum out-of-pocket amount	\$6,700  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from providers.

## Medical benefits

### Inpatient hospital care

\$420 copay per day: days 1-5

\$0 copay per day: days 6 and beyond

Our plan covers an unlimited number of days for an inpatient hospital stay.

### Outpatient hospital

Cost-sharing for additional plan covered services will apply.

Ambulatory surgical center (ASC)

\$0 copay for a colonoscopy

\$420 copay otherwise

Outpatient hospital, including surgery

\$0 copay for a colonoscopy

\$420 copay otherwise

Outpatient hospital observation services

\$420 copay

### Doctor visits

Primary care provider

\$20 copay

Specialists

\$55 copay

Virtual medical visits

\$0 copay to talk with a telehealth provider online through live audio and video

### Preventive services

Routine physical

\$0 copay, 1 per year

Medicare-covered

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Hepatitis C screening
- HIV screening
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling

## Medical benefits

- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

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### Emergency care

\$100 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

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### Urgently needed services

\$40 copay (\$0 copay for urgently needed services outside the United States) per visit

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### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)

\$0 copay for each diagnostic mammogram  
\$250 copay otherwise

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Lab services

\$0 copay

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Diagnostic tests and procedures

\$50 copay

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Therapeutic radiology




\$60 copay

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Outpatient X-rays

\$25 copay

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Medical benefits		
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues	\$20 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids	\$1,100 allowance for OTC and prescription hearing aids
 <b>Routine dental benefits</b>	Preventive and comprehensive	\$500 allowance for all covered dental services  \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns  50% coinsurance for bridges and dentures <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Freedom to see any dentist</li> </ul>
	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
 <b>Vision services</b>	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$100 allowance for contact lenses and eyeglasses (with lenses and frame)
	Outpatient group therapy visit	\$15 copay
	Outpatient individual therapy visit	\$25 copay
<b>Mental health</b>	Inpatient visit	\$420 copay per day: days 1-4 \$0 copay per day: days 5-90
	Our plan covers 90 days for an inpatient hospital stay	
	Virtual mental health visits	\$0 copay to talk with a telehealth provider online through live audio and video

## Medical benefits

### Skilled nursing facility (SNF)

\$0 copay per day: days 1-20  
\$203 copay per day: days 21-100

Our plan covers up to 100 days in a SNF.

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit

\$40 copay

Occupational Therapy Visit

\$40 copay

Virtual medical visits

\$0 copay to talk with a telehealth provider online through live audio and video

### Ambulance

\$290 copay for ground  
\$290 copay for air

### Routine transportation

Not covered

### Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs

20% coinsurance

Part B covered insulin

20% coinsurance, up to \$35

Other Part B drugs

\$0 copay for allergy antigens  
20% coinsurance for all others

## Additional benefits

<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$15 copay
<b>Diabetes management</b>	Diabetes monitoring supplies	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
<b>Foot care</b> (podiatry services)	Foot exams and treatment	\$55 copay
	Routine foot care	\$55 copay, 6 visits per year
<b>Home health care</b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

## Additional benefits

### Nurse Hotline

Speak with a registered nurse (RN) 24 hours a day, 7 days a week

### Opioid treatment program services

\$0 copay

### Outpatient substance abuse

Outpatient group  
therapy visit

\$15 copay

Outpatient  
individual therapy  
visit

\$25 copay

### Renal Dialysis

20% coinsurance



## About this plan

UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS) is a Medicare Advantage PFFS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

**Kansas:** Cheyenne, Clay, Cloud, Decatur, Ellis, Graham, Lane, Logan, Marshall, Rawlins, Rooks, Scott, Sheridan, Thomas;

**Montana:** Carter, Daniels, Dawson, Fallon, Garfield, Petroleum, Phillips, Powder River, Prairie, Roosevelt, Sheridan, Valley;

**Nebraska:** Banner, Box Butte, Morrill, Sheridan;

**Wyoming:** Albany, Fremont, Natrona, Sheridan, Teton.

## About providers

You can go to any doctor, hospital, or other provider that accepts the plan's terms and conditions for payment and agrees to treat you. However, the provider can decide at every visit whether or not to accept the plan and treat you.

## Required Information

UHC MedicareDirect Patriot No Rx PF-MA01 (PFFS) 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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-579-8774, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

The Nurse Hotline 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.