Benefit Highlights

UnitedHealthcare® Nursing Home Plan (HMO I-SNP)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

Monthly plan premium	$31.10

Medical benefits

	Your cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$500
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay - 20% coinsurance (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$1,556 copay per stay
Skilled nursing facility (SNF)	$0 copay per day: days 1-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	20% coinsurance
Outpatient mental health	
Group therapy	$0 copay - 20% coinsurance
Individual therapy	$0 copay - 20% coinsurance
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	20% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	$0 copay - 20% coinsurance

Medical benefits

	Your cost
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	20% coinsurance for ground or air
Emergency care	$90 copay
Urgently needed services	$40 copay

Benefits and services beyond Original Medicare

	Your cost
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).
Routine transportation	$0 copay; 24 one-way trips per year to or from approved locations.
Foot care - routine	$0 copay, 4 visits per year
Over-the-counter (OTC) credit	$330 credit every quarter to buy covered OTC products

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	$505	
Cost-Sharing for Covered Drugs	**Standard Retail (30-day)**	**Mail Order (100-day)**
Initial coverage stage	25% coinsurance	25% coinsurance Some covered drugs limited to a 30-day supply
Coverage gap stage	After your total drug costs reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	

Prescription drugs

	Your cost
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,400, you will pay the greater of $4.15 copay for generic (Including brand drugs treated as generic), $10.35 copay for all other drugs, or 5% coinsurance