



2026 H5420-014-000

Plan Name	UHC MedicareMax Complete Care FL-30 (HMO C-SNP)
Plan ID	H5420-014-000
Plan Highlights	For qualifying members this plan offers low-cost specialist visits and insulin, plus \$0 copay on CGMs and access to a monthly OTC / healthy food credit.
Premium	\$0; Part B Rebate: \$14.00
Medical Deductible	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$3,400
Provider Network	Access to a local network of providers
Rewards	Not Covered
Special Eligibility (SNPs)	Must be diagnosed with diabetes, chronic heart failure, and/or a cardiovascular disorder
PCP / Specialist	\$0 / \$0; Referral Required
Inpatient Hospital	\$0 per stay for unlimited days
ASC / Outpatient Hospital	\$50 copay / \$150 copay; \$0 for colonoscopies
Ambulance	\$140 copay for ground or air
ER / Urgent Care	\$150 copay / \$25 copay



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Plan Name	UHC MedicareMax Complete Care FL-30 (HMO C-SNP)
Diagnostic Radiology / X-Rays	\$100 copay; \$0 for mammograms / \$0 copay
Lab Services	\$0 copay
Rx Deductible	\$0 All Tiers
Rx Retail (30-day)	\$0/\$0/\$0/40%/33% • Insulin: \$0
Rx Mail (Tiers 1-3, 100-day)	\$0/\$0/\$0 • Insulin: \$0
Dental	Preventive & Comprehensive Dental (\$0 copay)
Vision	\$0 for a routine eye exam and standard lenses; \$300 per year for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with premium and core network
OTC	\$40/month OTC; healthy food for qualified members
Other Benefits	• Transportation: \$0 INN; 60 one-way trips to or from plan approved locations • Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

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Key Metrics ¹

Current Plan Enrollment: 6,140

1. Jul 2025 CMS.gov MA Ind State/County Enrollment Within UHC 2026 MA Ind Footprint

Service Area

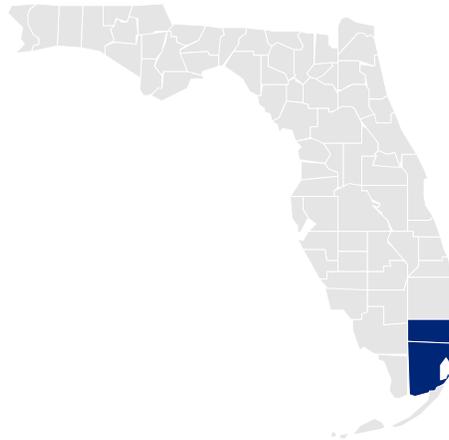
Florida

Broward, Miami-Dade

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Footprint Key: ● Non-Dual Footprint ● Non-Dual Expansion ● No Footprint

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