

# 2025 Medicare Advantage plans information

AARP® Medicare Advantage from UHC NY-0008 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0025 (PPO)	UHC Medicare Advantage NY-0021 (Regional PPO)
H3379-041-000	H3418-009-000	R5342-005-000
If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, vision, and fitness.	If you're looking for provider choice and coverage you can count on, at the right price, this plan has access to out-of-network care, predictable medical and prescription drug costs, plus valued extras. With Extra Help from Medicare, your premium is reduced to \$0 each month.	This plan has predictable medical and prescription drug costs.

Plan Benefits			
<b>Monthly plan premium*</b>	\$0	\$35	\$75
<b>Annual medical deductible</b>	\$0	\$0	\$0
<b>Annual out-of-pocket maximum**</b>	\$7,550	\$8,900	\$8,900
<b>Primary care provider visit</b>	\$0 copay	\$0 copay	\$0 copay
<b>Specialist visit</b>	\$45 copay	\$40 copay	\$40 copay
<b>Specialist referral required?</b>	No	No	No
<b>Inpatient hospital care</b>	\$390 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$375 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$425 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
<b>Emergency care</b>	\$110 copay (\$0 copay when outside of the United States)	\$110 copay (\$0 copay when outside of the United States)	\$110 copay (\$0 copay when outside of the United States)
Prescription Drugs – Standard Retail (30 day); Preferred Mail Order (100 day)			
<b>Tier 1 – Preferred generic drugs</b>	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay
<b>Tier 2 – Generic drugs</b>	30 day: \$12 copay; 100 day: \$0 copay	30 day: \$14 copay; 100 day: \$0 copay	30 day: \$14 copay; 100 day: \$0 copay
<b>Tier 3 – Preferred brand drugs</b>	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay; 100 day: \$131 copay
<b>Tier 4 – Non-preferred drugs</b>	30 day: \$100 copay	30 day: \$100 copay	30 day: \$100 copay
<b>Tier 5 – Specialty tier drugs</b>	30 day: 28% coinsurance	30 day: 26% coinsurance	30 day: 26% coinsurance
<b>Annual prescription deductible</b>	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$570 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$570 deductible for Tiers 3, 4 and 5

**Extra Benefits and Features**

 <b>Dental benefits</b>	\$0 copay for network dental such as exams, x-rays and routine cleanings	\$0 copay for network dental such as exams, x-rays and routine cleanings	\$0 copay for network dental such as exams, x-rays and routine cleanings
 <b>Routine vision benefits</b>	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 <b>Fitness benefit</b>	Free gym membership	Free gym membership	Free gym membership
 <b>Routine hearing benefits</b>	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids
 <b>Preventive care</b>	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more
 <b>Lab services</b>	\$0 copay for all covered lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services
 <b>Meal delivery</b>	28 home-delivered meals for 14 days after every inpatient hospital stay	28 home-delivered meals for 14 days after every inpatient hospital stay	28 home-delivered meals for 14 days after every inpatient hospital stay
 <b>Optional dental coverage</b>	\$1,500 in optional dental coverage on preventive and comprehensive services	\$1,500 in optional dental coverage on preventive and comprehensive services	\$1,500 in optional dental coverage on preventive and comprehensive services

**The UnitedHealthcare plans listed on this document are available in the following counties:**

**AARP® Medicare Advantage from UHC NY-0008 (HMO-POS) H3379-041-000**

Livingston, Monroe, Ontario, Seneca, Wayne, Yates

**AARP® Medicare Advantage from UHC NY-0025 (PPO) H3418-009-000**

Livingston, Monroe, Ontario, Seneca, Wayne, Yates

**UHC Medicare Advantage NY-0021 (Regional PPO) R5342-005-000**

Available in all counties in New York

**Get help finding the right plan for you. Call 1-855-656-9528, TTY 711.**

Plans are 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. Out-of-network/non-contracted providers are under no obligation to treat 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.

\*If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. \*\*The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. There may be other pharmacies in our network. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Annual routine eye exam and \$100-500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 United HealthCare Services, Inc. All Rights Reserved.