

# 2023 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage (HMO-POS)	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)
	H3379-041-000	R5342-001-000	R5342-005-000
Plan Benefits			
Monthly plan premium*	\$0	\$16	\$44
Annual medical deductible	\$0	\$0	\$0
Primary care provider visit	\$10 copay	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$35 copay	\$35 copay
Specialist referral required?	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$390 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$375 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$360 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-59 /\$0 copay per day for days 60-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-57 /\$0 copay per day for days 58-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-56 /\$0 copay per day for days 57-100
Outpatient surgery	\$0 copay - \$425 copay	\$0 copay - \$375 copay	\$0 copay - \$340 copay
Diabetes monitoring supplies <sup>s</sup>	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$175 copay	\$0 copay - \$175 copay	\$0 copay - \$160 copay
Lab services	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$35 copay	\$35 copay	\$40 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay
Emergency care	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours
Urgent care	Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$7,550	\$7,200	\$6,900
Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)			
Tier 1 – Preferred generic drugs	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$12 copay; 100-day: \$0 copay	30-day: \$12 copay; 100-day: \$0 copay	30-day: \$14 copay; 100-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 100-day: \$131 copay	30-day: \$47 copay; 100-day: \$131 copay	30-day: \$47 copay; 100-day: \$131 copay
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 100-day: \$290 copay	30-day: \$100 copay; 100-day: \$290 copay	30-day: \$100 copay; 100-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 28% coinsurance	30-day: 29% coinsurance	30-day: 31% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1,2, \$295 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$200 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$100 deductible for Tiers 3,4,5

See reverse for additional details. Ask for a plan’s Enrollment Guide if you’d like to see a full explanation of copayments or coinsurance.

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	H3379-041-000	R5342-001-000	R5342-005-000
Extra Benefits and Features			
Dental benefits	Up to \$500 for covered types of preventive and comprehensive dental	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings
Routine vision benefits	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$200 eyewear allowance with free lenses
Routine hearing benefits	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids
Fitness	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost
Meal Delivery	Up to 28 meals for 14 days delivered after every inpatient hospital stay	Up to 28 meals for 14 days delivered after every inpatient hospital stay	Up to 28 meals for 14 days delivered after every inpatient hospital stay
Optional dental coverage	Up to \$1,500 for optional dental coverage for an additional monthly premium	Up to \$1,500 for optional dental coverage for an additional monthly premium	Up to \$1,500 for optional dental coverage for an additional monthly premium
UnitedHealthcare® HouseCalls	Yearly in-home visit with a licensed health care practitioner	Not included	Not included

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

**AARP® Medicare Advantage (HMO-POS) H3379-041-000**  
Livingston, Monroe, Ontario, Seneca, Wayne, Yates

**UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO) R5342-001-000**  
Available in all counties in New York

**UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO) R5342-005-000**  
Available in all counties in New York

Get help finding the right plan for you. Contact UnitedHealthcare today.

**1-855-868-8374, TTY 711**  
8 a.m. – 8 p.m. local time, 7 days a week

<sup>†</sup>If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. <sup>§</sup>Limitations may apply. <sup>\*\*\*</sup>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. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. 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. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. The information provided through Renew Active 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. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. HouseCalls may not be available in all areas. ©2022 United HealthCare Services, Inc. All Rights Reserved.