

2022 Medicare Advantage Plan Information

AARP® Medicare Advantage (HMO)	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)	UnitedHealthcare® Medicare Advantage Choice Plan 4 (Regional PPO)
H3379-041-000	R5342-001-000	R5342-005-000	R5342-006-000

Plan Benefits				
Monthly plan premium*	\$0.00	\$16.00	\$46.00	\$84.00
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$15 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$50 copay	\$40 copay	\$40 copay	\$30 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$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	\$315 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 /\$188 copay per day for days 21-61 /\$0 copay per day for days 62-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-59 /\$0 copay per day for days 60-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-57 /\$0 copay per day for days 58-100	\$0 copay per day for days 1-20 /\$188 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	\$0 copay - \$325 copay
Diabetes monitoring supplies ^s	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$185 copay	\$0 copay - \$175 copay	\$0 copay - \$160 copay	\$0 copay - \$175 copay
Diagnostic tests and procedures	\$30 copay	\$35 copay	\$35 copay	\$30 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$35 copay	\$35 copay	\$40 copay	\$30 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$275 copay; Air: \$275 copay	Ground: \$275 copay; Air: \$275 copay	Ground: \$275 copay; Air: \$275 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	\$90 copay; copays are waived if admitted within 24 Hours
Urgent care	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	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	\$6,700

Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)				
Tier 1 – Preferred generic drugs	30-day: \$3 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$12 copay; 90-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay	30-day: \$14 copay; 90-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 90-day: \$131 copay			
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 90-day: \$290 copay			
Tier 5 – Specialty tier drugs	30-day: 26% coinsurance; 90-day: Not included	30-day: 28% coinsurance; 90-day: Not included	30-day: 28% coinsurance; 90-day: Not included	30-day: 30% coinsurance; 90-day: Not included
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$395 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$300 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$250 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$150 deductible for Tiers 3, 4 and 5

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Extra Benefits and Features

UnitedHealthcare® Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network
Routine hearing coverage	Copays as low as \$375 for a broad selection of brand-name hearing aids	Copays as low as \$375 for a broad selection of brand-name hearing aids	Copays as low as \$375 for a broad selection of brand-name hearing aids	Copays as low as \$375 for a broad selection of brand-name hearing aids
Part D Senior Savings Model	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less
Renew by UnitedHealthcare®	Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier.	Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier.	Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier.	Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier.
Virtual Medical Visits	\$0 copay to see a provider through a virtual visit	\$0 copay to see a provider through a virtual visit	\$0 copay to see a provider through a virtual visit	\$0 copay to see a provider through a virtual visit
Post-hospital meal benefit	Not included	Up to 28 meals for 14 days, delivered one time a year after a hospital stay	Up to 42 meals for 21 days, delivered one time a year after a hospital stay	Up to 42 meals for 21 days, delivered one time a year after a hospital stay

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

AARP® Medicare Advantage (HMO) H3379-041-000

Monroe, Wayne

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

UnitedHealthcare® Medicare Advantage Choice Plan 4 (Regional PPO) R5342-006-000

Available in all counties in New York

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call UnitedHealthcare at 1-855-868-8374, TTY 711.

¹If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. ²Limitations may apply. ³The 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. Network size varies by market and exclusions may apply. Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D sponsor 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. 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. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help"). 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. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Renew by UnitedHealthcare® is not available in all plans. Resources may vary. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. ©2021 United Healthcare Services, Inc. All rights reserved.