

# 2024 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage from UHC NY-0008 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0025 (PPO)
	H3379-041-000	H3418-009-000
Plan Benefits		
Monthly plan premium*	\$0	\$19
Annual medical deductible	\$0	\$0
Primary care provider visit	\$10 copay	\$0 copay
Specialist visit	\$45 copay	\$40 copay
Specialist referral required?	No	No
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$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
Skilled nursing facility	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100
Outpatient surgery	\$0 copay - \$390 copay	\$0 copay - \$375 copay
Diabetes monitoring supplies <sup>§</sup>	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$225 copay	\$0 copay - \$150 copay
Diagnostic tests and procedures	\$40 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$35 copay	\$25 copay
Ambulance	\$275 copay for ground or air	\$195 copay for ground or air
Emergency care	\$100 copay (\$0 copay when outside of the United States)	\$100 copay (\$0 copay when outside of the United States)
Urgent care	\$40 copay	\$40 copay
Annual out-of-pocket maximum**	\$7,550	\$7,550
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
Tier 2 – Generic drugs	30 day: \$12 copay; 100 day: \$0 copay	30 day: \$12 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
Tier 4 – Non-preferred drugs	30 day: \$100 copay; 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay
Tier 5 – Specialty tier drugs	30 day: 27% coinsurance	30 day: 30% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$350 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$195 deductible for Tiers 3, 4 and 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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Extra Benefits and Features		
Dental benefits	\$500 dental allowance for covered services like cleanings, fillings and crowns	\$500 dental allowance for covered services like cleanings, fillings and crowns
Network	No referrals to see any provider in our Medicare national network	Freedom to see any provider who accepts Medicare and no referrals needed
Routine vision benefits	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear
Fitness	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®
Routine hearing benefits	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
Meal Delivery	28 home-delivered meals for 14 days after every inpatient hospital stay	28 home-delivered meals for 14 days after every inpatient hospital stay
UnitedHealthcare® Member Rewards	Earn rewards for getting an annual wellness visit, flu shot, and more	Earn rewards for getting an annual wellness visit, flu shot, and more
Optional dental coverage	\$1500 in optional dental coverage on preventive and comprehensive services	\$1500 in optional dental coverage on preventive and comprehensive services

The AARP plans from UnitedHealthcare 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

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

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