

2024 Medicare Advantage Plan Year Information

	UHC Medicare Advantage NY-0020 (Regional PPO)	UHC Medicare Advantage Patriot No Rx NY-MA02 (Regional PPO)	UHC Medicare Advantage NY-0021 (Regional PPO)	UHC Medicare Advantage NY-0022 (Regional PPO)
	R5342-001-000	R5342-002-000	R5342-005-000	R5342-006-000
Plan Benefits				
Monthly plan premium*	\$29	\$0	\$56	\$88
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$40 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	\$375 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$450 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$360 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	\$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 - \$375 copay	\$0 copay - \$450 copay	\$0 copay - \$360 copay	\$0 copay - \$375 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 - \$195 copay	\$0 copay - \$250 copay	\$0 copay - \$175 copay	\$0 copay - \$250 copay
Diagnostic tests and procedures	\$45 copay	\$45 copay	\$45 copay	\$45 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$35 copay	\$35 copay	\$25 copay	\$35 copay
Ambulance	\$290 copay for ground or air	\$290 copay for ground or air	\$290 copay for ground or air	\$290 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)	\$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	\$40 copay	\$40 copay
Annual out-of-pocket maximum**	\$7,900	\$6,700	\$7,500	\$7,200
Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)				
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay	No coverage	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	No coverage	30 day: \$14 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	No coverage	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	No coverage	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	No coverage	30 day: 30% coinsurance	30 day: 33% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$295 deductible for Tiers 3, 4 and 5	No coverage	\$0 deductible for Tiers 1 and 2; \$195 deductible for Tiers 3, 4 and 5	\$0 deductible for all Tiers

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.

	UHC Medicare Advantage NY-0020 (Regional PPO)	UHC Medicare Advantage Patriot No Rx NY-MA02 (Regional PPO)	UHC Medicare Advantage NY-0021 (Regional PPO)	UHC Medicare Advantage NY-0022 (Regional PPO)
	R5342-001-000	R5342-002-000	R5342-005-000	R5342-006-000
Extra Benefits and Features				
Network	Freedom to see any provider who accepts Medicare and no referrals needed	Freedom to see any provider who accepts Medicare and no referrals needed	Freedom to see any provider who accepts Medicare and no referrals needed	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 \$100 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$200 allowance for eyewear
Fitness	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®	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	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	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	Earn rewards for getting an annual wellness visit, flu shot, and more	Earn rewards for getting an annual wellness visit, flu shot, and more

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

UHC Medicare Advantage NY-0020 (Regional PPO) R5342-001-000
Available in all counties in New York

UHC Medicare Advantage Patriot No Rx NY-MA02 (Regional PPO) R5342-002-000
Available in all counties in New York

UHC Medicare Advantage NY-0021 (Regional PPO) R5342-005-000
Available in all counties in New York

UHC Medicare Advantage NY-0022 (Regional PPO) R5342-006-000
Available in all counties in New York

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

BARRY HOWARD
Licensed Sales Agent
585-265-3960, TTY 711
bhoward@websterchamber.com
websterchamber.com