

## 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§	\$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				
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	

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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.

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If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. Limitations may apply. 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. You can see any doctor who accepts Medicare and your plan but costs may be lower with a network doctor. 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. Network size varies by local market and exclusions may apply. \$0 copays may be restricted to preferred home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Optum Home Delivery is a service of Optum Rx, a home delivery pharmacy, pharmacy benefit manager and affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx for your maintenance medications. Other pharmacies are available in your network. Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Renew Active includes a standard fitness membership. 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 Hea

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