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# 2023 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage Plan 1 (HMO-POS) H3307-002-000	AARP® Medicare Advantage Prime (HMO-POS) H3307-015-000	AARP® Medicare Advantage Plan 2 (HMO-POS) H3379-001-000	AARP® Medicare Advantage Mosaic Choice (PPO) H3418-001-000
<b>Plan Benefits</b>				
Monthly plan premium*	\$52	\$0	\$34	\$0
Annual medical deductible	\$0	\$750	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	Tier 1: \$0 copay Tier 2: \$25 copay
Specialist visit	\$45 copay	\$45 copay	\$50 copay	Tier 1: \$25 copay; Tier 2: \$50 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	\$345 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$390 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 21-59 /\$0 copay per day for days 60-100	\$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 21-56 /\$0 copay per day for days 57-100
Outpatient surgery	\$0 copay - \$390 copay	\$0 copay - \$345 copay	\$0 copay - \$390 copay	\$0 copay - \$295 copay
Diabetes monitoring supplies <sup>§</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$175 copay	\$0 copay - \$120 copay	\$0 copay - \$175 copay	\$0 copay - \$60 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$40 copay	\$50 copay	\$35 copay	\$25 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$235 copay; Air: \$235 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	\$90 copay; Copays are waived if admitted within 24 hours
Urgent care	Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay; Copays are not waived if admitted	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	\$7,550	\$7,550	\$6,900

<b>Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)</b>				
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	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: \$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	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	30-day: \$100 copay; 100-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 29% coinsurance	30-day: 28% coinsurance	30-day: 28% coinsurance	30-day: 29% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1,2, \$250 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$295 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$295 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$250 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.

AARP® Medicare Advantage Plan 1 (HMO-POS)	AARP® Medicare Advantage Prime (HMO-POS)	AARP® Medicare Advantage Plan 2 (HMO-POS)	AARP® Medicare Advantage Mosaic Choice (PPO)
H3307-002-000	H3307-015-000	H3379-001-000	H3418-001-000

### Extra Benefits and Features

<b>Dental benefits</b>	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	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings
<b>Routine vision benefits</b>	\$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 \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$150 eyewear allowance with free lenses
<b>Routine hearing benefits</b>	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	Copays as low as \$175 for a broad selection of brand-name hearing aids
<b>Fitness</b>	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	Not included	Free gym membership through Renew Active® and free Fitbit®
<b>Optional dental coverage</b>	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	Up to \$1,500 for optional dental coverage for an additional monthly premium
<b>Rewards for staying active</b>	Earn \$10 per month in rewards for staying active	Earn \$10 per month in rewards for staying active	Earn \$10 per month in rewards for staying active	Earn \$10 per month in rewards for staying active

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

**AARP® Medicare Advantage Plan 1 (HMO-POS) H3307-002-000**

Bronx, Kings, New York, Queens, Richmond

**AARP® Medicare Advantage Prime (HMO-POS) H3307-015-000**

Kings, New York, Queens

**AARP® Medicare Advantage Plan 2 (HMO-POS) H3379-001-000**

Bronx, Kings, New York, Queens, Richmond

**AARP® Medicare Advantage Mosaic Choice (Local PPO) H3418-001-000**

Kings, New York, Queens

<sup>1</sup>If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. <sup>2</sup>Limitations may apply. <sup>3</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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers. 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. Renew Active® includes a standard fitness membership. Choose one Fitbit device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Rewards are not available on all plans and rewards may vary by plan. ©2022 United HealthCare Services, Inc. All Rights Reserved.