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# 2023 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage Value Care (HMO-POS)	AARP® Medicare Advantage Premier Choice (PPO)
	H3379-043-000	H3418-003-000

## Plan Benefits

Monthly plan premium*	\$0	\$19
Annual medical deductible	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$50 copay
Specialist referral required?	No	No
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$365 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$395 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
Outpatient surgery	\$0 copay - \$365 copay	\$0 copay - \$395 copay
Diabetes monitoring supplies <sup>s</sup>	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$175 copay	\$0 copay - \$175 copay
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$35 copay	\$35 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$240 copay; Air: \$240 copay
Emergency care	\$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 / Non-Contracted: \$40 copay; Copays are not waived if admitted
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: \$14 copay; 100-day: \$0 copay	30-day: \$14 copay; 100-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$42 copay; 100-day: \$116 copay	30-day: \$47 copay; 100-day: \$131 copay
Tier 4 – Non-preferred drugs	30-day: \$94 copay; 100-day: \$272 copay	30-day: \$100 copay; 100-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 27% coinsurance	30-day: 27% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1,2, \$325 deductible for Tiers 3,4,5	\$0 deductible for Tiers 1,2, \$375 deductible for Tiers 3,4,5

**AARP® Medicare Advantage Value Care (HMO-POS)**

**AARP® Medicare Advantage Premier Choice (PPO)**

**H3379-043-000**

**H3418-003-000**

**Extra Benefits and Features**

<b>Dental benefits</b>	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings	Not included
<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
<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
<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
<b>Routine acupuncture services</b>	\$0 copay for 12 routine acupuncture visits per year	Not included
<b>Rewards for staying active</b>	Earn \$10 per month in rewards for staying active	Earn \$10 per month in rewards for staying active
<b>Nurse Hotline</b>	Speak to a registered nurse anytime about medical concerns at no additional cost	Speak to a registered nurse anytime about medical concerns at no additional cost

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

**AARP® Medicare Advantage Value Care (HMO-POS) H3379-043-000**

Nassau

**AARP® Medicare Advantage Premier Choice (Local PPO) H3418-003-000**

Nassau

\*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. 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. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Nurse Hotline not for use in emergencies, for informational purposes only. Rewards are not available on all plans and rewards may vary by plan. ©2022 United HealthCare Services, Inc. All Rights Reserved.