

# 2024 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage from UHC NY-0001 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0003 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0028 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0012 (PPO)
	H3307-002-000	H3307-015-000	H3379-051-000	H3418-001-000
<b>Plan Benefits</b>				
Monthly plan premium*	\$62	\$0	\$0	\$0
Annual medical deductible	\$0	\$1,000	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	Tier 1: \$0 copay; Tier 2: \$35 copay
Specialist visit	\$45 copay	\$50 copay	\$55 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 unlimited days after that	\$320 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$395 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
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 - \$390 copay	\$0 copay - \$320 copay	\$0 copay - \$395 copay	\$0 copay - \$360 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 - \$250 copay	\$0 copay - \$130 copay	\$0 copay - \$170 copay	\$0 copay - \$130 copay
Diagnostic tests and procedures	\$40 copay	\$40 copay	\$45 copay	\$45 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$25 copay	\$35 copay	\$25 copay	\$25 copay
Ambulance	\$275 copay for ground or air	\$125 copay for ground or air	\$275 copay for ground or air	\$275 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**	\$7,550	\$7,550	\$8,300	\$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: 28% coinsurance	30 day: 27% coinsurance	30 day: 27% coinsurance	30 day: 27% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$295 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$350 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$395 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$350 deductible for Tiers 3, 4 and 5

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### Extra Benefits and Features

<b>Dental benefits</b>	\$500 dental allowance for covered services like cleanings, fillings and crowns	\$0 copay for network dental such as exams, x-rays, and routine cleanings	Not included	\$0 copay for network dental such as exams, x-rays, and routine cleanings
<b>OTC Credit</b>	Not included	Not included	Not included	\$40 credit every quarter for OTC products in-store or online
<b>Routine vision benefits</b>	\$0 copay for a routine eye exam and lenses, plus \$200 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 \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear
<b>Fitness</b>	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®
<b>Routine hearing benefits</b>	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
<b>UnitedHealthcare® Member Rewards</b>	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 AARP plans from UnitedHealthcare listed on this document are available in the following counties:

**AARP® Medicare Advantage from UHC NY-0001 (HMO-POS) H3307-002-000**

Bronx, Kings, New York, Queens, Richmond

**AARP® Medicare Advantage from UHC NY-0003 (HMO-POS) H3307-015-000**

Kings, New York, Queens

**AARP® Medicare Advantage from UHC NY-0028 (HMO-POS) H3379-051-000**

Kings, New York, Queens

**AARP® Medicare Advantage from UHC NY-0012 (PPO) H3418-001-000**

Kings, New York, Queens

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

**Jill Stern**

Licensed Sales Agent

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www.jillsterninsurance.com

\*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. \$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. 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, exclusions and/or network restrictions may apply. 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. 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. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. ©2023 United HealthCare Services, Inc. All Rights Reserved.