



# The Way Forward

## North Carolina **2025** Product Guide



# North Carolina

## Local Market Support Teams

### North Carolina West



Market Growth Director  
**Tammy Hoover**  
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Market Growth Manager  
Charlotte Metro  
**Meredith Goetz**  
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Market Growth Manager  
Asheville Foothills  
**Kourtney Kimes**  
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### North Carolina Central



Market Growth Director  
**Jeff Walker**  
[jeffrey\\_n\\_walker@uhc.com](mailto:jeffrey_n_walker@uhc.com)



Market Growth Manager  
Piedmont  
**Amy Bruner**  
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336-540-7426



Market Growth Manager  
Cape Fear  
**Lauren Roney**  
336-858-6112

### North Carolina East



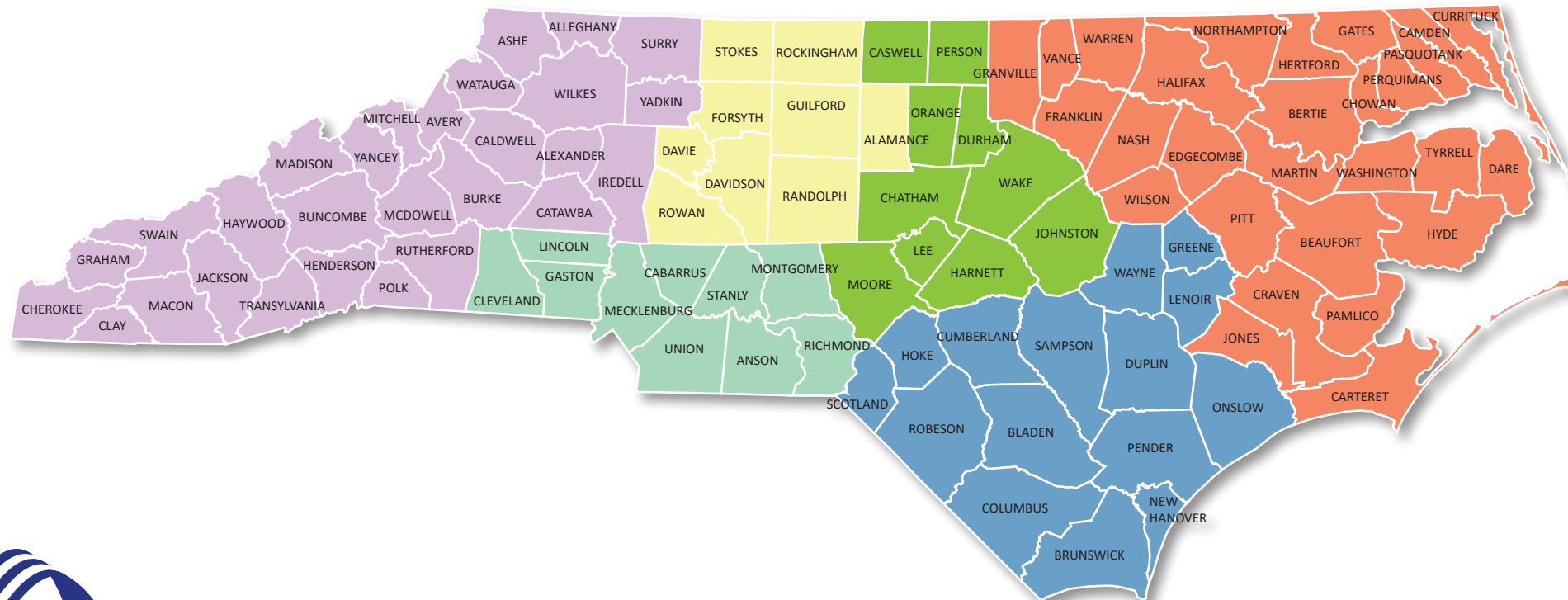
Market Growth Director  
**Andy Dooly**  
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Market Growth Manager  
Upper Coastal Plain  
**Matthew Jones**  
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Market Growth Manager  
Lower Coastal Plain  
**Lee Edwards**  
[lee\\_edwards@uhc.com](mailto:lee_edwards@uhc.com)  
910-930-8290

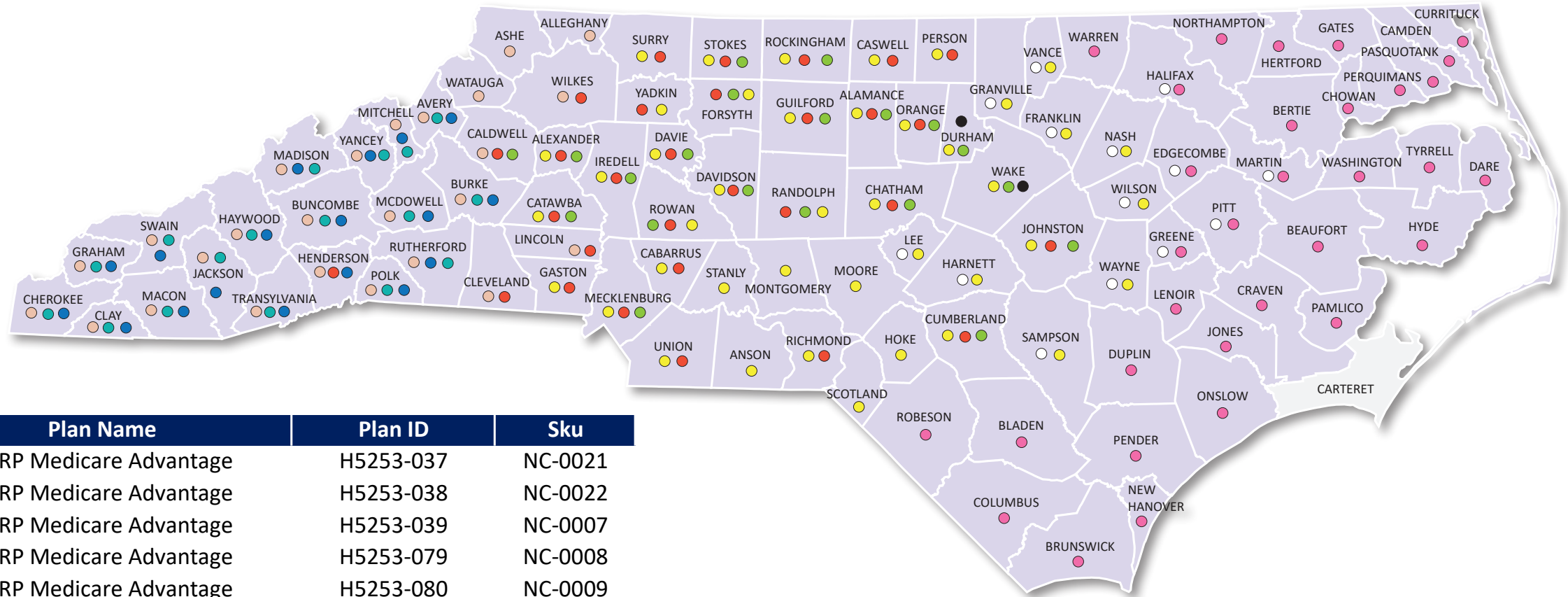




# North Carolina

## 2025 UnitedHealthcare® Product Map

### HMO-POS Plans



Legend	Plan Name	Plan ID	Sku
●	AARP Medicare Advantage	H5253-037	NC-0021
●	AARP Medicare Advantage	H5253-038	NC-0022
●	AARP Medicare Advantage	H5253-039	NC-0007
●	AARP Medicare Advantage	H5253-079	NC-0008
●	AARP Medicare Advantage	H5253-080	NC-0009
●	AARP Medicare Advantage	H5253-102	NC-0010
○	AARP Medicare Advantage	H5253-103	NC-0011
○	AARP Medicare Advantage	H5253-104	NC-0012
●	AARP Medicare Advantage	H5253-117	NC-0015
●	AARP Medicare Advantage	*H5253-185	NC-24
●	AARP Medicare Advantage	*H5253-187	NC-26
●	AARP Medicare Advantage Giveback	H5253-105	NC-13
●	AARP Medicare Advantage Giveback	H5253-110	NC-14
■	AARP Medicare Advantage Patriot	H5253-040	NC-MA02

\*New Plan for 2025

2025 In Network Product Benefits

North Carolina HMO

Plan Name	AARP Medicare Advantage (HMO-POS)   H5253-185-000	AARP Medicare Advantage (HMO-POS)   H5253-079-000	AARP Medicare Advantage (HMO-POS)   H5253-080-000
SKU	NC-24   (NEW PLAN)	NC-0008	NC-0009
Services Area	Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey	Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
Premium	\$0	\$0.20 Rebate	\$48 (\$0 with LIS)
Max OOP	\$4,900	\$6,700	\$5,400
PCP / Specialist	\$0 / \$20	\$0 / \$35	\$0 / \$25
Inpatient Hospital	\$345 Days 1-5 / \$0 Days 6-Unlimited	\$435 Days 1-5 / \$0 Days 6-Unlimited	\$375 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$245 / \$0-\$345	\$0-\$335 / \$0-\$435	\$0-\$275 / \$0-\$375
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$10 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$10 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$5 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2,000 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2,000 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$25 / quarter ( <b>expires quarterly</b> )	\$60 / quarter ( <b>expires quarterly</b> )	\$35 / quarter ( <b>expires quarterly</b> )
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.   \*Refer to Evidence of Coverage for Out of Network benefits

2025 In Network Product Benefits

North Carolina HMO

Plan Name	AARP Medicare Advantage (HMO-POS)    H5253-117-000	AARP Medicare Advantage (HMO-POS)    H5253-038-000	AARP Medicare Advantage (HMO-POS)    H5253-037-000
SKU	NC-0015	NC-0022	NC-0021
Services Area	Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Mecklenburg, Montgomery, Moore, Nash, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Union, Vance, Wake, Wayne, Wilson, Yadkin	Alamance, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes, Surry, Union, Wilkes, Yadkin	Alamance, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes, Surry, Union, Wilkes, Yadkin
Premium	\$0	\$0	\$37 (\$0 with LIS)
Max OOP	\$3,900	\$4,900	\$3,900
PCP / Specialist	\$0 / \$20	\$0 / \$30	\$0 / \$20
Inpatient Hospital	\$295 Days 1-5 / \$0 Days 6-Unlimited	\$325 Days 1-5 / \$0 Days 6-Unlimited	\$300 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$190 / \$0-\$295	\$0-\$225 / \$0-\$325	\$0-\$200 / \$0-\$300
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$5 Tiers 3-5   \$255 Deduct.   \$47 / \$100 / 30% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$10 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$5 Tiers 3-5   \$255 Deduct.   \$47 / \$100 / 30% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2000 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,250 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$4,000 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$50 / quarter ( <b>expires quarterly</b> )	\$40 / quarter ( <b>expires quarterly</b> )	\$60 / quarter ( <b>expires quarterly</b> )
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.    \*Refer to Evidence of Coverage for Out of Network benefits

# North Carolina HMO

Plan Name	AARP Medicare Advantage Patriot (HMO-POS) H5253-040-000	AARP Medicare Advantage (HMO-POS) H5253-039-000	AARP Medicare Advantage (HMO-POS) H5253-102-000
SKU	NC-MA02	NC-0007	NC-0010
Services Area	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey	Durham, Wake	Durham, Wake
Premium	\$160 Rebate	\$0	\$49 (\$0 with LIS)
Max OOP	\$7,900	\$5,900	\$4,900
PCP / Specialist	\$0 / \$50	\$0 / \$35	\$0 / \$30
Inpatient Hospital	\$475 Days 1-5 / \$0 Days 6-Unlimited	\$415 Days 1-4 / \$0 Days 5-Unlimited	\$295 Days 1-6 / \$0 Days 7-Unlimited
ASC / Outpatient	\$0-\$375 / \$0-\$475	\$0-\$365 / \$0-\$415	\$0-\$195 / \$0-\$295
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	No Rx	Tiers 1-2 \$0 Deduct.   \$0 / \$10 Tiers 3-5 \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2 \$0 Deduct.   \$0 / \$8 Tiers 3-5 \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,000 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2,000 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	N/A	\$40 / quarter ( <b>expires quarterly</b> )	\$50 / quarter ( <b>expires quarterly</b> )
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits



# North Carolina HMO

Plan Name	AARP Medicare Advantage (HMO-POS)   H5253-187-000	AARP Medicare Advantage (HMO-POS)   H5253-103-000	AARP Medicare Advantage (HMO-POS)   H5253-104-000
SKU	NC-26   (NEW PLAN)	NC-0011	NC-0012
Services Area	Beaufort, Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Tyrrell, Warren, Washington	Edgecombe, Franklin, Granville, Greene, Halifax, Harnett, Lee, Martin, Nash, Pitt, Sampson, Vance, Wayne, Wilson	Edgecombe, Franklin, Granville, Greene, Halifax, Harnett, Lee, Martin, Nash, Pitt, Sampson, Vance, Wayne, Wilson
Premium	\$0	\$0	\$49 (\$0 with LIS)
Max OOP	\$4,900	\$6,700	\$5,400
PCP / Specialist	\$0 / \$30	\$0 / \$35	\$0 / \$30
Inpatient Hospital	\$295 Days 1-6 / \$0 Days 7-Unlimited	\$445 Days 1-5 / \$0 Days 6-Unlimited	\$385 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$195 / \$0-\$295	\$0-\$395 / \$0-\$445	\$0-\$335 / \$0-\$385
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$0 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$10 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$8 Tiers 3-5   \$340 Deduct.   \$47 / \$100 / 29% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,250 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2,000 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$55 / quarter ( <b>expires quarterly</b> )	\$25 / quarter ( <b>expires quarterly</b> )	\$40 / quarter ( <b>expires quarterly</b> )
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.   \*Refer to Evidence of Coverage for Out of Network benefits

2025 In Network Product Benefits

# North Carolina HMO

Plan Name	AARP Medicare Advantage Giveback (HMO-POS)   H5253-105-000	AARP Medicare Advantage Giveback (HMO-POS)   H5253-110-000
SKU	NC-13	NC-14
Services Area	Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey	Alamance, Alexander, Caldwell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Iredell, Johnston, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Stokes, Wake
Premium	\$42 Rebate	\$90 Rebate
Max OOP	\$8,900	\$8,900
PCP / Specialist	\$0 / \$55	\$0 / \$50
Inpatient Hospital	\$475 Days 1-5 / \$0 Days 6-Unlimited	\$435 Days 1-4 / \$0 Days 5-Unlimited
ASC / Outpatient	\$0-\$425 / \$0-\$475	\$0-\$335 / \$0-\$435
Lab Copay	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$0 Tiers 3-5   \$570 Deduct.   \$47 / \$100 / 26% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$5 Tiers 3-5   \$570 Deduct.   \$47 / \$100 / 26% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.
Eyewear	\$0 Exam	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC   \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC   \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	N/A	N/A
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.   \*Refer to Evidence of Coverage for Out of Network benefits

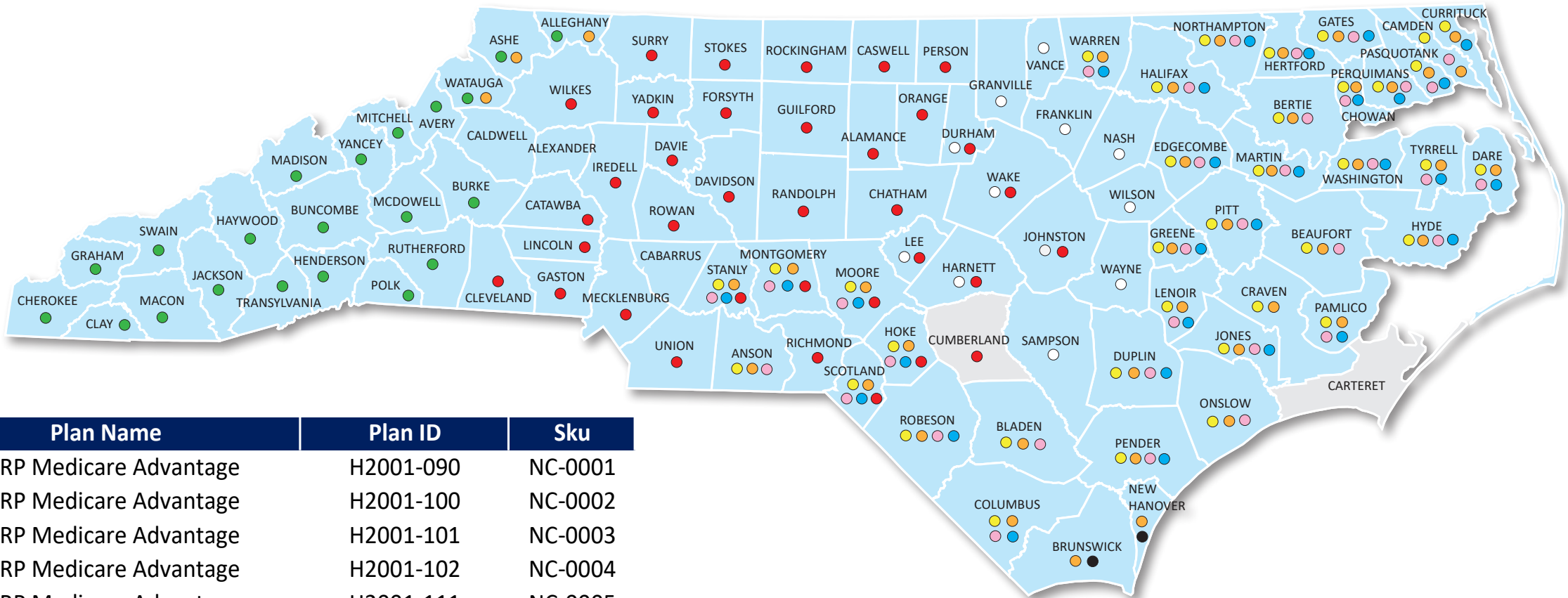




# North Carolina

## 2025 UnitedHealthcare® Product Map

### PPO Plans



Legend	Plan Name	Plan ID	SKU
	AARP Medicare Advantage	H2001-090	NC-0001
	AARP Medicare Advantage	H2001-100	NC-0002
	AARP Medicare Advantage	H2001-101	NC-0003
	AARP Medicare Advantage	H2001-102	NC-0004
	AARP Medicare Advantage	H2001-111	NC-0005
	AARP Medicare Advantage	H2406-034	NC-0016
	AARP Medicare Advantage	H2406-098	NC-0017
	AARP Medicare Advantage	H2406-115	NC-0019
	AARP Medicare Advantage Access	*H2001-084	NC-23
	AARP Medicare Advantage Patriot	H2001-103	NC-MA01

\*New Plan for 2025

2025 In Network Product Benefits

North Carolina PPO

Plan Name	AARP Medicare Advantage (PPO)   H-2001-090-000	AARP Medicare Advantage (PPO)   H-2001-100-000	AARP Medicare Advantage (PPO)   H-2001-101-000
SKU	NC-0001	NC-0002	NC-0003
Services Area	Anson, Beaufort, Bertie, Bladen, Camden, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, Montgomery, Moore, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Scotland, Stanly, Tyrrell, Warren, Washington	Alleghany, Ashe, Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey	Durham, Franklin, Granville, Harnett, Johnston, Lee, Nash, Sampson, Vance, Wake, Wayne, Wilson
Premium	\$7 Rebate	\$13 Rebate	\$0
Max OOP	\$6,700	\$7,900	\$7,500
PCP / Specialist	\$0 / \$40	\$0 / \$45	\$0 / \$40
Inpatient Hospital	\$375 Days 1-6 / \$0 Days 7-Unlimited	\$395 Days 1-5 / \$0 Days 6-Unlimited	\$445 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$275 / \$0-\$375	\$0-\$295 / \$0-\$395	\$0-\$395 / \$0-\$445
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$0 Tiers 3-5   \$255 Deduct.   \$47 / \$100 / 30% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$14 Tiers 3-5   \$495 Deduct.   \$47 / \$100 / 27% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$5 Tiers 3-5   \$420 Deduct.   \$47 / \$100 / 28% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	N/A	N/A	\$40 / quarter ( <b>expires quarterly</b> )
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.   \*Refer to Evidence of Coverage for Out of Network benefits

2025 In Network Product Benefits

North Carolina PPO

Plan Name	AARP Medicare Advantage (PPO) H-2001-102-000	AARP Medicare Advantage (PPO) H-2001-111-000	AARP Medicare Advantage Patriot (PPO) H-2001-103-000
SKU	NC-0004	NC-0005	NC-MA01
Services Area	Anson, Beaufort, Bertie, Bladen, Camden, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, Montgomery, Moore, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Scotland, Stanly, Tyrrell, Warren, Washington	Brunswick, New Hanover	Alleghany, Anson, Ashe, Beaufort, Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, Montgomery, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Scotland, Stanly, Tyrrell, Warren, Washington, Watauga
Premium	\$22 (\$0 with LIS)	\$13 Rebate	\$75 Rebate
Max OOP	\$5,900	\$5,900	\$7,900
PCP / Specialist	\$0 / \$30	\$0 / \$35	\$0 / \$50
Inpatient Hospital	\$385 Days 1-5 / \$0 Days 6-Unlimited	\$350 Days 1-5 / \$0 Days 6-Unlimited	\$475 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$285 / \$0-\$385	\$0-\$225 / \$0-\$325	\$0-\$375 / \$0-\$475
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2 \$0 Deduct.   \$0 / \$0 Tiers 3-5 \$255 Deduct.   \$47 / \$100 / 30% Insulin \$35	Tiers 1-2 \$0 Deduct.   \$0 / \$0 Tiers 3-5 \$255 Deduct.   \$47 / \$100 / 30% Insulin \$35	No Rx
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	N/A	N/A	N/A
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits

2025 In Network Product Benefits

North Carolina PPO

Plan Name	AARP Medicare Advantage (PPO)   H-2406-034-000	AARP Medicare Advantage (PPO)   H-2406-098-000	AARP Medicare Advantage (PPO)   H-2406-115-000
SKU	NC-16	NC-0017	NC-0019
Services Area	Alamance, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stanly, Stokes, Surry, Union, Wake, Wilkes, Yadkin	Alamance, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stanly, Stokes, Surry, Union, Wake, Wilkes, Yadkin	Chowan, Columbus, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, Montgomery, Moore, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Scotland, Stanly, Tyrrell, Warren, Washington
Premium	\$46 (\$0 with LIS)	\$0.40 Rebate	\$27 (\$0 with LIS)
Max OOP	\$3,800	\$5,500	\$6,700
PCP / Specialist	\$0 / \$30	\$0 / \$35	\$0 / \$35
Inpatient Hospital	\$355 Days 1-5 / \$0 Days 6-Unlimited	\$385 Days 1-6 / \$0 Days 7-Unlimited	\$385 Days 1-5 / \$0 Days 6-Unlimited
ASC / Outpatient	\$0-\$255 / \$0-\$355	\$0-\$285 / \$0-\$385	\$0-\$285 / \$0-\$385
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2   \$0 Deduct.   \$0 / \$8 Tiers 3-5   \$420 Deduct.   \$47 / \$100 / 28% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$10 Tiers 3-5   \$420 Deduct.   \$47 / \$100 / 28% Insulin \$35	Tiers 1-2   \$0 Deduct.   \$0 / \$0 Tiers 3-5   \$420 Deduct.   \$47 / \$100 / 28% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$2,500 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventitive and comprehensive.	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventitive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$50 / quarter ( <b>expires quarterly</b> )	\$25 / quarter ( <b>expires quarterly</b> )	N/A
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services.   \*Refer to Evidence of Coverage for Out of Network benefits

2025 In Network Product Benefits

North Carolina PPO

Plan Name	AARP Medicare Advantage Access (PPO) H-2001-084-000
SKU	NC-23 (NEW PLAN)
Services Area	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey
Premium	\$247 (\$195.80 with LIS)
Max OOP	\$3,000
PCP / Specialist	\$0 / \$0
Inpatient Hospital	\$0 per Admittance
ASC / Outpatient	\$0 / \$0
Lab Copay	\$0
Rx Ded.   Copays	Tiers 1-2 \$0 Deduct.   \$0 / \$8 Tiers 3-5 \$570 Deduct.   \$47 / \$100 / 26% Insulin \$35
Dental	\$0 Preventive & Diagnostic. \$0-50% Comprehensive, for up to \$1,500 covered preventative and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$250 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership
OTC	\$25 / quarter (expires quarterly)
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days

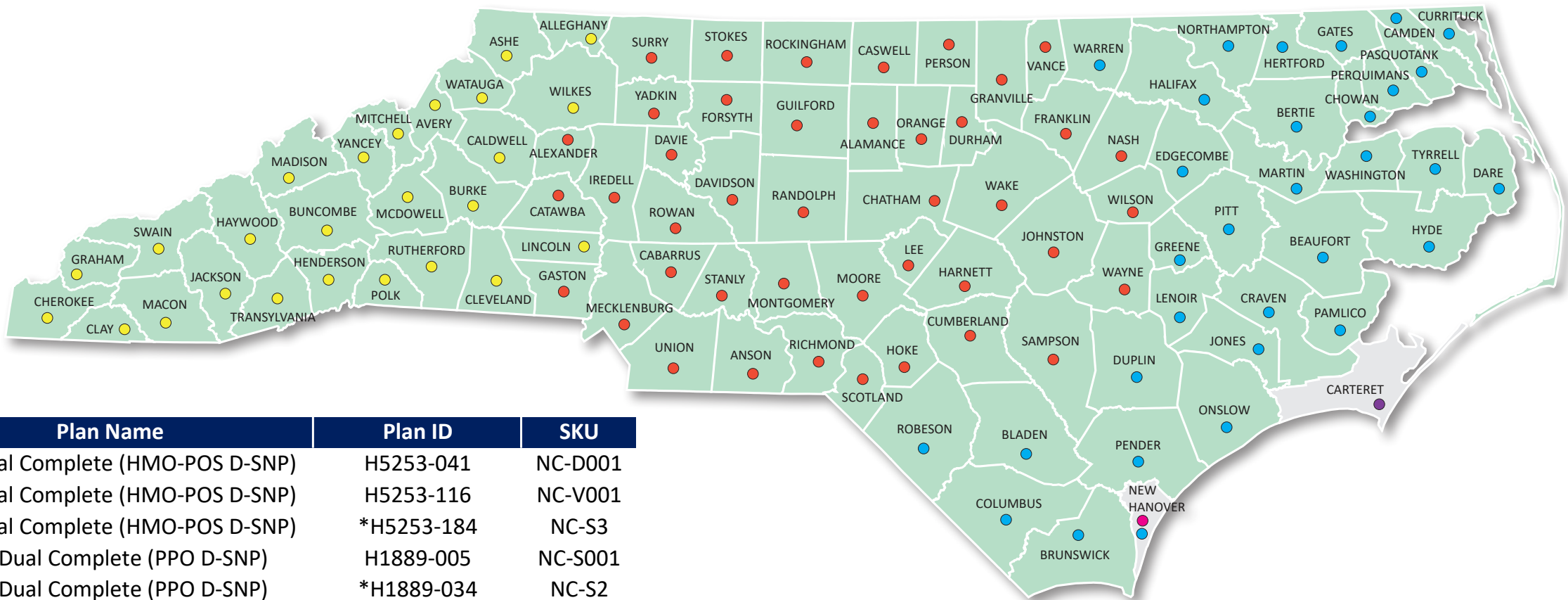
Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits



# North Carolina

## 2025 UnitedHealthcare® Product Map

### Dual & Chronic Special Needs Plans (SNP)



Legend	Plan Name	Plan ID	SKU
	UHC Dual Complete (HMO-POS D-SNP)	H5253-041	NC-D001
	UHC Dual Complete (HMO-POS D-SNP)	H5253-116	NC-V001
	UHC Dual Complete (HMO-POS D-SNP)	*H5253-184	NC-S3
	UHC Dual Complete (PPO D-SNP)	H1889-005	NC-S001
	UHC Dual Complete (PPO D-SNP)	*H1889-034	NC-S2
	UHC Complete Care (HMO-POS C-SNP)	*H5253-186	NC-25
	UHC Complete Care (HMO-POS C-SNP)	*H5253-188	NC-27
	UHC Complete Care (HMO-POS C-SNP)	*H5253-189	NC-28
*New Plan for 2025			



# North Carolina HMO Dual SNP

Plan Name	UHC Dual Complete® (HMO-POS D-SNP) H5253-041-000	UHC Dual Complete® (HMO-POS D-SNP) H5253-184-000	UHC Dual Complete® (HMO-POS D-SNP) H5253-116-000
SKU	NC-D001	NC-S3 (NEW PLAN) Plan for <b>Full</b> Duals   Enrolling FBDE, QMB+, SLMB+	NC-V001 Plan for <b>Partial</b> Duals   Enrolling FBDE, QMB, QMB+, SLMB, SLMB+, QI
Services Area	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey
Premium	\$0*	\$0*	\$0*
Max OOP	\$0*	\$0*	\$4,500
PCP / Specialist	\$0*	\$0*	\$0 / \$15
Inpatient Hospital	\$0*	\$0*	\$395 Days 1-6 / \$0 Days 7-Unlimited
ASC / Outpatient	\$0*	\$0*	\$0-\$345 / \$0-\$395
Lab Copay	\$0*	\$0*	\$0*
Rx Ded.   Copays	Tiers 1-5: \$0* Deductible   \$0*	Tiers 1-5: \$0* Deductible   \$0*	Tiers 1-5: \$0* Deductible   \$0*
Dental	\$0 copay. \$3,000 for covered preventative/comprehensive	\$0 copay. \$3,000 for covered preventative/comprehensive	\$0 copay, preventative and diagnostic services
Eyewear	\$0 Exam / \$0 standard lenses + \$400 credit for frames or contacts yearly	\$0 Exam / \$0 standard lenses + \$350 credit for frames or contacts yearly	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	\$2,200 hearing aid allowance yearly	\$2,200 hearing aid allowance yearly	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$312 / mo (OTC/food/utility combined credit - <b>expires monthly</b> )	\$352 / mo (OTC/food/utility combined credit - <b>expires monthly</b> )	\$75 / mo (OTC/food/utility combined credit - <b>expires monthly</b> )
Transportation	SafeRide 36 one-way plan approved trips (max 50 miles)	SafeRide 48 one-way plan approved trips (max 50 miles)	SafeRide 24 one-way plan approved trips (max 50 miles)
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

\* If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. \*\* If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits



# North Carolina PPO Dual SNP

Plan Name	UHC Dual Complete© (PPO D-SNP)    H1889-005-000	UHC Dual Complete© (PPO D-SNP)    H1889-034-000
SKU	NC-S001	NC-S2    (NEW PLAN)
Services Area	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey
Premium	\$0*	\$0*
Max OOP	\$0*	\$0*
PCP / Specialist	\$0*	\$0*
Inpatient Hospital	\$0*	\$0*
ASC / Outpatient	\$0*	\$0*
Lab Copay	\$0*	\$0*
Rx Ded.   Copays	Tiers 1-5: \$0* Deductible   \$0*	Tiers 1-5: \$0* Deductible   \$0*
Dental	\$0 copay. \$2,500 for covered preventative/comprehensive	Medicare-covered dental only, 20% INN / 40% OON
Eyewear	\$0 Exam + \$400 credit towards lenses/frames/contacts yearly	\$0 Exam + \$150 credit towards lenses/frames/contacts yearly
Hearing Aid	\$2,500 hearing aid allowance yearly	\$2,200 hearing aid allowance yearly
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$272 / mo (OTC/food/utility combined credit - <b>expires monthly</b> )	\$315 / mo (OTC/food/utility combined credit - <b>expires monthly</b> )
Transportation	SafeRide 36 one-way plan approved trips (max 50 miles)	SafeRide 36 one-way plan approved trips (max 50 miles)
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

\* If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. \*\* If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change  
Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits

# North Carolina Chronic SNP

Plan Name	UHC Complete Care® (HMO-POS C-SNP) H5253-186-000	UHC Complete Care® (HMO-POS C-SNP) H5253-188-000	UHC Complete Care® (HMO-POS C-SNP) H5253-189-000
SKU	NC-25 (NEW PLAN)	NC-27 (NEW PLAN)	NC-28 (NEW PLAN)
Services Area	Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	Beaufort, Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Tyrrell, Warren, Washington	Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Mecklenburg, Montgomery, Moore, Nash, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Union, Vance, Wake, Wayne, Wilson, Yadkin
Premium	\$0	\$0	\$0
Max OOP	\$4,900	\$4,900	\$3,900
PCP / Specialist	\$0 / \$20	\$0 / \$25	\$0 / \$15
Inpatient Hospital	\$345 Days 1-5 / \$0 Days 6-Unlimited	\$295 Days 1-6 / \$0 Days 7-Unlimited	\$395 Days 1-6 / \$0 Days 7-Unlimited
ASC / Outpatient	\$0-\$245 / \$0-\$345	\$0-\$195 / \$0-\$295	\$0-\$295 / \$0-\$395
Lab Copay	\$0	\$0	\$0
Rx Ded.   Copays	Tiers 1-2 \$0 Deduct.   \$0 / \$10 Tiers 3-5 \$340 Deduct.   \$47 / \$100 / 29% Insulin \$25	Tiers 1-2 \$0 Deduct.   \$0 / \$0 Tiers 3-5 \$340 Deduct.   \$47 / \$100 / 29% Insulin \$25	Tiers 1-2 \$0 Deduct.   \$0 / \$5 Tiers 3-5 \$255 Deduct.   \$47 / \$100 / 30% Insulin \$25
Dental	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.	\$0 Preventive & Diagnostic. \$54 Optional Dental Platinum Rider for up to \$1500 covered preventive and comprehensive.
Eyewear	\$0 Exam / \$0 standard lenses \$300 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.	\$0 Exam / \$0 standard lenses \$200 credit for 1 pair of frames or contact lenses every 2 years.
Hearing Aid	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.	UHC Hearing \$199-\$1,249 copay per hearing aid device. OTC \$99-\$829 copay per device. Limit 2 devices per year.
Telehealth	\$0 copay   Virtual visit	\$0 copay   Virtual visit	\$0 copay   Virtual visit
Fitness	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership	\$0 Renew Active - standard gym membership
OTC	\$56 / mo (OTC/food combined credit - <b>expires monthly</b> )	\$53 / mo (OTC/food combined credit - <b>expires monthly</b> )	\$75 / mo (OTC/food combined credit - <b>expires monthly</b> )
Transportation	N/A	N/A	N/A
Meals	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days	Post discharge Mom's Meals, up to 28 meals for 14 days

Annual OOP Maximum applies to all covered services except: prescription and non-Medicare covered services. \*Refer to Evidence of Coverage for Out of Network benefits



# Plan Name Change Guide

2024 Plan ID	2025 Plan ID	2025 Plan Name	Sku
<b>H2577-004</b>	<b>H2001-090</b>	AARP Medicare Advantage	NC-0001
<b>H2577-016</b>	<b>H2001-100</b>	AARP Medicare Advantage	NC-0002
<b>H2577-017</b>	<b>H2001-101</b>	AARP Medicare Advantage	NC-0003
<b>H2577-018</b>	<b>H2001-102</b>	AARP Medicare Advantage	NC-0004
<b>H2577-030</b>	<b>H2001-111</b>	AARP Medicare Advantage	NC-0005
H2406-034	H2406-034	AARP Medicare Advantage	NC-0016
H2406-098	H2406-098	AARP Medicare Advantage	NC-0017
H2406-115	H2406-115	AARP Medicare Advantage	NC-0019
H5253-037	H5253-037	AARP Medicare Advantage	NC-0021
H5253-038	H5253-038	AARP Medicare Advantage	NC-0022
H5253-039	H5253-039	AARP Medicare Advantage	NC-0007
H5253-079	H5253-079	AARP Medicare Advantage	NC-0008
H5253-080	H5253-080	AARP Medicare Advantage	NC-0009
H5253-102	H5253-102	AARP Medicare Advantage	NC-0010
H5253-103	H5253-103	AARP Medicare Advantage	NC-0011
H5253-104	H5253-104	AARP Medicare Advantage	NC-0012
H5253-117	H5253-117	AARP Medicare Advantage	NC-0015
	*H5253-185	AARP Medicare Advantage	NC-24
	*H5253-187	AARP Medicare Advantage	NC-26
	*H2001-084	AARP Medicare Advantage Access	NC-23
H5253-105	H5253-105	AARP Medicare Advantage Giveback	NC-13
H5253-110	H5253-110	AARP Medicare Advantage Giveback	NC-14
<b>H2577-019</b>	<b>H2001-103</b>	AARP Medicare Advantage Patriot	NC-MA01
H5253-040	H5253-040	AARP Medicare Advantage Patriot	NC-MA02
	*H5253-186	UHC Complete Care	NC-25
	*H5253-188	UHC Complete Care	NC-27
	*H5253-189	UHC Complete Care	NC-28
H1889-005	H1889-005	UHC Dual Complete	NC-S001
	*H1889-034	UHC Dual Complete	NC-S2
H5253-041	H5253-041	UHC Dual Complete	NC-D001
H5253-116	H5253-116	UHC Dual Complete	NC-V001
	*H5253-184	UHC Dual Complete	NC-S3

\*New Plan for 2025

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# The Way Forward

Thank you for your partnership!