

2025 Medicare Advantage plans information









AARP® Medicare Advantage from UHC NY-0005 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0028 (HMO-POS)	AARP® Medicare Advantage from UHC NY-0012 (PPO)
H3379-001-000	H3379-051-000	H3418-001-000
If you're looking for coverage you can count on at the right price, this plan has predictable medical and prescription drug costs, plus valued extras. With Extra Help from Medicare, your premium is reduced to \$0 each month.	If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus vision.	If you want provider choice plus reliable benefits and extras you can count on, this plan has access to out-of-network care, predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness.

Plan Benefits

Monthly plan premium*	\$59	\$0	\$0
Annual medical deductible	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$7,900	\$8,900	\$8,900
Primary care provider visit	\$0 copay	\$0 copay	Tier 1: \$0 copay; Tier 2: \$40 copay
Specialist visit	\$50 copay	\$50 copay	Tier 1: \$25 copay; Tier 2: \$55 copay
Specialist referral required?	No	No	No
Inpatient hospital care	\$390 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	\$400 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
Emergency care	\$110 copay (\$0 copay when outside of the United States)	\$110 copay (\$0 copay when outside of the United States)	\$110 copay (\$0 copay when outside of the United States)

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	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: \$14 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
Tier 4 – Non-preferred drugs	30 day: \$100 copay	30 day: \$100 copay	30 day: \$100 copay
Tier 5 – Specialty tier drugs	30 day: 28% coinsurance	30 day: 27% coinsurance	30 day: 26% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$495 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$570 deductible for Tiers 3, 4 and 5

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Extra Benefits and Features			
 Dental benefits	\$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
 OTC benefit	Not included	Not included	\$40 credit every quarter for OTC products in-store or online
 Routine vision benefits	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 Fitness benefit	Free gym membership	Not included	Free gym membership
 Network	No referrals to see any provider in our Medicare National Network	No referrals to see any provider in our Medicare National Network	Access to a large network of providers
 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
 Preventive care	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more
 Lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services

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

AARP® Medicare Advantage from UHC NY-0005 (HMO-POS) H3379-001-000

Bronx, Kings, New York, Queens, Richmond

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. Call 1-855-656-9528, TTY 711.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. 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.

*If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. **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. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. There may be other pharmacies in our 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 may 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. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided 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 and plan. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market and exclusions may apply. Referrals may be needed in your plan's service area. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Annual routine eye exam and \$100-500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 United HealthCare Services, Inc. All Rights Reserved.