










2025 Medicare Advantage plan information

AARP® Medicare Advantage from UHC NY-0009 (HMO-POS)	
H3379-043-000	
If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, and vision.	
Plan Benefits	
Monthly plan premium*	\$0
Annual medical deductible	\$0
Annual out-of-pocket maximum**	\$7,900
Primary care provider visit	\$0 copay
Specialist visit	\$45 copay
Specialist referral required?	No
Inpatient hospital care	\$365 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)
Prescription Drugs – Standard Retail (30 day); Preferred Mail Order (100 day)	
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$14 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay
Tier 5 – Specialty tier drugs	30 day: 28% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$420 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
	OTC benefit	\$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
	Network	No referrals to see any provider in our Medicare National Network
	Routine hearing benefits	Copays from \$99 to \$1,249 for a broad selection of hearing aids
	UnitedHealthcare® Member Rewards	Rewards for physical activity, an annual wellness visit and more
	Preventive care	\$0 copay for preventive care, including an annual physical, flu shot and more
	Lab services	\$0 copay for all covered lab services
	Routine foot care	6 foot care visits for nail trims and other covered preventive care

The AARP plan from UnitedHealthcare listed on this document is available in the following counties:

AARP® Medicare Advantage from UHC NY-0009 (HMO-POS) H3379-043-000
Nassau

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.

“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. 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. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. 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.