

Plan Comparison: 2027 Plan Year

Aetna Medicare Elite (PPO) H5521-736 vs. AARP Medicare Advantage from UHC NY-0012 (PPO) H3418-001-000

2027 headline numbers: Premium **\$109/mo vs \$0/mo** · In-network MOOP **\$9,850 vs \$9,400** · Medical deductible **\$2,000 vs \$1,250** · Both plans: no Part B giveback, no OTC benefit, no specialist referral required. Comprehensive dental only via optional paid rider on either plan.

All values are published 2027 plan-year benefits unless labeled 2026. Confirm individual member details in each member's Annual Notice of Change.

Medical benefits

Benefit (2027 plan year)	Aetna Medicare Elite (PPO) H5521-736	AARP Medicare Advantage from UHC NY-0012 (PPO) H3418-001-000
Monthly plan premium	\$109 / month	\$0 / month
Annual medical deductible	\$2,000 (applies to certain in-network and out-of-network services)	\$1,250
Max out-of-pocket, in-network	\$9,850	\$9,400
Max out-of-pocket, in + out-of-network combined	\$14,800	\$14,800
Primary care visit	\$0 copay	\$0 Tier 1 / \$40 Tier 2
Specialist visit	\$55 copay	\$35 Tier 1 / \$60 Tier 2
Emergency room	\$115 copay	\$115 copay
Ground ambulance	\$290 (ground or air, one-way)	\$175 (ground or air)
Referral needed for specialist?	No	No per 2026 Summary of Benefits; not restated in 2027 sources reviewed
Part B premium giveback	No	No

Prescription drugs & extras

Benefit (2027 plan year)	Aetna Medicare Elite (PPO) H5521-736	AARP Medicare Advantage from UHC NY-0012 (PPO) H3418-001-000
Prescription drug deductible	\$700 / year — applies to Tiers 3–5 only (Tiers 1–2: \$0)	\$0 Tiers 1–2; \$685 Tiers 3–5
Drug tier cost-sharing (initial coverage, preferred retail)	T1 \$0–\$5; T2 \$5–\$12; T3 17%; T4 28%; T5 25%	T1 \$0; T2 \$10; T3 18%; T4 27%; T5 26%

Benefit (2027 plan year)	Aetna Medicare Elite (PPO) H5521-736	AARP Medicare Advantage from UHC NY-0012 (PPO) H3418-001-000
Dental	Preventive included (\$0 in-network: exams, cleanings, x-rays). Comprehensive not included — optional Deluxe rider +\$32/mo (\$1,500/yr; 50% in / 70% out-of-network)	Preventive included (\$0 in- and out-of-network: exams, cleanings, x-rays). Comprehensive not included — optional Platinum rider +\$54/mo (\$1,500/yr; 50%)
Vision	\$0 routine exam / year (EyeMed); \$150 annual eyewear allowance	\$0 routine exam / year; \$200 eyewear allowance every 2 years
Hearing	\$0 routine exam + fitting/eval; hearing aids \$0–\$1,700 / ear / year (NationsHearing)	\$0 routine exam / year; \$700 / year hearing-aid allowance, up to 2 / year (UHC Hearing)
Over-the-counter (OTC) benefit	None	None
Fitness / gym	\$0 — SilverSneakers basic membership	\$0 — Renew Active gym membership
Meals after hospital stay	Limited coverage (2026; not re-confirmed for 2027)	28 home-delivered meals, \$0 (2026; not re-confirmed for 2027)
Routine acupuncture	Not found in 2027 sources reviewed	\$0, 12 visits / year (2026; not re-confirmed for 2027)
Healthy rewards	Not found in 2027 sources reviewed	Earn up to \$155 / year (confirmed 2027)
CMS star rating	2027 not yet published (2026: 4.5 of 5)	2027 not yet published (2026: 3.5 of 5)

Sources (2027): Aetna 2027 Summary of Benefits (H5521-736) via AetnaMedicare.com; UHC 2027 plan details page (H3418-001-0); medicare.gov Plan Finder 2027 plan details for ZIP 10001. UHC's 2027 Summary of Benefits PDF was not yet uploaded as of Oct 1, 2026 — items marked 2026 are carried from the 2026 SOB/EOC until it is published. 2027 CMS star ratings were not yet published as of Oct 1, 2026. Prepared October 1, 2026.