



Selected Year: 2025

Selected LIS Level: None

|                                  |                                                                                                                                                                                                              |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                 | <b>AARP Medicare Advantage from UHC NY-0024 (HMO-POS)</b>                                                                                                                                                    |
| <b>Plan ID</b>                   | <b>H3379-050-000</b>                                                                                                                                                                                         |
| <b>Plan Highlights</b>           | If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus OTC, vision, and fitness. Earn up to \$155* in healthy rewards. |
| <b>Premium</b>                   | \$0                                                                                                                                                                                                          |
| <b>Medical Deductible</b>        | \$0 INN; N/A OON                                                                                                                                                                                             |
| <b>Maximum Out-of-Pocket</b>     | \$7,900                                                                                                                                                                                                      |
| <b>Provider Network</b>          | Includes Medicare National Network for network care away from home                                                                                                                                           |
| <b>PCP / Specialist</b>          | \$0 / Coming Soon                                                                                                                                                                                            |
| <b>Inpatient Hospital</b>        | Coming Soon                                                                                                                                                                                                  |
| <b>ASC / Outpatient Hospital</b> | Coming Soon                                                                                                                                                                                                  |
| <b>Skilled Nursing Facility</b>  | \$0 Days 1-20; \$203 Days 21-100                                                                                                                                                                             |
| <b>Telehealth</b>                | \$0 Virtual Medical & Mental Health visits from Network Providers                                                                                                                                            |
| <b>Lab Services</b>              | \$0                                                                                                                                                                                                          |
| <b>Rx Deductible</b>             | • \$0 Tiers 1 & 2 • \$420 Tiers 3-5                                                                                                                                                                          |
| <b>Rx Retail (30-day)</b>        | • \$0/\$12/\$47/\$100/28% • Insulin: \$35                                                                                                                                                                    |
| <b>Rx Mail Order (100-day)</b>   | • \$0/\$0/\$131 • Insulin: \$95                                                                                                                                                                              |
| <b>Dental</b>                    | Covered                                                                                                                                                                                                      |
| <b>Eyewear</b>                   | Covered every 2 years                                                                                                                                                                                        |
| <b>Hearing Aids</b>              | Covered                                                                                                                                                                                                      |
| <b>Fitness</b>                   | Covered                                                                                                                                                                                                      |
| <b>OTC</b>                       | Covered - OTC                                                                                                                                                                                                |

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

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|                |                                 |
|----------------|---------------------------------|
| Other Benefits | • Post-Discharge Meals: Covered |
|----------------|---------------------------------|

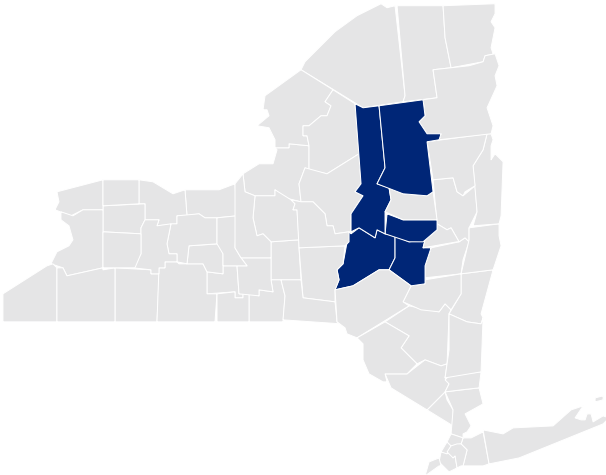
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|-----------------------------|---------------------------|
| Key Metrics <sup>1</sup>    |                           |
| Current Plan Enrollment: 97 | Current Eligibles: 52,815 |
| YOY Eligible Growth: 1.8%   |                           |

1. Jun 2024 CMS.gov MA Ind State/County Enrollment Within UHC 2024 MA Ind Footprint

Service Area

New York

Hamilton, Herkimer, Montgomery, Otsego, Schoharie



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