




## 2025 Plans Compare

Selected State(s): New York; Selected Market(s): NY-Rochester Metro; Selected Counties: Monroe

Plan Name	AARP® Medicare Advantage from UHC NY-0025 (PPO)	AARP® Medicare Advantage from UHC NY-0008 (HMO-POS)
Plan ID	H3418-009-000	H3379-041-000
Plan Highlights	If you're looking for provider choice and coverage you can count on, at the right price, this plan has access to out-of-network care, predictable medical and prescription drug costs, plus valued extras. With Extra Help from Medicare, your premium is reduced to \$0 each month. Earn up to \$155* in healthy rewards.	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 and fitness. Earn up to \$155* in healthy rewards.
Premium	\$35	\$0
Medical Deductible	\$0 combined in and out-of-network	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$8,900	\$7,550
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide	Includes UnitedHealthcare Medicare National Network for network care nationwide
PCP / Specialist	\$0 / \$40; No Referral Required	\$0 / \$45; No Referral Required
Inpatient Hospital	\$375 copay per day: days 1-5 \$0 per day after that for unlimited days	\$390 copay per day: days 1-5 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$325 copay / \$375 copay; \$0 for colonoscopies	\$340 copay / \$390 copay; \$0 for colonoscopies
Skilled Nursing Facility	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100

\*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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<b>Telehealth</b>	\$0 copay to talk with a telehealth provider online through live audio and video.	\$0 copay to talk with a telehealth provider online through live audio and video.
<b>Lab Services</b>	\$0 copay	\$0 copay
<b>Rx Deductible</b>	\$0 Tiers 1 and 2 • \$570 Tiers 3-5	\$0 Tiers 1 and 2 • \$420 Tiers 3-5
<b>Rx Retail (30-day)</b>	\$0/\$14/\$47/\$100/26% • Insulin: \$35	\$0/\$12/\$47/\$100/28% • Insulin: \$35
<b>Rx Mail Order (100-day)</b>	\$0/\$0/\$131 • Insulin: \$95	\$0/\$0/\$131 • Insulin: \$95
<b>Dental</b>	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available
<b>Eyewear</b>	\$0 for a routine eye exam and standard lenses; \$300 every 2 years for eyewear	\$0 for a routine eye exam and standard lenses; \$300 every 2 years for eyewear
<b>Hearing Aids</b>	\$99 - \$1,249 copay per device; 2 devices every year through UHC Hearing	\$99 - \$1,249 copay per device; 2 devices every year through UHC Hearing
<b>Fitness</b>	Free gym membership	Free gym membership
<b>OTC</b>	Not Covered	Not Covered
<b>Other Benefits</b>	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year
<b>Service Area</b>	<b>New York</b> Livingston, Monroe, Ontario, Seneca, Wayne, Yates	<b>New York</b> Livingston, Monroe, Ontario, Seneca, Wayne, Yates

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