



2025 Plans Compare

Selected State(s): New York; Selected Market(s): NY-Rochester Rural; Selected Counties: Steuben

Plan Name	AARP® Medicare Advantage from UHC NY-0018 (PPO)	AARP® Medicare Advantage from UHC NY-0006 (HMO-POS)
Plan ID	H3418-007-000	H3379-039-000
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 dental, OTC, vision, and fitness. Earn up to \$155* in healthy rewards. Great for members currently in H3418-007-000.
Premium	\$19	\$0
Medical Deductible	\$0 combined in and out-of-network	\$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	\$7,900	\$7,900
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 / \$25; No Referral Required
Inpatient Hospital	\$475 copay per day: days 1-5 \$0 per day after that for unlimited days	\$355 copay per day: days 1-5 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$425 copay / \$475 copay; \$0 for colonoscopies	\$305 copay / \$355 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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Telehealth	\$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.
Lab Services	\$0 copay	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$495 Tiers 3-5	\$0 Tiers 1 and 2 • \$340 Tiers 3-5
Rx Retail (30-day)	\$0/\$12/\$47/\$100/27% • Insulin: \$35	\$0/\$12/\$47/\$100/29% • Insulin: \$35
Rx Mail Order (100-day)	\$0/\$0/\$131 • Insulin: \$95	\$0/\$0/\$131 • Insulin: \$95
Dental	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available	\$2,000 towards covered services, most at \$0 copay; 50% for bridges and dentures
Eyewear	\$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
Hearing Aids	\$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
Fitness	Free gym membership	Free gym membership
OTC	\$50/quarter OTC credit	\$45/quarter OTC credit
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year
Service Area	New York Cayuga, Chemung, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Schuyler, Steuben, Tioga	New York Cayuga, Chemung, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Schuyler, Steuben, Tioga

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