

The UHC Medicare Advantage NY-0021 (Regional PPO) plan features a monthly premium of \$75 and an out-of-pocket maximum of \$8,900, with no annual medical deductible. In-network primary care visits are free of charge, while specialist visits require a \$40 copay. Virtual visits are also available at no cost, and preventive services, including routine physicals and vaccinations, are covered without a copay. Mental health services have varying copays, with group sessions costing \$15 and individual sessions \$25. Prescription drug coverage includes a \$0 deductible for Tiers 1-2 and a \$570 deductible for Tiers 3-5, with copays ranging from \$0 for preferred generics to 26% for specialty drugs. Dental benefits cover preventive services at no cost, with optional riders for additional coverage. Urgent care visits incur a \$45 copay, while emergency care costs \$110 per visit. Inpatient hospital care has a copay of \$425 per day for the first five days, with no copay thereafter. Additional services such as physical therapy and lab services have specified copays, and the plan provides access to a national network for care.

The plan also includes benefits for routine eye and hearing exams, eyewear, fitness programs, and meal delivery. Members receive one routine eye exam per year at no cost in-network, while out-of-network visits incur an \$80 copay. The plan covers up to \$200 annually for one pair of frames or contact lenses, with standard lenses fully covered. Routine hearing exams are similarly covered with a \$0 copay for one visit per year in-network and an \$80 copay for out-of-network visits. Hearing aids are available with copays ranging from \$99 to \$1,249 for up to two devices per year. Members can earn up to \$155 in rewards annually for wellness activities and have access to a fitness program with \$0 copay for Renew Active®, which includes gym memberships and online classes. Routine foot care is covered with a \$30 copay for up to six visits per year, and there is a meal benefit providing 28 home-delivered meals at no cost following hospitalization or skilled nursing facility stays.

The policy outlines specific conditions regarding prescription medications, stating that members who spend over \$2,000 on covered Part D drugs annually may opt for a Medicare Prescription Payment

Plan to manage costs. Out-of-network providers are not required to treat members except in emergencies, and costs for out-of-network services may vary. The plan notes that benefits, features, and devices may differ by area, and limitations and exclusions apply. Members receiving Extra Help from Medicare may have lower or no copays. The plan is insured through UnitedHealthcare Insurance Company, and enrollment is contingent upon the plan's contract renewal with Medicare.