

New York

2021 Medicare Advantage Plans

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

For final 2021 plan details, refer to the 2021 Summary of Benefits.

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● Current Footprint

2021 Medicare Advantage Service Area



State Landscape¹

Eligibles (as of May 2020)	3,956,128
Estimated Dual Eligibles ²	924,125
YOY Eligible Growth	3.8%
MA Penetration	40.5%
YOY MA Enrollment Growth	6.6%
UHC Market Share	25.5%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.
² UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 88,496 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H3379-001-000	AARP® Medicare Advantage Plan 2 (HMO)
H3307-002-000	AARP® Medicare Advantage Plan 1 (HMO)
<i>New York:</i> Bronx, Kings, New York, Queens, Richmond	
H3307-015-000	AARP® Medicare Advantage Prime (HMO)
<i>New York:</i> Kings, New York, Queens	

Market Landscape¹

Eligibles (as of May 2020)	2,053,747
YOY Eligible Growth	3.6%
MA Non-SNP Penetration	17.8%
YOY MA Non-SNP Enrollment Growth	4.7%
UHC Non-SNP Market Share	23.5%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

NEW YORK CITY

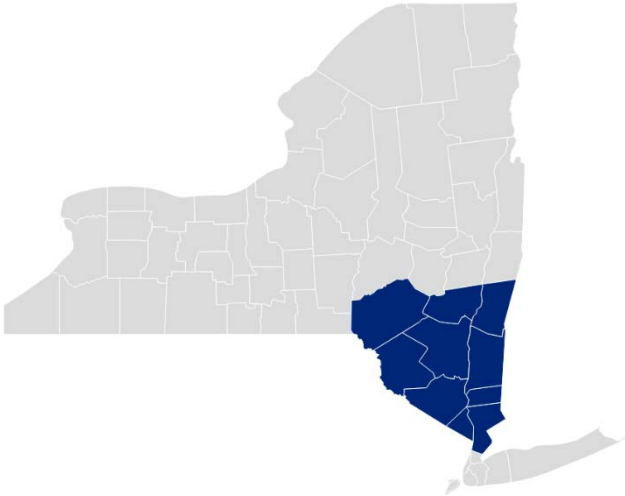


Plan Name	AARP® Medicare Advantage Prime (HMO)	AARP® Medicare Advantage Plan 2 (HMO)	AARP® Medicare Advantage Plan 1 (HMO)
Plan ID	H3307-015-000	H3379-001-000	H3307-002-000
Plan Highlights	\$0 premium with popular ancillaries	Mid premium plan for those shopping on value and lower out-of-pocket costs	Mid premium plan for those shopping on value and lower out-of-pocket costs
Premium	\$0	\$34	\$54
Medical Ded.	\$500	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$10 / \$40; No Referral Required	\$20 / \$50; No Referral Required	\$10 / \$50; No Referral Required
Inpatient Hospital	\$345 Days 1-5	\$390 Days 1-5	\$390 Days 1-5
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$390 / \$0 or \$390	\$0 or \$390 / \$0 or \$390
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$395 Tiers 3-5; \$3/\$12/\$47/\$100/25%	\$395 Tiers 3-5; \$3/\$12/\$47/\$100/25%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Not Covered	Renew Active Fitness Program
OTC	Not Covered	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
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R5342-001-000	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)
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All counties in state

H3307-025-000	AARP® Medicare Advantage (HMO)
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New York: Dutchess, Putnam, Sullivan, Ulster

H3307-023-000	AARP® Medicare Advantage Plan 2 (HMO)
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H3307-012-000	AARP® Medicare Advantage Plan 1 (HMO)
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New York: Orange, Rockland, Westchester

Market Landscape¹



Eligibles (as of May 2020)	520,932
YOY Eligible Growth	4.1%
MA Non-SNP Penetration	16.4%
YOY MA Non-SNP Enrollment Growth	9.8%
UHC Non-SNP Market Share	39.0%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

NEW YORK HUDSON VALLEY





Plan Name	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	AARP® Medicare Advantage (HMO)
Plan ID	R5342-001-000 	H3307-025-000 
Plan Highlights	Open access plan for those seeking statewide provider choice	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$16	\$0
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required	\$10 / \$50; No Referral Required
Inpatient Hospital	\$375 Days 1-5	\$465 Days 1-4
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$465 / \$0 or \$465
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$300 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$395 Tiers 3-5; \$3/\$12/\$47/\$100/25%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Not Covered
Fitness	Renew Active Fitness Program	Not Covered
OTC	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline

2021 PRODUCT BENEFIT GRID

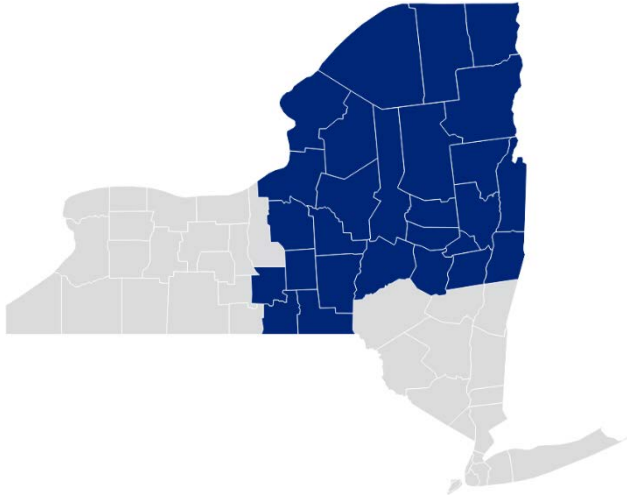
NEW YORK HUDSON VALLEY



Plan Name	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H3307-012-000 	H3307-023-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Higher premium plan with low out-of-pocket costs and rich ancillaries
Premium	\$0	\$75
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$20 / \$50; No Referral Required	\$10 / \$40; No Referral Required
Inpatient Hospital	\$390 Days 1-5	\$390 Days 1-5
ASC/Outpatient	\$0 or \$390 / \$0 or \$390	\$0 or \$390 / \$0 or \$390
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$395 Tiers 3-5; \$3/\$12/\$47/\$100/25%	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%
Dental	Not Covered; Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Not Covered	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Not Covered	Renew Active Fitness Program
OTC	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
R5342-001-000	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)
R5342-005-000	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)
All counties in state	
H3379-039-000	AARP® Medicare Advantage (HMO)
New York: Broome, Cayuga, Madison, Oneida, Onondaga	

Market Landscape¹




Eligibles (as of May 2020)	703,232
YOY Eligible Growth	4.9%
MA Non-SNP Penetration	28.6%
YOY MA Non-SNP Enrollment Growth	5.9%
UHC Non-SNP Market Share	19.6%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

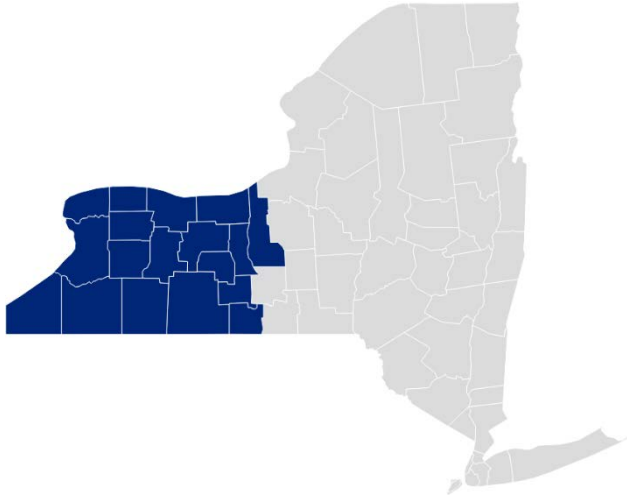
NEW YORK UPSTATE EAST



Plan Name	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	AARP® Medicare Advantage (HMO)	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)
Plan ID	R5342-001-000 	H3379-039-000 	R5342-005-000 
Plan Highlights	Open access plan for those seeking statewide provider choice	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Open access plan for those seeking statewide provider choice
Premium	\$16	\$0	\$46
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required	\$5 / \$40; No Referral Required	\$0 / \$40; No Referral Required
Inpatient Hospital	\$375 Days 1-5	\$385 Days 1-5	\$360 Days 1-5
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$360 / \$0 or \$360	\$0 or \$295 / \$0 or \$295
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$300 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$195 Tiers 3-5; \$3/\$12/\$47/\$100/29%	\$275 Tiers 3-5; \$3/\$12/\$47/\$100/28%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
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R5342-001-000	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)
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All counties in state

H3379-040-000	AARP® Medicare Advantage (HMO)
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New York: Erie, Genesee, Niagara, Orleans, Wyoming

H3379-041-000	AARP® Medicare Advantage (HMO)
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New York: Monroe, Wayne

Market Landscape¹

Eligibles (as of May 2020)	678,217
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YOY Eligible Growth	3.2%
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MA Non-SNP Penetration	41.8%
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YOY MA Non-SNP Enrollment Growth	4.2%
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UHC Non-SNP Market Share	19.6%
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¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

NEW YORK UPSTATE WEST

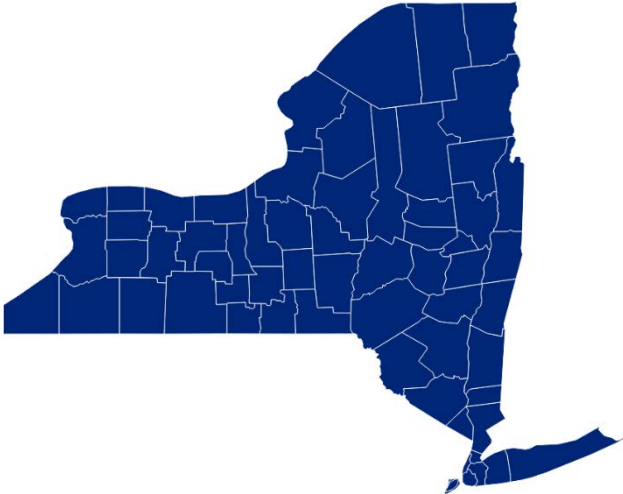


Plan Name	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	AARP® Medicare Advantage (HMO)	AARP® Medicare Advantage (HMO)
Plan ID	R5342-001-000 	H3379-040-000 	H3379-041-000 
Plan Highlights	Open access plan for those seeking statewide provider choice	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$16	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required	\$5 / \$35; No Referral Required	\$15 / \$50; No Referral Required
Inpatient Hospital	\$375 Days 1-5	\$350 Days 1-5	\$390 Days 1-5
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$350 / \$0 or \$350	\$0 or \$390 / \$0 or \$390
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$300 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$250 Tiers 3-5; \$3/\$12/\$47/\$100/28%	\$395 Tiers 3-5; \$3/\$12/\$47/\$100/25%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$40/quarter catalog	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
R5342-005-000	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)
R5342-001-000	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)
R5342-006-000	UnitedHealthcare® Medicare Advantage Choice Plan 4 (Regional PPO)

All counties in state

Market Landscape¹




Eligibles (as of May 2020)	3,956,128
YOY Eligible Growth	3.8%
MA Non-SNP Penetration	23.6%
YOY MA Non-SNP Enrollment Growth	5.3%
UHC Non-SNP Market Share	22.9%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

NEW YORK RPPO

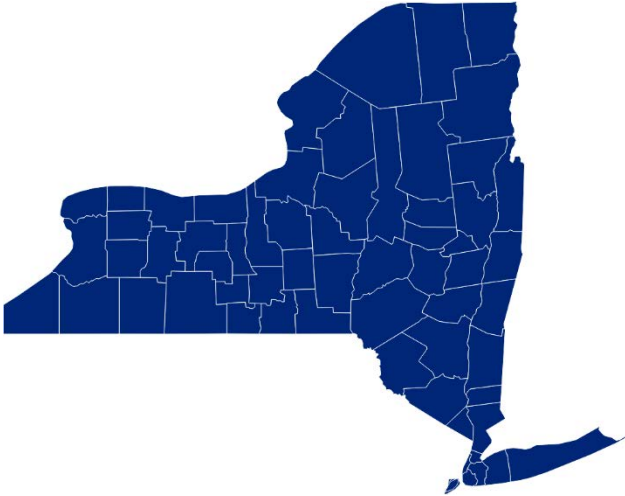


Plan Name	UnitedHealthcare® Medicare Advantage Choice Plan 1 (Regional PPO)	UnitedHealthcare® Medicare Advantage Choice Plan 3 (Regional PPO)	UnitedHealthcare® Medicare Advantage Choice Plan 4 (Regional PPO)
Plan ID	R5342-001-000 	R5342-005-000 	R5342-006-000 
Plan Highlights	Open access plan for those seeking statewide provider choice	Open access plan for those seeking statewide provider choice	Open access plan for those seeking statewide provider choice
Premium	\$16	\$46	\$84
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$40; No Referral Required	\$0 / \$30; No Referral Required
Inpatient Hospital	\$375 Days 1-5	\$360 Days 1-5	\$315 Days 1-5
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$295 / \$0 or \$295	\$0 or \$295 / \$0 or \$295
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$300 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$275 Tiers 3-5; \$3/\$12/\$47/\$100/28%	\$150 Tiers 3-5; \$3/\$12/\$47/\$100/30%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
R5342-002-000	UnitedHealthcare® Medicare Advantage Patriot (Regional PPO)
All counties in state	
H3307-018-000	AARP® Medicare Advantage Patriot (HMO)
New York: Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, Westchester	

Market Landscape¹

Eligibles (as of May 2020)	3,956,128
YOY Eligible Growth	3.8%
MA Non-SNP Penetration	23.6%
YOY MA Non-SNP Enrollment Growth	5.3%
UHC Non-SNP Market Share	22.9%

¹ May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

2021 PRODUCT BENEFIT GRID

NEW YORK MA ONLY

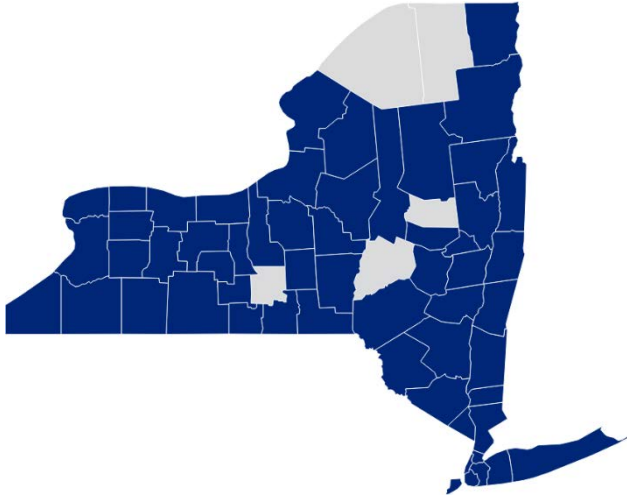


Plan Name	AARP® Medicare Advantage Patriot (HMO)	UnitedHealthcare® Medicare Advantage Patriot (Regional PPO)
Plan ID	H3307-018-000 	R5342-002-000 
Plan Highlights	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$20 / \$40; No Referral Required	\$0 / \$25; No Referral Required
Inpatient Hospital	\$345 Days 1-5	\$345 Days 1-4
ASC/Outpatient	\$0 or \$320 / \$0 or \$320	\$0 or \$250 / \$0 or \$250
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	Not Covered	Not Covered
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$195/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H3387-013-000	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)
<i>New York:</i> Erie, Genesee, Monroe, Niagara, Orleans, Wyoming	
H3387-010-000	UnitedHealthcare Dual Complete® (HMO D-SNP)
<i>New York:</i> Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	

Market Landscape¹

Est. Dual Eligibles	924,125
D-SNP Enrollees	351,811
D-SNP Penetration (All Plans)	38.1%
Total UHC D-SNP Enrollees	107,143
UHC D-SNP Market Share	38.1%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 88,496 partial duals who may or may not be eligible).

2021 PRODUCT BENEFIT GRID

NEW YORK DUAL



NEW PLAN

Plan Name	UnitedHealthcare Dual Complete® (HMO D-SNP)	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)
Plan ID	H3387-010-000 \$0 Rx	H3387-013-000 \$0 Rx
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+	Full: FBDE, QMB+, SLMB+
Premium	\$0	\$0
Acupuncture	\$0, 12 visits per year	Not Covered
Chiro	\$0, 6 visits per year	Not Covered
Dental	\$1,000 Dental Level 4 (no cost sharing)	Not Covered
Eyewear	Up to \$200 per year	Not Covered
Fitness	Renew Active Fitness Program	Not Covered
Foot Care	\$0, 4 visits per year	Not Covered
Hearing Aid	\$2,000 allowance for hearing aids every 2 years	Not Covered
Meal Program	\$0, Up to 42 meals for 14 days, one time per year	Not Covered
Healthy Foods	\$30 per month food allowance, amount expires monthly	Not Covered
OTC	\$300/quarter debit card	Not Covered
PERS	\$0	Not Covered
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical Visits
Transportation	Not Covered	Not Covered
Other Benefits	Nurseline	Nurseline

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