

2024 MEDICARE ADVANTAGE PLANS BENEFITS AT A GLANCE



Review & enroll in your Medicare benefits during
Medicare Open Enrollment
November 6 – December 8, 2023

To Enroll, contact Aetna or UHC directly

Aetna: 314-920-7962

UHC: 877-714-0178

For Additional Plan Options, Contact

BenManage:

314-262-7088, Option 3

This summary provides a brief overview of the Medicare Advantage Plans with Aetna and UHC. **Please note: if you do not wish to make any changes for 2024, you do not need to take action.**

BENEFIT	COVERAGE OPTIONS & DETAILS
2024 MEDICARE ADVANTAGE PLANS – AETNA & UHC	<p>Aetna Medicare Advantage Plan Options</p> <p>PPO Plan – \$500 deductible and \$3,400 out-of-pocket maximum; Aetna National PPO Network.</p> <p>Street HMO Plan – \$0 deductible and \$2,800 out-of-pocket maximum; Aetna Medicare HMO Network.</p> <p>Enhanced HMO Plan – \$0 deductible and \$1,200 out-of-pocket maximum; Aetna Medicare HMO Network.</p> <p>UHC Medicare Advantage Plan Options</p> <p>Advantage PPO Plan #12875– \$0 deductible and \$4,000 out-of-pocket maximum; UHC LPPO Network.</p> <p>Advantage PPO Plan #12876– \$0 deductible and \$4,500 out-of-pocket maximum; UHC LPPO Network.</p> <p>Advantage Nationwide PPO – \$0 deductible and \$3,400 out-of-pocket maximum. UHC NPPO Network.</p> <p>No plan design changes for 2024! Please see second page for updated monthly rates.</p>

This 2024 Benefits at a Glance is an overview of benefits effective from January 1, 2024, through December 31, 2024, and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

AETNA MEDICARE ADVANTAGE PLANS

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. The plan summaries below are for **January 1, 2024-December 31, 2024**.

	Aetna ESA PPO	Aetna Street HMO	Aetna Enhanced HMO
2024 Monthly Premium	\$14	\$14	\$250.50
Network	Aetna National PPO	Aetna Medicare HMO	Aetna Medicare HMO
Deductible	\$500	None	None
Annual Out-of- Pocket Maximum	\$3,400	\$2,800	\$1,200
Office Visit			
Primary	\$0 per visit	\$5 per visit	\$10 per visit
Specialist	\$25 per visit	\$40 per visit	\$20 per visit
Routine Vision	\$0 per visit	\$0 per visit	\$20 per visit
Inpatient Treatment	\$200/day (days 1-5) \$0 unlimited addtl days	\$275/day (days 1-5) \$0 unlimited addtl days	\$150/day (days 1-3) \$0 unlimited addtl days
Emergency Room	\$120	\$90	\$50
Urgent Care	\$25	\$65	\$25
Skilled Nursing Facility	\$20/day (days 1-20) \$178/day (days 21-100)	\$20/day (days 1-20) \$178/day (days 21-100)	\$0/day (days 1-20) \$25/day (days 21-40) \$0/day (days 41-100)
Outpatient Surgery	\$150 per visit	\$275 per visit	\$250 per visit
Laboratory Services	\$0	\$0	\$0
Diagnostic X- Rays/Tests	20%	20%	20%
Durable Medical Equipment	20%	20%	20%
Vision (contacts, eye glasses, lens)	\$265 reimbursements every 12 months	\$250 reimbursement every 12 months	\$100 reimbursement every 24 months
Hearing Aid	\$2,500 reimbursement every 12 months	\$1,000 reimbursement every 12 months	\$375 reimbursement every 36 months
Dental*	\$1,000 annual benefit \$0 Deductible 100% Preventative 50% Basic & Major	\$1,000 annual benefit \$0 Deductible 100% Preventative 50% Basic & Major	\$750 annual benefit \$0 Deductible 100% Preventative
Prescription Drugs Retail 30-day supply			
Preferred Generic	\$15†	\$15†	N/A
Generic	\$20†	\$20†	\$0
Preferred Brand	\$47	\$47	\$25
Non-Preferred	\$100	\$100	\$55
Specialty	33%	33%	25%

†\$0 at Aetna Preferred Pharmacies

*Must use in-network PPO Aetna Dental Provider

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UHC MEDICARE ADVANTAGE PLANS

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. The plan summaries below are for **January 1, 2024-December 31, 2024**.

	UHC Medicare Advantage LPPO Plan #12875*	UHC Medicare Advantage LPPO Plan #12876*	UHC Medicare Advantage Nationwide PPO**
2024 Monthly Premium	\$0	\$0	Tier 1 - \$50 Tier 2 - \$110 Tier 3 - \$195
Network	LPPO	LPPO	NPPO
Deductible	None	None	None
Annual Out-of-Pocket Maximum	\$4,000	\$4,500	\$3,400
Office Visit			
Primary	\$5 per visit	\$5 per visit	\$20 per visit
Specialist	\$25 per visit	\$30 per visit	\$50 per visit
Routine Vision	\$35 per visit	\$40 per visit	\$50 per visit
Inpatient Treatment	\$200/day (days 1-8) \$0/day (9+ days)	\$275/day (days 1-6) \$0/day (7+ days)	\$350/day (days 1-6) \$170/day (days 7-10) \$0 copay (days 11+)
Emergency Room	\$90	\$90	\$120
Urgent Care	\$35	\$35	\$65
Skilled Nursing Facility	\$0/day (days 1-20) \$100/day (days 21-100)	\$0/day (days 1-20) \$196/day (days 21-100)	\$0/day (days 1-20) \$188/day (days 21-39) \$0/day (days 40 - 100)
Outpatient Surgery	\$200 per visit	20% Coinsurance	\$500
Laboratory Services	\$0	\$0	\$0
Diagnostic X- Rays/Tests	5%	10%	\$60
Durable Medical Equipment	5%	20%	\$65
Prescription Drugs			
Retail 30-day supply			
Preferred Generic	\$15	\$15	\$15
Generic	\$15	\$15	\$15
Preferred Brand	\$47	\$47	\$47
Non-Preferred	\$100	\$100	\$100
Specialty	\$100	\$100	\$100

* Plan enrollment determined by which county member resides in. To confirm, contact UHC.

**UHC NPPO Plan – Tier 1 states include: AL, AR, CO, D.C., FL, IN, KS, LA, MI, MO, MS, MT, NV, NC, NM, OH, OK, PA, RI, SC, TN, UT, VA, WI

**UHC NPPO Plan – Tier 2 states include: AZ, DE, GA, ID, IA, KY, MN, NE, ND, OR, TX, WA, WV

**UHC NPPO Plan – Tier 3 states include: AK, CA, CT, HI, IL, ME, MD, MA, NH, NJ, NY, SD, VT, WY

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