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Your Plan Comparison

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Click the tabs below for more detailed information about the plan health benefits, drug costs and coverage and plan ratings.

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Zip Code: 06412
 Current Coverage: Unknown
 Current Subsidy: No Extra Help [?]

[Important Coverage Information](#)

Symbols

Some Dental Coverage Some Vision Coverage Some Hearing Coverage

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UnitedHealthcare MedicareComplete Plan 1 (HMO)

(H0755-030) Plan Type: HMO
 Organization: UnitedHealthcare

Members: 1-800-711-0646

Non Members: 1-866-329-1675

Coverage: Provides health and drug coverage



UnitedHealthcare MedicareComplete Plan 2 (HMO)

(H0755-031) Plan Type: HMO
 Organization: UnitedHealthcare

Members: 1-800-711-0646

Non Members: 1-866-329-1675

Coverage: Provides health and drug coverage



AARP MedicareComplete Choice (Regional PPO)

(R7444-001) Plan Type: Preferred Provider Organization
 Organization: UnitedHealthcare

Members: 1-800-643-4845

Non Members: 1-800-547-5514

Coverage: Provides health and drug coverage



Costs and Other Important Information

	View More Detailed Cost & Benefit Information	View More Detailed Cost & Benefit Information	View More Detailed Cost & Benefit Information
Monthly Health Plan Premium	\$85.10	Monthly Health Plan Premium \$0.00	Monthly Health Plan Premium \$7.90
Monthly Drug Plan Premium	\$35.90	Monthly Drug Plan Premium \$0.00	Monthly Drug Plan Premium \$12.10
Health Plan Deductible	\$0	Health Plan Deductible \$0	Health Plan Deductible \$0
Other Deductibles?	No	Other Deductibles? No	Other Deductibles? No
Out-of-Pocket Spending Limit [?]	\$3,400 In-Network	Out-of-Pocket Spending Limit [?] \$5,600 In-Network	Out-of-Pocket Spending Limit [?] \$6,700 In-Network \$10,000 In and Out-of-Network
Prescription Drugs Covered?	Yes	Prescription Drugs Covered? Yes	Prescription Drugs Covered? Yes
Choice of Doctors?	Plan Doctors Only	Choice of Doctors? Plan Doctors Only	Choice of Doctors? Any Doctor
Zero cost share Preventive Services?		Zero cost share Preventive Services?	Zero cost share Preventive Services?

Optional Supplemental Benefits? Yes

Optional Supplemental Benefits? Yes

Optional Supplemental Benefits? Yes

 Benefits

View More Detailed Cost & Benefit Information	View More Detailed Cost & Benefit Information	View More Detailed Cost & Benefit Information
<p>Doctor Office Visits</p> <p>In Network: \$10 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Doctor Office Visits</p> <p>In Network: \$15 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Doctor Office Visits</p> <p>In Network: \$20 maximum per visit</p> <p>Out of Network: 30% maximum per visit</p>
<p>Specialist Office Visit</p> <p>In Network: \$20 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Specialist Office Visit</p> <p>In Network: \$35 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Specialist Office Visit</p> <p>In Network: \$45 maximum per visit</p> <p>Out of Network: 30% maximum per visit</p>
<p>Outpatient Services/Surgery</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Outpatient Services/Surgery</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Outpatient Services/Surgery</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: 30% maximum per visit</p>
<p>Emergency Care</p> <p>In Network: \$65 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Emergency Care</p> <p>In Network: \$65 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Emergency Care</p> <p>In Network: \$65 maximum per visit</p> <p>Out of Network: Not Applicable</p>
<p>Ambulance Services</p> <p>In Network: \$200 maximum</p> <p>Out of Network: Not Applicable</p>	<p>Ambulance Services</p> <p>In Network: \$250 maximum</p> <p>Out of Network: Not Applicable</p>	<p>Ambulance Services</p> <p>In Network: \$200 maximum</p> <p>Out of Network: \$200 maximum</p>
<p>Kidney Disease and Conditions</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Kidney Disease and Conditions</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Kidney Disease and Conditions</p> <p>In Network: 20% maximum per visit</p> <p>Out of Network: 20% maximum per visit</p>
<p>Home Health Care</p> <p>In Network: \$0 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Home Health Care</p> <p>In Network: \$0 maximum per visit</p> <p>Out of Network: Not Applicable</p>	<p>Home Health Care</p> <p>In Network: \$0 maximum per visit</p> <p>Out of Network: 30% maximum per visit</p>
<p>Durable Medical Equipment</p> <p>In Network: 20% maximum per item</p> <p>Out of Network: Not Applicable</p>	<p>Durable Medical Equipment</p> <p>In Network: 20% maximum per item</p> <p>Out of Network: Not Applicable</p>	<p>Durable Medical Equipment</p> <p>In Network: 20% maximum per item</p> <p>Out of Network: 50% maximum per item</p>
<p>Inpatient Hospital Care</p> <p>In Network: Days 1-10: \$175 copay per day Days 11-90: \$0 copay per day</p> <p>Out of Network: Not Applicable</p>	<p>Inpatient Hospital Care</p> <p>In Network: Days 1-5: \$295 copay per day Days 6-90: \$0 copay per day</p> <p>Out of Network: Not Applicable</p>	<p>Inpatient Hospital Care</p> <p>In Network: Days 1-4: \$400 copay per day Days 5-90: \$0 copay per day</p> <p>Out of Network: 30%</p>
<p>Skilled Nursing Facility (SNF)</p> <p>In Network: Days 1-20: \$25 copay per day Days 21-49: \$100 copay per day Days 50-100: \$0 copay per day</p>	<p>Skilled Nursing Facility (SNF)</p> <p>In Network: Days 1-20: \$50 copay per day Days 21-66: \$100 copay per day Days 67-100: \$0 copay per day</p>	<p>Skilled Nursing Facility (SNF)</p> <p>In Network: Days 1-20: \$50 copay per day Days 21-66: \$125 copay per day Days 67-100: \$0 copay per day</p>

Out of Network: Not Applicable	Out of Network: Not Applicable	Out of Network: 30%
Inpatient Mental Health Care In Network: Days 1-10: \$175 copay per day Days 11-90: \$0 copay per day Out of Network: Not Applicable	Inpatient Mental Health Care In Network: Days 1-4: \$295 copay per day Days 5-90: \$0 copay per day Out of Network: Not Applicable	Inpatient Mental Health Care In Network: Days 1-3: \$400 copay per day Days 4-90: \$0 copay per day Out of Network: 30%

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