

# Benefit Highlights

## AARP® Medicare Advantage from UHC IA-0003 (PPO)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

<b>Monthly plan premium</b>	\$0
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### Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-network	Out-of-network
<b>Annual Medical Deductible</b>	\$1,250 combined in and out-of-network	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$3,800 In-network	\$5,750 combined in and out-of-network
<b>Doctor's office visit</b>		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$40 copay (no referral needed)	\$40 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	\$0 copay	\$0 copay
<b>Inpatient hospital care</b>	\$250 copay per day: days 1-6 \$0 copay per day: days 7 and beyond	\$250 copay per day: days 1-6 \$0 copay per day: days 7 and beyond
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-26 \$0 copay per day: days 27-100

Medical benefits		
	In-network	Out-of-network
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$250 copay	\$250 copay
<b>Outpatient mental health</b>		
Group therapy	\$0 copay	\$0 copay
Individual therapy	\$0 copay	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	50% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$145 copay	\$145 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$30 copay	\$30 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 copay
<b>Ambulance</b>	\$150 copay for ground or air	\$150 copay for ground or air
<b>Emergency care</b>	\$135 copay (\$0 copay for emergency care outside the United States) per visit	
<b>Urgently needed services</b>	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	
Benefits and services beyond Original Medicare		
	In-network	Out-of-network
<b>Routine physical</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$300 every 2 years toward your purchase of frames (with standard lenses covered in full) or contact lenses	

## Benefits and services beyond Original Medicare

	In-network	Out-of-network
	(fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.*	
	Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.	
<b>Dental - preventive</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
<b>Hearing - routine exam</b>	\$0 copay, 1 per year*	\$40 copay, 1 per year*
<b>Hearing aids</b>	\$99 to \$1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.*  Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
<b>Fitness program</b>	\$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.	
<b>Personal emergency response system</b>	\$0 copay for a personal emergency response system (PERS)	
<b>Foot care - routine</b>	\$40 copay, 6 visits per year*	\$40 copay, 6 visits per year*
<b>Over-the-counter (OTC) credit</b>	\$50 credit every quarter to buy covered OTC products	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Nurse Hotline</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

\*Benefits are combined in and out-of-network

## Prescription drug payment stages

<b>Annual Prescription Deductible</b>	\$0 for Part D prescription drugs
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## Prescription drug payment stages

Initial Coverage	Standard Retail (30-day supply)	Preferred Mail Order (100-day supply)
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic<sup>1</sup></b>	\$10 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$131 copay
<b>Tier 3: Covered Insulin Drugs</b>	\$35 copay	\$95 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$290 copay
<b>Tier 5: Specialty Tier</b>	33% coinsurance	N/A <sup>3</sup>
<b>Coverage Gap (Donut hole)</b>	After your total drug cost reaches \$5,030, the plan continues to pay its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
<b>Catastrophic Coverage</b>	After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>3</sup> Limited to a 30-day supply

**Optional riders available – See the Summary of Benefits or Evidence of Coverage for information**



This information is not a complete description of benefits. Contact the plan for more information.

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