

2027 Medicare Advantage plan information

	AARP® Medicare Advantage from UHC WI-0011 (HMO-POS)	AARP® Medicare Advantage from UHC WI-0014 (HMO-POS)	UHC Complete Care WI-1 (PPO C-SNP)	AARP® Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)
	H5253-011-000	H5253-034-000	H0294-002-000 Must be diagnosed with diabetes, chronic heart failure and/ or a cardiovascular disorder.	H5253-021-000
Plan Benefits				
Monthly plan premium*	\$69	\$0	\$0	\$0
Monthly Medicare Part B premium giveback	Not included	Not included	Not included	Up to \$105
Annual medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$4,450	\$7,150	\$7,150	\$7,150
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$50 copay	\$75 copay	\$65 copay	\$65 copay
Specialist referral required?	Yes	Yes	No	Yes
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$550 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$685 copay per day for Days 1-4; \$0 copay per day for unlimited days after that	\$685 copay per day for Days 1-4; \$0 copay per day for unlimited days after that	\$670 copay per day for Days 1-4; \$0 copay per day for unlimited days after that
Outpatient surgery	\$550 copay	\$685 copay	\$685 copay	\$670 copay
Ambulatory surgical center	\$450 copay	\$585 copay	\$585 copay	\$570 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Urgent care	\$65 copay	\$50 copay	\$50 copay	\$50 copay
Emergency care	\$150 copay	\$130 copay	\$130 copay	\$130 copay
Ambulance	\$325 copay for ground or air	\$350 copay for ground or air	\$370 copay for ground or air	\$350 copay for ground or air
Outpatient X-rays	\$25 copay	\$30 copay	\$25 copay	\$30 copay
Diagnostic tests and procedures	\$5 copay	\$25 copay	\$5 copay	\$50 copay
Diagnostic radiology services	\$0 copay - \$320 copay	\$0 copay - \$320 copay	\$0 copay - \$285 copay	\$0 copay - \$320 copay
Prescription Drugs – Standard Retail (30 Day); Mail Order (100 Day)**				
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	No coverage
Tier 2 – Generic drugs	30 day: \$5 copay; 100 day: \$0 copay	30 day: \$6 copay; 100 day: \$0 copay	30 day: \$4 copay; 100 day: \$0 copay	No coverage
Tier 3 – Preferred brand drugs	30 day: 22% of the cost; 100 day: 22% of the cost	30 day: 21% of the cost; 100 day: 21% of the cost	30 day: 22% of the cost; 100 day: 22% of the cost	No coverage
Tier 4 – Non-preferred drugs	30 day: 27% of the cost	30 day: 27% of the cost	30 day: 32% of the cost	No coverage
Tier 5 – Specialty tier drugs	30 day: 26% of the cost	30 day: 26% of the cost	30 day: 26% of the cost	No coverage
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	No coverage

See reverse for additional details. Ask for a plan's Plan Highlights if you'd like to see a full explanation of copayments or coinsurance.

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Extra Benefits and Features				
 Dental benefits	\$1,500 dental allowance for covered preventive and comprehensive services	\$0 copay for covered preventive dental services	\$0 copay for covered preventive dental services	\$1,500 dental allowance for covered preventive and comprehensive services
 OTC credit	\$25 credit every quarter for OTC products	Not included	\$42 credit every month for OTC, plus healthy food for qualifying members	\$55 credit every quarter for OTC products
 Routine vision benefits	\$200 eyewear allowance and \$0 copay routine eye exam	\$0 copay for eye exam plus eyewear discount	\$200 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam
 Fitness benefit	Free gym membership at premium locations	Not included	Not included	Free gym membership at premium locations
 Optional dental coverage	Not included	\$1,500 in optional dental benefits for covered preventive and comprehensive services	\$1,500 in optional dental benefits for covered preventive and comprehensive services	Not included
 Network	Medicare National Network access	Medicare National Network access	No referrals and freedom to see any provider who accepts Medicare	Medicare National Network access

The plans listed on this document are available in the following counties:

AARP® Medicare Advantage from UHC WI-0011 (HMO-POS) H5253-011-000

Adams, Brown, Calumet, Florence, Fond du Lac, Forest, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Outagamie, Shawano, Sheboygan, Waupaca, Winnebago

AARP® Medicare Advantage from UHC WI-0014 (HMO-POS) H5253-034-000

Adams, Brown, Calumet, Florence, Fond du Lac, Forest, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Outagamie, Shawano, Sheboygan, Waupaca, Winnebago

UHC Complete Care WI-1 (PPO C-SNP) H0294-002-000

Adams, Brown, Calumet, Columbia, Dane, Florence, Fond du Lac, Forest, Grant, Green, Iowa, Jefferson, Kewaunee, Lafayette, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago

AARP® Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS) H5253-021-000

Brown, Calumet, Florence, Fond du Lac, Forest, Grant, Green, Jefferson, Kewaunee, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago, Wood

Get help finding the right plan for you. Call today.

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. You can see any provider who accepts Medicare and your plan but costs may be lower with a network provider. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage (EOC) for more information, including the cost-sharing that applies to out-of-network services.

If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. "The most you may pay in a year for medical care covered by the plan. " 100-day supplies may not be available for all medications, refer to your Evidence of Coverage for more information. The Giveback benefit is a reduction on your Medicare Part B premium. Out-of-pocket maximum excludes premiums, prescription costs and non-Medicare covered benefits. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. A 50% coinsurance may apply to covered comprehensive dental services. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. Annual routine eye exam and an allowance for contacts or 1 pair of eyeglasses (lenses and frames) every year or every 2 years. Review your Evidence of Coverage (EOC) for more information. The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Network size varies by local market and exclusions may apply. Referrals are not needed when you travel and see providers in the UnitedHealthcare Medicare National Network, but referrals may be needed within your local network. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these discounts may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party discount offers is subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties. Additional authorizations may be required to access discount programs. A 50% coinsurance applies to covered comprehensive dental services. OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. This information is not a complete description of benefits. Call 1-855-277-4716, TTY 711 for more information.