








2025 Medicare Advantage plans information

	AARP® Medicare Advantage from UHC WI-0002 (PPO)	AARP® Medicare Advantage from UHC WI-0007 (PPO)
	H0294-004-000	H0294-016-000
	This plan has predictable medical and prescription drug costs.	This plan has predictable medical and prescription drug costs.
Plan Benefits		
Monthly plan premium*	\$55	\$36
Annual medical deductible	\$0	\$0
Annual out-of-pocket maximum**	\$6,700	\$6,700
Primary care provider visit	\$0 copay	\$0 copay
Specialist visit	\$50 copay	\$45 copay
Specialist referral required?	No	No
Inpatient hospital care	\$375 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$395 copay per day for Days 1-6; \$0 copay per day for unlimited days after that
Emergency care	\$125 copay (\$0 copay when outside of the United States)	\$125 copay (\$0 copay when outside of the United States)
Prescription Drugs – Standard Retail (30 day); Preferred 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
Tier 2 – Generic drugs	30 day: \$14 copay; 100 day: \$0 copay	30 day: \$10 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay; 100 day: \$131 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay	30 day: \$100 copay
Tier 5 – Specialty tier drugs	30 day: 27% coinsurance	30 day: 28% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$495 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5

See reverse for additional details. Ask for a plan’s Enrollment Guide if you’d like to see a full explanation of copayments or coinsurance.

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Extra Benefits and Features		
 Dental benefits	\$0 copay for network dental such as exams, x-rays and routine cleanings	\$0 copay for network dental such as exams, x-rays and routine cleanings
 Routine vision benefits	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 Fitness benefit	Free gym membership	Free gym membership
 Network	Freedom to see any provider who accepts Medicare and no referrals needed	Freedom to see any provider who accepts Medicare and no referrals needed
 UnitedHealthcare® Member Rewards	Rewards for physical activity, an annual wellness visit and more	Rewards for physical activity, an annual wellness visit and more
 Lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services
 Optional dental coverage	\$1,500 in optional dental coverage on preventive and comprehensive services	\$1,500 in optional dental coverage on preventive and comprehensive services

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

AARP® Medicare Advantage from UHC WI-0002 (PPO) H0294-004-000
Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

AARP® Medicare Advantage from UHC WI-0007 (PPO) H0294-016-000
Columbia, Dane, Grant, Green, Iowa, Jefferson, Lafayette, Rock, Sauk, Walworth

Get help finding the right plan for you. Call 1-855-656-9528, TTY 711.

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. You can see any doctor who accepts Medicare and your plan but costs may be lower with a network doctor. 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 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. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. There may be other pharmacies in our network. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. 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. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Annual routine eye exam and \$100-500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 United HealthCare Services, Inc. All Rights Reserved.