AARP® | Medicare Advantage from UnitedHealthcare®

2026 Medicare Advantage plan information

	AARP® Medicare Advantage from UHC WI-0012 (HMO-POS)	AARP® Medicare Advantage from UHC WI-0017 (HMO-POS)
	H5253-030-000	H5253-097-000
Plan Benefits		
Monthly plan premium*	**$44**	**$0**
Annual medical deductible	**$0**	**$0**
Annual out-of-pocket maximum**	**$4,900**	**$6,700**
Primary care provider visit	$0 copay	$0 copay
Specialist visit	$45 copay	$55 copay
Specialist referral required?	Yes	Yes
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$395 copay per day for Days 1-7; $0 copay per day for unlimited days after that	$455 copay per day for Days 1-6; $0 copay per day for unlimited days after that
Outpatient surgery	$395 copay	$455 copay
Ambulatory surgical center	$295 copay	$355 copay
Lab services	$0 copay	$0 copay
Urgent care	$50 copay	$50 copay
Emergency care	$130 copay ($0 copay when outside of the United States)	$130 copay ($0 copay when outside of the United States)
Ambulance	$290 copay for ground or air	$290 copay for ground or air
Outpatient X-rays	$30 copay	$30 copay
Diagnostic tests and procedures	$50 copay	$50 copay
Diagnostic radiology services	$0 copay - $260 copay	$0 copay - $260 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
Tier 2 – Generic drugs	30 day: $12 copay; 100 day: $0 copay	30 day: $14 copay; 100 day: $0 copay
Tier 3 – Preferred brand drugs	30 day: 17% coinsurance; 100 day: 17% coinsurance	30 day: 15% coinsurance; 100 day: 15% coinsurance
Tier 4 – Non-preferred drugs	30 day: 40% coinsurance	30 day: 39% coinsurance
Tier 5 – Specialty tier drugs	30 day: 28% coinsurance	30 day: 27% coinsurance
Annual prescription deductible	$0 deductible for Tiers 1 and 2; $440 deductible for Tiers 3, 4 and 5	$0 deductible for Tiers 1 and 2; $520 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	$1,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns	$0 copay for network dental like exams, x-rays, routine cleanings and fluoride
OTC benefit	$25 credit every quarter for OTC products in-store or online	$25 credit every quarter for OTC products in-store or online
Optional dental coverage	Not included	$1,500 in optional dental coverage on preventive and comprehensive services

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.

*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. 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. A 50% coinsurance applies to covered dental comprehensive 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. A 50% coinsurance applies to covered dental comprehensive 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.

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