

2026 Medicare Advantage plan information

	AARP® Medicare Advantage from UHC WI-0010 (HMO-POS)	AARP® Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	AARP® Medicare Advantage Extras from UHC WI-19 (HMO-POS) New
	H5253-004-000	H5253-033-000	H5253-199-000
Plan Benefits			
Monthly plan premium*	\$44	\$0	\$0
Annual medical deductible	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,800	\$4,900	\$6,700
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$45 copay	\$55 copay
Specialist referral required?	Yes	Yes	Yes
Preventive services	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$375 copay per day for Days 1-6; \$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	\$550 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
Outpatient surgery	\$375 copay	\$455 copay	\$550 copay
Ambulatory surgical center	\$275 copay	\$355 copay	\$450 copay
Lab services	\$0 copay	\$0 copay	\$0 copay
Urgent care	\$65 copay	\$50 copay	\$50 copay
Emergency care	\$150 copay (\$0 copay when outside of the United States)	\$130 copay (\$0 copay when outside of the United States)	\$130 copay (\$0 copay when outside of the United States)
Ambulance	\$275 copay for ground or air	\$275 copay for ground or air	\$275 copay for ground or air
Outpatient X-rays	\$30 copay	\$30 copay	\$30 copay
Diagnostic tests and procedures	\$50 copay	\$50 copay	\$50 copay
Diagnostic radiology services	\$0 copay - \$260 copay	\$0 copay - \$240 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	30 day: \$0 copay; 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$5 copay; 100 day: \$0 copay	30 day: \$12 copay; 100 day: \$0 copay	30 day: \$12 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: 19% coinsurance; 100 day: 19% coinsurance	30 day: 15% coinsurance; 100 day: 15% coinsurance	30 day: 15% coinsurance; 100 day: 15% coinsurance
Tier 4 – Non-preferred drugs	30 day: 42% coinsurance	30 day: 39% coinsurance	30 day: 37% coinsurance
Tier 5 – Specialty tier drugs	30 day: 28% coinsurance	30 day: 27% coinsurance	30 day: 26% 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	\$0 deductible for Tiers 1 and 2; \$600 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	\$3,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns	\$1,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns	\$3,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns
 OTC benefit	\$50 credit every quarter for OTC products in-store or online	Not included	\$60 credit every quarter for OTC products in-store or online
 Network	PCP-guided care plus access to our Medicare National Network	PCP-guided care plus access to our Medicare National Network	PCP-guided care plus access to our Medicare National Network

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

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