

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;	30 day: \$0 copay;	30 day: \$0 copay;
	100 day: \$0 copay	100 day: \$0 copay	100 day: \$0 copay
Tier 2 - Generic drugs	30 day: \$5 copay;	30 day: \$12 copay;	30 day: \$12 copay;
	100 day: \$0 copay	100 day: \$0 copay	100 day: \$0 copay
Tier 3 - Preferred brand drugs	30 day: 19% coinsurance;	30 day: 15% coinsurance;	30 day: 15% coinsurance;
	100 day: 19% coinsurance	100 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					
\square	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	
\bigcirc	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.

Susan Montgomery Licensed Sales Agent **262-227-0624**, TTY **711** sm@ins-mm.com

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. 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. 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. OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.

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