

Benefit Highlights

AARP® Medicare Advantage from UHC WI-0002 (PPO)

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan.

Plan costs		
Monthly plan premium	\$99	
Annual medical deductible (applies to certain medical benefits)	\$0 in-network \$1,000 out-of-network	
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$7,150 in-network \$10,750 combined in and out-of-network	
Covered plan benefits and costs		
Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.		
	In-network	Out-of-network
Doctor’s office visit		
Primary care provider (PCP)	\$0 copay Select a PCP to help manage your care	\$0 copay
Specialist	\$65 copay No referral required	\$90 copay
Virtual visits	\$0 copay	Same as a Doctor’s office visit
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$455 copay per day: days 1-6 \$0 copay per day: days 7 and beyond	40% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$221 copay per day: days 21-100	\$250 copay per day: days 1-100
Outpatient hospital		
Ambulatory surgical center (ASC)	\$355 copay	40% coinsurance
Outpatient hospital, including surgery	\$455 copay	40% coinsurance

Covered plan benefits and costs

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-network	Out-of-network
Outpatient mental health		
Group therapy	\$15 copay	\$30 copay
Individual therapy	\$25 copay	\$40 copay
Virtual visits	\$0 copay	Same as an Outpatient mental health office visit
Outpatient rehabilitation services		
Physical and speech therapy	\$45 copay	\$90 copay
Occupational therapy	\$40 copay	\$90 copay
Durable medical equipment (DME) and related supplies		
DME (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	50% coinsurance
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$320 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$5 copay	\$40 copay
Ambulance	\$290 copay for ground or air	\$290 copay for ground or air
Emergency care	\$130 copay per visit	
Urgently needed services	\$50 copay per visit	

Additional plan benefits

	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*

Additional plan benefits

		In-network	Out-of-network
 Hearing services	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health*	\$90 copay for a routine hearing exam to help support hearing health*
	Hearing aids	\$700 allowance for 2 hearing aids every year* • A broad selection of high-value and brand name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period	If you use an out-of-network provider, you are responsible for 90% of the allowance amount.*
 Routine dental benefits	Preventive services	\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride* • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist	
	Optional Dental Rider	For an extra \$54 per month, you'll get access to dental coverage that includes: • \$1,500 per year for covered dental services through the Platinum Dental Rider* • \$0 copay for covered network preventative services such as exams, routine cleanings, X-rays and fluoride • 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions	

Additional plan benefits			
		In-network	Out-of-network
 Vision services	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health*	\$90 copay for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	\$200 allowance every 2 years for 1 pair of eyeglasses (lenses and frames) or contacts* • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA	If you use an out-of-network provider, you are responsible for 90% of the allowance amount*
Foot care - routine		\$45 copay, 6 visits per year*	\$90 copay, 6 visits per year*
Rewards		Earn up to \$155 in rewards when you get started in January	

*Benefits are combined in and out-of-network

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages	
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a \$685 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,400, you move to the Catastrophic Coverage stage.

Prescription drug payment stages

Tier drug coverage	Standard Retail (30-day supply)	Preferred Mail Order (100-day supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic³	\$8 copay	\$0 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance
Covered Insulin Drugs⁴	20% coinsurance, up to \$35 copay	20% coinsurance, up to \$105 copay
Tier 4: Non-Preferred Drug⁵	27% coinsurance	N/A
Tier 5: Specialty Tier⁵	26% coinsurance	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

³Tier includes enhanced drug coverage.

⁴You pay no more than 20% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

⁵Limited to a 30-day supply

Optional rider available - See the Summary of Benefits or Evidence of Coverage for information

Member discounts



As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Scan this code to view
your Summary of
Benefits



Required Information

AARP® Medicare Advantage from UHC WI-0002 (PPO) is 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. 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. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-370-4876 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete.

Comuníquese con nuestro número de Servicio al Cliente al 1-877-370-4876, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son 7 a.m. a 10 p.m. hora del centro, los 7 días de la semana, de octubre a marzo, de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

Routine dental benefits - If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.

Routine eyewear - Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

Additional authorizations may be required to access discount programs. 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 products and services 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 services are 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.

Member discounts - As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you. 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 products and services 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.

Rewards Program - Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the **Rewards Program Terms of Service**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.

