

# 2024 Medicare Advantage Plan Year Information

	AARP <sup>®</sup> Medicare Advantage from UHC WI-0011 (HMO-POS)	AARP <sup>®</sup> Medicare Advantage from UHC WI-0014 (HMO-POS)	AARP <sup>®</sup> Medicare Advantage Walgreens from UHC WI-0006 (PPO)
	H5253-011-000	H5253-034-000	H0294-015-000
Plan Benefits			
Monthly plan premium <sup>*</sup>	\$35	\$0	\$0
Annual medical deductible	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$40 copay	\$45 copay	\$40 copay
Specialist referral required?	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$295 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$395 copay per day for Days 1-4; \$0 copay per day for unlimited days after that	\$350 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
Skilled nursing facility	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100
Outpatient surgery	\$0 copay - \$295 copay	\$0 copay - \$395 copay	\$0 copay - \$350 copay
Diabetes monitoring supplies§	\$0 copay	\$0 сорау	\$0 сорау
Home health care	\$0 сорау	\$0 copay	\$0 сорау
Diagnostic radiology services	\$0 copay - \$110 copay	\$0 copay - \$150 copay	\$0 copay - \$155 copay
Diagnostic tests and procedures	\$35 copay	\$25 copay	\$50 copay
Lab services	\$0 сорау	\$0 copay	\$0 copay
Outpatient X-rays	\$15 copay	\$15 copay	\$15 copay
Ambulance	\$290 copay for ground or air	\$175 copay for ground or air	\$290 copay for ground or air
Emergency care	\$120 copay (\$0 copay when outside of the United States)	\$120 copay (\$0 copay when outside of the United States)	\$120 copay (\$0 copay when outside of the United States)
Urgent care	\$40 copay	\$40 copay	\$40 copay
Annual out-of-pocket maximum**	\$4,200	\$4,500	\$4,700

# Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)

Tier 1 – Preferred generic drugs	30 day: \$0 copay;	30 day: \$0 copay	30 day: \$0 copay <sup>‡</sup> ;
	100 day: \$0 copay	100 day: \$0 copay	100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$10 copay;	30 day: \$14 copay	30 day: \$0 copay <sup>‡</sup> ;
	100 day: \$0 copay	100 day: \$0 copay	100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay;	30 day: \$47 copay	30 day: \$47 copay <sup>‡</sup> ;
	100 day: \$131 copay	100 day: \$131 copay	100 day: \$131 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay;	30 day: \$100 copay	30 day: \$100 copay <sup>‡</sup> ;
	100 day: \$290 copay	100 day: \$290 copay	100 day: \$290 copay
Tier 5 – Specialty tier drugs	30 day: 33% coinsurance	30 day: 33% coinsurance	30 day: 33% coinsurance <sup>‡</sup> ;
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers

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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	H5253-011-000	H5253-034-000	H0294-015-000
Extra Benefits and Features			
Dental benefits	\$2,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns
OTC Credit	\$40 credit every quarter for OTC products in-store or online	\$40 credit every quarter for OTC products in-store or online	\$40 credit every quarter for OTC products in-store or online
Network	No referrals to see any provider in our Medicare national network	No referrals to see any provider in our Medicare national network	Freedom to see any provider who accepts Medicare and no referrals needed
Routine vision benefits	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear
Fitness	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®
Routine hearing benefits	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids
Meal Delivery	28 home-delivered meals for 14 days after every inpatient hospital stay	28 home-delivered meals for 14 days after every inpatient hospital stay	28 home-delivered meals for 14 days after every inpatient hospital stay
UnitedHealthcare® Member Rewards	Earn rewards for getting an annual wellness visit, flu shot, and more	Earn rewards for getting an annual wellness visit, flu shot, and more	Earn rewards for getting an annual wellness visit, flu shot, and more

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

### AARP® Medicare Advantage from UHC WI-0011 (HMO-POS) H5253-011-000

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

#### AARP® Medicare Advantage from UHC WI-0014 (HMO-POS) H5253-034-000

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

#### AARP® Medicare Advantage Walgreens from UHC WI-0006 (PPO) H0294-015-000

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

# Get help finding the right plan for you. Contact me today.

Susan Montgomery

Licensed Sales Agent

262-227-0624, TTY 711

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'If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. <sup>§</sup>Limitations may apply. 'The most you may pay in a year for medical care covered by the plan. <sup>‡</sup>Copay listed is for Preferred Retail locations only. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. Network size varies by local market and exclusions may apply. 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. Network size varies by local market and exclusions may apply. \$0 copays may be restricted to preferred home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Optum Home Delivery is a service of Optum Rx, a home delivery pharmacy, pharmacy benefit manager and affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx for your maintenance medications. Other pharmacies are available in your 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. Renew Active® includes a standard fitness membership. The information provided through Renew Active 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