

2024 Medicare Advantage Plan Year Information

AARP® Medicare Advantage from UHC WI-0002 (PPO)	AARP® Medicare Advantage from UHC WI-0012 (HMO-POS)	AARP® Medicare Advantage from UHC WI-0017 (HMO-POS)	AARP® Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)
H0294-004-000	H5253-030-000	H5253-097-000	H5253-021-000

Plan Benefits				
Monthly plan premium*	\$41	\$34	\$0	\$0
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$50 copay	\$40 copay	\$45 copay	\$40 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$375 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$275 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$310 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$375 copay per day for Days 1-6; \$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	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100
Outpatient surgery	\$0 copay - \$375 copay	\$0 copay - \$275 copay	\$0 copay - \$310 copay	\$0 copay - \$375 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$250 copay	\$0 copay - \$150 copay	\$0 copay - \$185 copay	\$0 copay - \$250 copay
Diagnostic tests and procedures	\$45 copay	\$50 copay	\$50 copay	\$50 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$20 copay	\$15 copay	\$15 copay	\$25 copay
Ambulance	\$290 copay for ground or air	\$290 copay for ground or air	\$290 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)	\$120 copay (\$0 copay when outside of the United States)
Urgent care	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Annual out-of-pocket maximum**	\$5,500	\$4,500	\$5,500	\$4,900

Prescription Drugs – Standard Retail (30-day); Preferred 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	No coverage
Tier 2 – Generic drugs	30 day: \$14 copay; 100 day: \$0 copay	30 day: \$12 copay 100 day: \$0 copay	30 day: \$14 copay 100 day: \$0 copay	No coverage
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay 100 day: \$131 copay	30 day: \$47 copay 100 day: \$131 copay	No coverage
Tier 4 – Non-preferred drugs	30 day: \$100 copay; 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay	No coverage
Tier 5 – Specialty tier drugs	30 day: 28% coinsurance	30 day: 33% coinsurance	30 day: 33% coinsurance	No coverage
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$325 deductible for Tiers 3, 4 and 5	\$0 deductible for all Tiers	\$0 deductible for all Tiers	No coverage

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Extra Benefits and Features

Dental benefits	\$0 copay for network dental such as exams, x-rays, and routine cleanings	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$500 dental allowance for covered services like cleanings, fillings and crowns	\$3,500 dental allowance for covered services like cleanings, fillings and crowns
OTC Credit	Not included	\$40 credit every quarter for OTC products in-store or online	\$40 credit every quarter for OTC products in-store or online	\$60 credit every quarter for OTC products in-store or online
Routine vision benefits	\$0 copay for a routine eye exam and lenses, plus \$100 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	\$0 copay for a routine eye exam and lenses, plus \$300 allowance for eyewear
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	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	28 home-delivered meals for 14 days after every inpatient hospital stay
Optional dental coverage	\$1500 in optional dental coverage on preventive and comprehensive services	Not included	\$1500 in optional dental coverage on preventive and comprehensive services	Not included

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

AARP® Medicare Advantage from UHC WI-0002 (PPO) H0294-004-000

Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

AARP® Medicare Advantage from UHC WI-0012 (HMO-POS) H5253-030-000

Grant, Green, Jefferson, Kenosha, Rock, Walworth

AARP® Medicare Advantage from UHC WI-0017 (HMO-POS) H5253-097-000

Grant, Green, Jefferson, Kenosha, Rock, Walworth

AARP® Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS) H5253-021-000

Brown, Calumet, Chippewa, Dodge, Door, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

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

Susan Montgomery

Licensed Sales Agent

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*If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. †Limitations may apply. **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. 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. \$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. 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 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. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. ©2023 United HealthCare Services, Inc. All Rights Reserved.