







2025 Medicare Advantage plans information

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| | AARP® Medicare Advantage from UHC MN-0001 (PPO) | AARP® Medicare Advantage from UHC MN-0002 (PPO) | AARP® Medicare Advantage from UHC MN-0005 (PPO) |
| | H2001-116-000 | H2001-117-000 | H2001-123-000 |
| | If you want provider choice plus reliable benefits and extras you can count on, this plan has access to out-of-network care, predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness. | If you’re looking for provider choice and coverage you can count on, at the right price, this plan has access to out-of-network care, predictable medical and prescription drug costs, plus valued extras. | If you want lower copays for medical services, this plan has predictable medical and prescription drug costs, access to out-of-network care, plus valued extras. |
| Plan Benefits | | | |
| Monthly plan premium* | \$0 | \$36 | \$66 |
| Annual medical deductible | \$0 | \$0 | \$0 |
| Annual out-of-pocket maximum** | \$5,900 | \$3,900 | \$3,700 |
| Primary care provider visit | \$0 copay | \$0 copay | \$0 copay |
| Specialist visit | \$40 copay | \$35 copay | \$30 copay |
| Specialist referral required? | No | No | No |
| Inpatient hospital care | \$355 copay per day for Days 1-5; \$0 copay per day for unlimited days after that | \$395 copay per stay | \$295 copay per stay |
| Emergency care | \$125 copay (\$0 copay when outside of the United States) | \$140 copay (\$0 copay when outside of the United States) | \$140 copay (\$0 copay when outside of the United States) |
| 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 |
| Tier 2 – Generic drugs | 30 day: \$12 copay; 100 day: \$0 copay | 30 day: \$10 copay; 100 day: \$0 copay | 30 day: \$8 copay; 100 day: \$0 copay |
| 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 |
| Tier 4 – Non-preferred drugs | 30 day: \$100 copay | 30 day: \$100 copay | 30 day: \$100 copay |
| Tier 5 – Specialty tier drugs | 30 day: 28% coinsurance | 30 day: 29% coinsurance | 30 day: 29% coinsurance |
| Annual prescription deductible | \$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5 | \$0 deductible for Tiers 1 and 2; \$340 deductible for Tiers 3, 4 and 5 | \$0 deductible for Tiers 1 and 2; \$340 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.

| | AARP® Medicare Advantage from UHC MN-0001 (PPO) | AARP® Medicare Advantage from UHC MN-0002 (PPO) | AARP® Medicare Advantage from UHC MN-0005 (PPO) |
|--|---|---|---|
| Extra Benefits and Features | | | |
|  Dental benefits | \$1,000 dental allowance for covered services like cleanings, fillings and crowns | \$1,500 dental allowance for covered services like cleanings, fillings and crowns | \$2,000 dental allowance for covered services like cleanings, fillings and crowns |
|  OTC benefit | \$35 credit every quarter for OTC products in-store or online | \$25 credit every quarter for OTC products in-store or online | \$25 credit every quarter for OTC products in-store or online |
|  Routine vision benefits | \$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses | \$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses | \$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses |
|  Fitness benefit | Free gym membership | Free gym membership | Free gym membership |
|  Network | Freedom to see any provider who accepts Medicare and no referrals needed | Freedom to see any provider who accepts Medicare and no referrals needed | Freedom to see any provider who accepts Medicare and no referrals needed |
|  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 |

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

AARP® Medicare Advantage from UHC MN-0001 (PPO) H2001-116-000
Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

AARP® Medicare Advantage from UHC MN-0002 (PPO) H2001-117-000
Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

AARP® Medicare Advantage from UHC MN-0005 (PPO) H2001-123-000
Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

Get help finding the right plan for you. Call 1-855-656-9528, TTY 711.

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. 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.

“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. 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. There may be other pharmacies in our 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 may 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. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided 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 routine. Gym network may vary in local market and plan. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Annual routine eye exam and \$100-500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 United HealthCare Services, Inc. All Rights Reserved.