

# 2025 Medicare Advantage plans information

|                                                                               | AARP® Medicare Advantage from UHC WI-0012 (HMO-POS)                                                                                                    | AARP® Medicare Advantage CareFlex from UHC WI-18 (HMO-POS) H5253-198-000                                                                                                                                                    | AARP® Medicare Advantage from UHC WI-0017 (HMO-POS) H5253-097-000                                                                                                              |  |  |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                               | If you're looking for coverage you can count on at the right price, this plan has predictable medical and prescription drug costs, plus valued extras. | If your priority is lower health care costs and more flexibility, this plan offers a \$400 quarterly credit to be used right away or throughout the year to pay copays for doctor visits, diagnostic test copays, and more. | If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness. |  |  |
| Plan Benefits                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                             |                                                                                                                                                                                |  |  |
| Monthly plan premium*                                                         | \$34                                                                                                                                                   | \$0                                                                                                                                                                                                                         | \$0                                                                                                                                                                            |  |  |
| Annual medical deductible                                                     | \$0                                                                                                                                                    | \$0                                                                                                                                                                                                                         | \$0                                                                                                                                                                            |  |  |
| Annual out-of-pocket maximum**                                                | \$4,900                                                                                                                                                | \$6,700                                                                                                                                                                                                                     | \$6,700                                                                                                                                                                        |  |  |
| Primary care provider visit                                                   | \$0 copay                                                                                                                                              | \$0 copay                                                                                                                                                                                                                   | \$0 copay                                                                                                                                                                      |  |  |
| Specialist visit                                                              | \$40 copay                                                                                                                                             | \$50 copay                                                                                                                                                                                                                  | \$45 copay                                                                                                                                                                     |  |  |
| Specialist referral required?                                                 | No                                                                                                                                                     | No                                                                                                                                                                                                                          | No                                                                                                                                                                             |  |  |
| Inpatient hospital care                                                       | \$350 copay per day for Days 1-6; \$0 copay per day for unlimited days after that                                                                      | \$495 copay per day for Days 1-5; \$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                                                                                              |  |  |
| Emergency care                                                                | \$125 copay (\$0 copay when outside of the United States)                                                                                              | \$125 copay (\$0 copay when outside of the United States)                                                                                                                                                                   | \$125 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;<br>100 day: \$0 copay                                                                                                               | 30 day: \$0 copay;<br>100 day: \$0 copay                                                                                                                                                                                    | 30 day: \$0 copay;<br>100 day: \$0 copay                                                                                                                                       |  |  |
| Tier 2 - Generic drugs                                                        | 30 day: \$12 copay;<br>100 day: \$0 copay                                                                                                              | 30 day: \$12 copay;<br>100 day: \$0 copay                                                                                                                                                                                   | 30 day: \$14 copay;<br>100 day: \$0 copay                                                                                                                                      |  |  |
| Tier 3 - Preferred brand drugs                                                | 30 day: \$47 copay;<br>100 day: \$131 copay                                                                                                            | 30 day: \$47 copay;<br>100 day: \$131 copay                                                                                                                                                                                 | 30 day: \$47 copay;<br>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: 29% coinsurance                                                                                                                                | 30 day: 27% coinsurance                                                                                                                                                                                                     | 30 day: 29% coinsurance                                                                                                                                                        |  |  |
| Annual prescription deductible                                                | \$0 deductible for Tiers 1 and 2; \$340 deductible for Tiers 3, 4 and 5                                                                                | \$0 deductible for Tiers 1 and 2; \$495 deductible for Tiers 3, 4 and 5                                                                                                                                                     | \$0 deductible for Tiers 1 and 2; \$340 deductible for Tiers 3, 4 and 5                                                                                                        |  |  |

|                |                                     | AARP® Medicare Advantage from UHC WI-0012 (HMO-POS)                                 | AARP® Medicare Advantage<br>CareFlex from UHC WI-18<br>(HMO-POS)                    | AARP® Medicare Advantage from UHC WI-0017 (HMO-POS)                                 |  |  |  |
|----------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|
| Extra          | Extra Benefits and Features         |                                                                                     |                                                                                     |                                                                                     |  |  |  |
|                | Dental benefits                     | \$1,000 dental allowance for covered services like cleanings, fillings and crowns   | \$0 copay for network dental such as exams, x-rays and routine cleanings            | \$0 copay for network dental such as exams, x-rays and routine cleanings            |  |  |  |
|                | OTC benefit                         | \$40 credit every quarter for OTC products in-store or online                       | \$30 credit every quarter for OTC products in-store or online                       | \$40 credit every quarter for OTC products in-store or online                       |  |  |  |
| E<br>FP<br>TOZ | Routine<br>vision benefits          | \$250 allowance for eyewear, plus<br>\$0 copay for a routine eye exam<br>and lenses | \$300 allowance for eyewear, plus<br>\$0 copay for a routine eye exam<br>and lenses | \$300 allowance for eyewear, plus<br>\$0 copay for a routine eye exam<br>and lenses |  |  |  |
| 4              | Fitness benefit                     | Free gym membership                                                                 | Free gym membership                                                                 | Free gym membership                                                                 |  |  |  |
| •              | Routine<br>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                   |  |  |  |
| ¥              | UnitedHealthcare®<br>Member Rewards | Rewards for physical activity, an annual wellness visit and more                    | Rewards for physical activity, an annual wellness visit and more                    | Rewards for physical activity, an annual wellness visit and more                    |  |  |  |
|                | Lab services                        | \$0 copay for all covered lab services                                              | \$0 copay for all covered lab services                                              | \$0 copay for all covered lab services                                              |  |  |  |
|                | Optional dental coverage            | Not included                                                                        | \$1,500 in optional dental coverage on preventive and comprehensive services        | \$1,500 in optional dental coverage on preventive and comprehensive services        |  |  |  |

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

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

Columbia, Dane, Grant, Green, Iowa, Jefferson, Kenosha, Lafayette, Rock, Sauk, Walworth

#### AARP® Medicare Advantage CareFlex from UHC WI-18 (HMO-POS) H5253-198-000

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-0017 (HMO-POS) H5253-097-000

Columbia, Dane, Grant, Green, Iowa, Jefferson, Kenosha, Lafayette, Rock, Sauk, Walworth

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.

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. CareFlex credits expire at the end of the year. 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. Reward offerings may vary by plan and are not available in all plans. Reward progr

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