



2024 Enrollment Guide

AARP® Medicare Rx Preferred from UHC (PDP)

S5820-021-000

Region: 22

Service area: Texas



UnitedHealthcare Medicare Rx plans are there for what matters to you, today and tomorrow



Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you. And we offer the only Medicare plans that carry the AARP name.



More for your Medicare dollar

AARP Medicare Rx plans, offered through UnitedHealthcare, can help you save money on your prescription drugs and give you peace of mind — even if your health changes. You could get more benefits and better prescription drug coverage by enrolling in an all-in-one Medicare Advantage plan from UnitedHealthcare. These plans provide more benefits than Original Medicare and a stand-alone Medicare Part D plan.



Guidance for today and as your needs change

Count on UnitedHealthcare to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online shopping tools and helpful Medicare Plan Experts.¹ With our Right Plan Promise™, only from UnitedHealthcare, you have our commitment to helping you find the right plan for your needs and budget.² Put UnitedHealthcare's more than 45 years of experience to work for you.

¹Member recommendations based on Human8, May 2023.

²The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

Enroll in a Medicare Part D Prescription Drug plan (PDP)

How does Medicare Part D work?

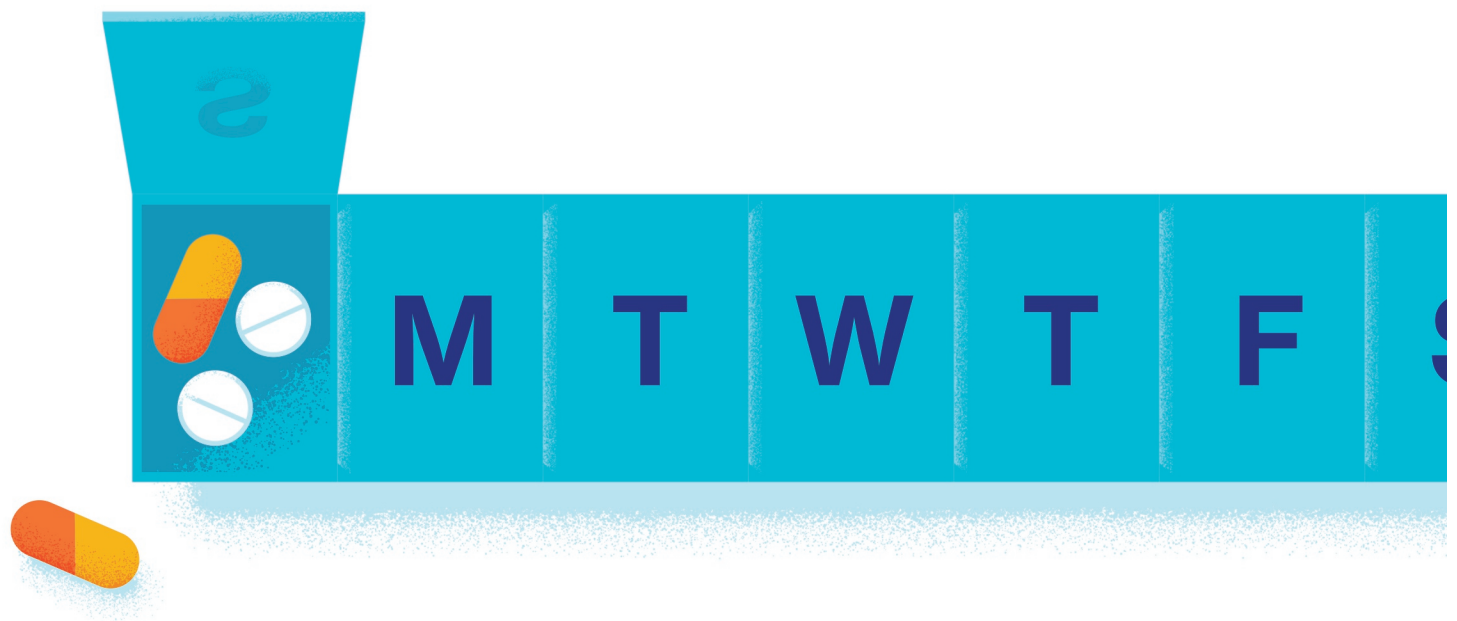
Original Medicare (Parts A and B) does not cover the cost of most prescription drugs or all your medical expenses. Part D prescription drug coverage is provided by other Medicare-approved private insurance companies, like UnitedHealthcare Insurance Company. If you have Original Medicare or a Medicare Supplement plan, and would like to add prescription drug coverage, you can enroll in a stand-alone Part D plan. When comparing Medicare Part D coverage, check each plan's formulary (Drug List) to make sure your drugs are covered.

When do I sign up for Part D?

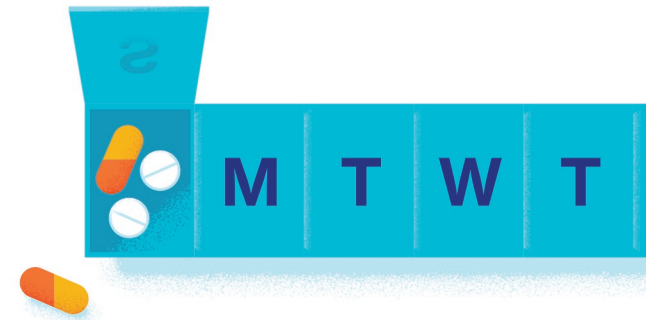
You can sign up for a Part D plan during your Initial Enrollment Period (IEP) after you have enrolled in Original Medicare. **Your IEP is 7 months long. It includes your birthday month, plus the 3 months before and the 3 months after your birthday month.** Your IEP begins and ends one month earlier if your birthday is on the first of the month. If you enroll in Part D after your Initial Enrollment Period ends, you may have to pay a Late Enrollment Penalty.

Do I have to enroll in a Medicare Part D?

You are not required to enroll in Part D, but if you don't enroll during your Initial Enrollment Period, you may have to pay a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. You may be able to avoid the Part D late enrollment penalty if you have other creditable coverage. Creditable coverage is prescription drug coverage that is at least as good or better than Medicare Part D coverage.



This plan has a comprehensive drug list to support your health



Even if you don't take any prescription drugs now, you may want to enroll in a Medicare Part D plan. If you don't get it when you're first eligible, you may have to pay a late enrollment penalty if you join a plan later.

Here's how this Medicare Part D plan works



Covered drugs are grouped into tiers

Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers.

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-preferred drug

Tier 5: Specialty



This plan has a maximum annual out-of-pocket amount.

After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for covered drugs for the rest of the plan year.



Always use network pharmacies

There are thousands of network pharmacies you can go to — including local and national options. Be sure to use a network pharmacy, or the plan may not pay for your prescriptions, except in an emergency.



Enjoy the convenience of prescriptions delivered right to your door

Optum Home Delivery, a service of OptumRx, is our preferred home delivery pharmacy. OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at optumrx.com to order new prescriptions, request refills and more.

Go to AARPMedicarePlans.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Scan this code to view the drug list



Benefit Highlights

AARP® Medicare Rx Preferred from UHC (PDP)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly premium	\$101.90	
Annual Prescription Deductible	\$0 for Part D prescription drugs	
Initial Coverage	Preferred Retail (30-day supply)	Standard Retail (30-day supply)
Tier 1: Preferred Generic	\$7 copay	\$15 copay
Tier 2: Generic¹	\$12 copay	\$20 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Coverage Gap (Donut hole)	After your total drug cost reaches \$5,030, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
Catastrophic Coverage	After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.	

¹ Tier includes enhanced drug coverage

Includes \$0 for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. \$0 copay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

This information is not a complete description of benefits. Contact the plan for more information.

AARP® Medicare Rx Preferred from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.





Summary of Benefits 2024

AARP® Medicare Rx Preferred from UHC (PDP)

S5820-021-000

Look inside to learn more about the plan and the drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free 1-888-867-5564, TTY 711

8 a.m.-8 p.m. local time, 7 days a week



[AARPMedicarePlans.com](https://www.AARPMedicarePlans.com)

AARP® | Medicare Rx
from  **UnitedHealthcare®**

Y0066_SB_S5820_021_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myAARPMedicare.com or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

AARP® Medicare Rx Preferred from UHC (PDP)

Premium, deductible and limits

Monthly plan premium	\$101.90
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Annual Prescription Drug Deductible	This plan does not have a deductible.
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Prescription drug payment stages

Annual Prescription Deductible This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.

Initial Coverage In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.

Tier Drug Coverage	Retail		Mail Order			
	Preferred		Standard		Preferred	Standard
	30-day supply [^]	90-day supply	30-day supply [^]	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$7 copay	\$21 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic ¹	\$12 copay	\$36 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$47 copay	\$141 copay	\$126 copay	\$141 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	N/A ³	33% coinsurance	N/A ³	N/A ³	N/A ³

Coverage Gap (Donut hole) In this stage, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.

Catastrophic Coverage After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

¹ Tier includes enhanced drug coverage.

³ Limited to a 30-day supply

About this plan

AARP® Medicare Rx Preferred from UHC (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® Medicare Rx Preferred from UHC (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **Texas**.

Use network pharmacies

AARP® Medicare Rx Preferred from UHC (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to **[AARPMedicarePlans.com](https://www.aarpmedicareplans.com)** to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

AARP® Medicare Rx Preferred from UHC (PDP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. 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.

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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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 1-888-867-5575 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 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 1-888-867-5575, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits and features vary by plan. Limitations and exclusions may apply.

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

AARP® Medicare Rx Preferred from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

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.

Civil Rights Notice

The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Important information: 2023 Medicare star ratings



UnitedHealthcare - S5820

For 2023, UnitedHealthcare - S5820 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ↘	3.5 stars
Health Services Rating:		Not offered
Drug Services Rating:	★ ★ ★ ↘	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-867-5564** (toll-free) or **711** (TTY). Current members please call **888-867-5575** (toll-free) or **711** (TTY).

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 4 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 2
Cyclosporine Ophthalmic	Restasis – 3 Tyvaya – 4 Xiidra – 4
Icosapent Cap	Vascepa – 3
Latuda	Lurasidone – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Nucynta ER	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
OxyContin	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
Pradaxa	Eliquis – 3 Xarelto – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Proair	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Ventolin HFA – 3
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Ventolin HFA – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Victoza	Trulicity – 3 Mounjaro – 3 Ozempic – 3 Bydureon – 3

Bold type = Brand name drug Plain type = Generic drug



Scan this code to
access the drug cost
estimator tool



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

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 in a Medicare Advantage or Prescription Drug Plan. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare® designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what prescription drugs are covered before you enroll in this plan. You can find the Drug List (Formulary), Pharmacy Directory and the Evidence of Coverage at [AARPMedicarePlans.com](https://www.aarpmedicareplans.com).



Did you check the online Drug List to make sure your prescription drugs are covered?

And what drug tier they are in. Generally, the lower the drug tier, the less you'll pay.



You can enter your drugs into our online Drug Cost Estimator tool, estimateDrugCostsAARP.com to determine your total annual drug cost.



Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you look through the Summary of Benefits in this booklet to see how much you'll pay for your prescription drugs?

If you want more information, the Evidence of Coverage includes a complete list of coverage, costs, benefits and plan rules.

Do you need additional coverage?

Original Medicare (Parts A and B) doesn't cover all of your costs. You can get more complete coverage by enrolling in an AARP Medicare Part D plan and a Medicare Supplement plan. Medicare Supplement insurance plans help pay for some of the out-of-pocket costs not paid by Original Medicare. **Or, you can enroll in a Medicare Advantage plan to get medical and prescription drug coverage all in one plan.** Most Medicare Advantage plans include extra benefits not covered by Original Medicare.



You're eligible to enroll in this Medicare Part D plan if you:



Are enrolled in Original Medicare Parts A and B



Continue to pay your Part B premium



Live in the plan's service area

Speak with your agent, or call **1-888-867-5564** or visit [AARPMedicarePlans.com](https://www.aarpmedicareplans.com) for information about other Medicare plans.

What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site.



You are here
Enrollment
submitted



Create your
account to review
your plan online



Receive your
member ID card
in the mail



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your member ID number and email address to create an account at myAARPMedicare.com. Online you can:

- Find network pharmacies
- View plan documents, like your plan's covered Drug List (Formulary)

Once your coverage begins

- Review your prescriptions with your provider and ask about lower-cost options that may be available
- Fill your prescriptions through our Preferred Retail Pharmacy Network for savings
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

Benefits and costs may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your member ID card.

Scan this code to access
the member site using
your member ID number





UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

We're happy to help



Call UnitedHealthcare toll-free **1-888-867-5564**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



AARPMedicarePlans.com



Download the UnitedHealthcare app

Important plan information

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Scan this code
to download the
UnitedHealthcare
app



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