

# 2024 Medicare Advantage Plan Year Information

	AARP <sup>®</sup> SecureHorizons Medicare Advantage TX-0022 (HMO-POS)	AARP <sup>®</sup> SecureHorizons Medicare Advantage TX-0025 (HMO-POS)	AARP <sup>®</sup> Medicare Advantage from UHC TX-0027 (HMO-POS)	AARP <sup>®</sup> Medicare Advantage from UHC TX-0042 (HMO-POS)
	H0609-051-000	H0609-059-000	H0609-061-000	H0609-070-000
Plan Benefits				
Monthly plan premium*	\$0	\$68	\$0	\$24
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$20 copay	\$20 copay	\$20 copay	\$15 copay
Specialist referral required?	Yes	Yes	Yes	Yes
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$250 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$195 copay per stay	\$295 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$195 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	\$0 copay per day for Days 1-20; \$203 copay per day for Days 21-100
Outpatient surgery	\$0 copay - \$250 copay	\$0 copay - \$195 copay	\$0 copay - \$295 copay	\$0 copay - \$195 copay
Diabetes monitoring supplies <sup>§</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$155 copay	\$0 copay - \$250 copay	\$0 copay - \$220 copay	\$0 copay - \$155 copay
Diagnostic tests and procedures	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Ambulance	\$275 copay for ground or air	\$275 copay for ground or air	\$275 copay for ground or air	\$275 copay for ground or air
Emergency care	\$135 copay (\$0 copay when outside of the United States)	\$135 copay (\$0 copay when outside of the United States)	\$135 copay (\$0 copay when outside of the United States)	\$135 copay (\$0 copay when outside of the United States)
Urgent care	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Annual out-of-pocket maximum**	\$3,800	\$3,200	\$3,800	\$3,300

# 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	30 day: \$0 copay
	100 day: \$0 copay			
Tier 2 – Generic drugs	30 day: \$7 copay;	30 day: \$10 copay	30 day: \$10 copay	30 day: \$0 copay
	100 day: \$0 copay			
Tier 3 – Preferred brand drugs	30 day: \$47 copay;	30 day: \$47 copay	30 day: \$47 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	30 day: \$100 copay
	100 day: \$290 copay			
Tier 5 – Specialty tier drugs	30 day: 33% coinsurance			
Annual prescription deductible	\$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.

	AARP <sup>®</sup> SecureHorizons	AARP <sup>®</sup> SecureHorizons	AARP <sup>®</sup> Medicare	AARP <sup>®</sup> Medicare
	Medicare	Medicare	Advantage from	Advantage from
	Advantage TX-0022	Advantage TX-0025	UHC TX-0027	UHC TX-0042
	(HMO-POS)	(HMO-POS)	(HMO-POS)	(HMO-POS)
	H0609-051-000	H0609-059-000	H0609-061-000	H0609-070-000
Extra Benefits and Features				
Dental benefits	\$1,000 dental allowance	\$1,000 dental allowance	\$2,500 dental allowance	\$3,500 dental allowance
	for covered services	for covered services	for covered services	for covered services
	like cleanings, fillings	like cleanings, fillings	like cleanings, fillings	like cleanings, fillings
	and crowns	and crowns	and crowns	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	\$50 credit every quarter for OTC products in-store or online	\$75 credit every quarter for OTC products in-store or online
Routine vision benefits	\$0 copay for a routine			
	eye exam and lenses,			
	plus \$250 allowance	plus \$150 allowance	plus \$250 allowance	plus \$250 allowance
	for eyewear	for eyewear	for eyewear	for eyewear
Fitness	Stay active with a free			
	gym membership through	gym membership through	gym membership through	gym membership through
	Renew Active®	Renew Active®	Renew Active®	Renew Active®
Routine hearing benefits	Copays from \$99 to \$1,249			
	for a broad selection of			
	hearing aids	hearing aids	hearing aids	hearing aids
Personal Emergency Response System (PERS)	Wearable emergency device to get help 24 hours a day	Wearable emergency device to get help 24 hours a day	Not included	Wearable emergency device to get help 24 hours a day

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

#### AARP® SecureHorizons Medicare Advantage TX-0022 (HMO-POS) H0609-051-000

Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

#### AARP® SecureHorizons Medicare Advantage TX-0025 (HMO-POS) H0609-059-000

Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

#### AARP® Medicare Advantage from UHC TX-0027 (HMO-POS) H0609-061-000

Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

#### AARP® Medicare Advantage from UHC TX-0042 (HMO-POS) H0609-070-000

Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

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



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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. 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. 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 routine. Gym network may vary in 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. You must have a working landline and/or cellular phone coverage to use PERS. ©2023 United HealthCare Services, Inc. All Rights Reserved. Y0066\_230710\_023858\_M 24SPRJ63745