

2027 Medicare Advantage plan information

	AARP® Medicare Advantage Essentials from UHC TX-22 (HMO-POS)	AARP® Medicare Advantage Extras from UHC TX-27 (HMO-POS)	AARP® Medicare Advantage from UHC TX-0042 (HMO-POS)	UHC Complete Care TX-3P (HMO-POS C-SNP)
	H0609-051-000	H0609-061-000	H0609-070-000	H0609-062-000 Must be diagnosed with diabetes, chronic heart failure and/ or a cardiovascular disorder.
Plan Benefits				
Monthly plan premium*	\$0	\$0	\$32	\$0
Annual medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,900	\$4,900	\$3,900	\$3,900
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$30 copay	\$45 copay	\$25 copay	\$30 copay
Specialist referral required?	Yes	Yes	Yes	Yes
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$375 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$550 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$450 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
Outpatient surgery	\$375 copay	\$550 copay	\$450 copay	\$375 copay
Ambulatory surgical center	\$325 copay	\$500 copay	\$400 copay	\$325 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Urgent care	\$65 copay	\$50 copay	\$65 copay	\$65 copay
Emergency care	\$150 copay	\$130 copay	\$150 copay	\$150 copay
Ambulance	\$275 copay for ground or air	\$275 copay for ground or air	\$150 copay for ground or air	\$180 copay for ground or air
Outpatient X-rays	\$30 copay	\$30 copay	\$10 copay	\$5 copay
Diagnostic tests and procedures	\$55 copay	\$50 copay	\$5 copay	\$5 copay
Diagnostic radiology services	\$0 copay - \$320 copay	\$0 copay - \$320 copay	\$0 copay - \$320 copay	\$0 copay - \$285 copay
Prescription Drugs – Standard Retail (30 Day); 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	30 day: \$0 copay; 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$3 copay; 100 day: \$0 copay	30 day: \$6 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: 22% of the cost; 100 day: 22% of the cost	30 day: 21% of the cost; 100 day: 21% of the cost	30 day: 22% of the cost; 100 day: 22% of the cost	30 day: 22% of the cost; 100 day: 22% of the cost
Tier 4 – Non-preferred drugs	30 day: 28% of the cost	30 day: 27% of the cost	30 day: 29% of the cost	30 day: 38% of the cost
Tier 5 – Specialty tier drugs	30 day: 27% of the cost	30 day: 26% of the cost	30 day: 27% of the cost	30 day: 28% of the cost
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$595 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$595 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$440 deductible for Tiers 3, 4 and 5

See reverse for additional details. Ask for a plan's Plan Highlights if you'd like to see a full explanation of copayments or coinsurance.
If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

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Extra Benefits and Features				
 Dental benefits	\$0 copay for covered preventive dental services	\$3,000 dental allowance for covered preventive and comprehensive services	\$3,000 dental allowance for covered preventive and comprehensive services	\$2,000 dental allowance for covered preventive and comprehensive services
 OTC credit	\$25 credit every quarter for OTC products	\$50 credit every quarter for OTC products	\$50 credit every quarter for OTC products	\$68 credit every month for OTC, plus healthy food for qualifying members
 Routine hearing benefits	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$700 hearing aid allowance and \$0 copay for a routine hearing exam
 Routine vision benefits	\$250 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam	\$200 eyewear allowance and \$0 copay routine eye exam
 Fitness benefit	Free gym membership at core locations	Free gym membership at core locations	Free gym membership at core locations	Free gym membership at core locations
 Routine transportation	Not included	Not included	24 one-way trips for doctor and pharmacy visits	Not included

The plans offered by UnitedHealthcare listed on this document are available in the following counties:

AARP® Medicare Advantage Essentials from UHC TX-22 (HMO-POS) H0609-051-000

Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage Extras from UHC TX-27 (HMO-POS) H0609-061-000

Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise

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

Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise

UHC Complete Care TX-3P (HMO-POS C-SNP) H0609-062-000

Bosque, Collin, Cooke, Coryell, Dallas, Denton, Eastland, Ellis, Erath, Fannin, Grayson, Hamilton, Hood, Hunt, Jack, Johnson, Kaufman, Lampasas, Mills, Montague, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Van Zandt, Wise

Get help finding the right plan for you. Call today.

Matt Gonzales, getMcare LLC

Licensed Sales Agent
469-471-4327, TTY 711
matt@getmcare.com
www.getMcare.net

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. The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination.

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. ** 100-day supplies may not be available for all medications, refer to your Evidence of Coverage for more information. Out-of-pocket maximum excludes premiums, prescription costs and non-Medicare covered benefits. 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. OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network. Annual routine eye exam and an allowance for contacts or 1 pair of eyeglasses (lenses and frames) every year or every 2 years. Review your Evidence of Coverage (EOC) for more information. The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. A 50% coinsurance may apply to covered comprehensive dental services. Routine transportation not for use in emergencies. A trip is one-way and roundtrip is two trips. Review your Evidence of Coverage (EOC) for more information. OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. This information is not a complete description of benefits. Call 1-855-277-4716, TTY 711 for more information.

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