

2025 Medicare Advantage plans information







AARP® Medicare Advantage Essentials from UHC TX-22 (HMO-POS)	AARP® SecureHorizons Medicare Advantage TX-0025 (HMO-POS)	AARP® Medicare Advantage Extras from UHC TX-27 (HMO-POS)	AARP® Medicare Advantage from UHC TX-0005 (PPO)
H0609-051-000	H0609-059-000	H0609-061-000	H1278-013-000
When you want reliable, low-cost medical coverage, this plan has the essentials, including affordable doctor visits and prescription drug coverage.	This plan has predictable medical and prescription drug costs.	If you're looking for even more of the extras you love, this plan offers dental, an OTC credit, fitness, vision, and more for your everyday use.	This plan has predictable medical and prescription drug costs.

Plan Benefits

Monthly plan premium*	\$0	\$65	\$0	\$0
Annual medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,900	\$3,500	\$4,100	\$6,700
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$15 copay	\$25 copay	\$30 copay	\$35 copay
Specialist referral required?	Yes	Yes	Yes	No
Inpatient hospital care	\$250 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$245 copay per stay	\$350 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$335 copay per day for Days 1-6; \$0 copay per day for unlimited days after that
Emergency care	\$100 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)	\$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; 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: \$7 copay; 100 day: \$0 copay	30 day: \$10 copay; 100 day: \$0 copay	30 day: \$10 copay; 100 day: \$0 copay	30 day: \$14 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	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
Tier 5 – Specialty tier drugs	30 day: 29% coinsurance	30 day: 29% coinsurance	30 day: 28% coinsurance	30 day: 28% 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; \$340 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5

	AARP® Medicare Advantage Essentials from UHC TX-22 (HMO-POS)	AARP® SecureHorizons Medicare Advantage TX-0025 (HMO-POS)	AARP® Medicare Advantage Extras from UHC TX-27 (HMO-POS)	AARP® Medicare Advantage from UHC TX-0005 (PPO)
Extra Benefits and Features				
 Dental benefits	\$0 copay for network dental such as exams, x-rays and routine cleanings	\$500 dental allowance for covered services like cleanings, fillings and crowns	\$3,000 dental allowance for covered services like cleanings, fillings and crowns	\$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	\$40 credit every quarter for OTC products in-store or online	\$70 credit every quarter for OTC products in-store or online	\$40 credit every quarter for OTC products in-store or online
 Routine vision benefits	\$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	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 Fitness benefit	Free gym membership	Free gym membership	Free gym membership	Free gym membership
 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	Copays from \$99 to \$1,249 for a broad selection of hearing aids
 Lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services

The AARP plans from 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® SecureHorizons Medicare Advantage TX-0025 (HMO-POS) H0609-059-000

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-0005 (PPO) H1278-013-000

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

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. 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.