

# 2024 Medicare Advantage Plan Year Information

	AARP® SecureHorizons Medicare Advantage TX-0022 (HMO-POS) H0609-051-000	AARP® SecureHorizons Medicare Advantage TX-0025 (HMO-POS) H0609-059-000	AARP® Medicare Advantage from UHC TX-0027 (HMO-POS) H0609-061-000	AARP® Medicare Advantage from UHC TX-0005 (PPO) H1278-013-000
<b>Plan Benefits</b>				
Monthly plan premium*	\$0	\$68	\$0	\$0
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	\$35 copay
Specialist referral required?	Yes	Yes	Yes	No
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	\$325 copay per day for Days 1-6; \$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 - \$325 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 - \$250 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	\$15 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)	\$120 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	\$6,300
<b>Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)</b>				
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; 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay	30 day: \$100 copay 100 day: \$290 copay
Tier 5 – Specialty tier drugs	30 day: 33% coinsurance	30 day: 33% coinsurance	30 day: 33% coinsurance	30 day: 29% coinsurance
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for Tiers 1 and 2; \$260 deductible for Tiers 3, 4 and 5

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<b>H0609-051-000</b>	<b>H0609-059-000</b>	<b>H0609-061-000</b>	<b>H1278-013-000</b>

<b>Extra Benefits and Features</b>				
<b>Dental benefits</b>	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$2,500 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns
<b>OTC Credit</b>	\$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	\$40 credit every quarter for OTC products in-store or online
<b>Routine vision benefits</b>	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$150 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear	\$0 copay for a routine eye exam and lenses, plus \$250 allowance for eyewear
<b>Fitness</b>	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®	Stay active with a free gym membership through Renew Active®
<b>Routine hearing benefits</b>	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
<b>Personal Emergency Response System (PERS)</b>	Wearable emergency device to get help 24 hours a day	Wearable emergency device to get help 24 hours a day	Not included	Not included

**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-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. Contact me today.**



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Medicare Specialists

\*If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. †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.