



# 2026 Plan Highlights

AARP® Medicare Advantage from UHC TX-25 (HMO-POS)

H0609-059-000

**Service area:** Texas - 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 counties

**AARP** | Medicare Advantage  
from  UnitedHealthcare

\$74 premium TX-25 Dental Only POS

# Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our large national provider network includes doctors and specialists across the country, and 9 out of 10 Medicare members are able to keep seeing the doctors they know and trust. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

## See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

— **Karen K, UnitedHealthcare  
Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

— **Mary M, UnitedHealthcare  
Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

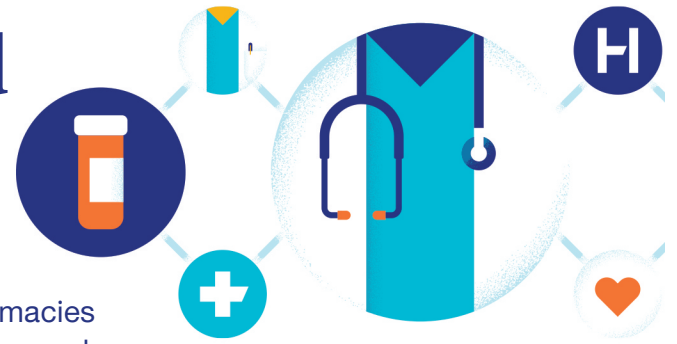
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# Enjoy access to a broad selection of network providers

This plan includes a network of quality doctors, hospitals, pharmacies and other care providers, designed to help you get the care you need. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a \$0 copay.



## Here's how this HMO-POS plan works



**Get care from providers in the network** or visit out-of-network providers for covered dental services.



**Select a primary care provider to oversee and help manage your care.** It's required by the plan, but it's also very beneficial for your long term health and well-being.



**\$0 copays for preventive services when received in-network.**



**Some services require a referral from your doctor.** Check your Summary of Benefits for details.



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



**Emergency and urgently needed services are covered anywhere in the world.**



**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

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. See your Evidence of Coverage for a list of all covered services.

Scan this  
code to view  
the drug list






# Benefit Highlights



## AARP® Medicare Advantage from UHC TX-25 (HMO-POS)

This is a short description of your 2026 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 plan premium	\$74
Annual medical deductible (applies to certain medical benefits)	\$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	\$3,900
Plan benefits	
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$30 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay
Inpatient hospital care	\$295 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$218 copay per day: days 21-100
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	\$295 copay
Outpatient mental health	
Group therapy	\$15 copay
Individual therapy	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Plan benefits	
<b>Durable medical equipment (DME) and related supplies</b>	
DME (e.g., wheelchairs, oxygen)	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
<b>Diabetes monitoring supplies</b>	\$0 copay
<b>Diagnostic radiology services</b> (such as MRIs, CT scans)	\$260 copay
<b>Diagnostic tests and procedures</b> (non-radiological)	\$60 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$30 copay
<b>Ambulance</b>	\$275 copay for ground or air
<b>Emergency care</b>	\$150 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$65 copay (\$0 copay for urgently needed services outside the United States) per visit
Additional plan benefits	
<b>Routine physical</b>	\$0 copay, 1 per year

Additional plan benefits		
 <b>Hearing services</b>	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	<p>\$199 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids</li> <li><input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 6,500 locations</li> <li><input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> <li><input type="checkbox"/> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered</li> </ul>
 <b>Routine dental benefits</b>  Covered in and out-of-network.	Preventive services	<p>\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride:*</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>
	Optional Dental Rider	<p>For an extra \$44 per month, you'll get access to dental coverage that includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$1,500 per year for covered dental services through the Platinum Dental Rider*</li> <li><input type="checkbox"/> \$0 copay for covered network preventive services such as exams, routine cleanings, X-rays and fluoride</li> <li><input type="checkbox"/> 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions</li> </ul>
 <b>Vision services</b>	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	\$150 allowance every 2 years for 1 pair of frames or contacts

Additional plan benefits	
	<ul style="list-style-type: none"> <li>❑ Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives</li> <li>❑ Other covered lenses available with copays from \$40 – \$153</li> <li>❑ Access to one of Medicare Advantage’s largest national networks of vision providers and retail providers</li> <li>❑ Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> <li>❑ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network</li> </ul>
 <b>Fitness program</b>	<p>\$0 copay</p> <p>Your fitness program helps you stay active and connected at the gym, from home or in your community. It’s available to you at no additional cost and includes:</p> <ul style="list-style-type: none"> <li>❑ Free gym membership at core locations</li> <li>❑ Access to a large national network of gyms and fitness locations</li> <li>❑ On-demand workout videos and live streaming fitness classes</li> <li>❑ Online memory fitness activities</li> </ul>
<b>Foot care - routine</b>	\$30 copay, 6 visits per year
 <b>OTC credit</b>	<p>\$25 credit every quarter for over-the-counter (OTC) products in-store or online</p> <ul style="list-style-type: none"> <li>❑ Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more</li> <li>❑ Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you</li> </ul>
<b>Rewards</b>	Earn up to \$155 in rewards when you get started in January <sup>Ω</sup>

\* Benefits are combined in and out-of-network

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages		
Deductible	\$0 for Tier 1 and 2 Part D prescription drugs \$440 for Tier 3, 4 and 5 drugs	
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100 you move to the Catastrophic Coverage stage.	
Tier drug coverage	Standard Retail (30-day supply)	Preferred Mail Order (100-day supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic <sup>1</sup>	\$10 copay	\$0 copay
Tier 3: Preferred Brand	17% coinsurance	17% coinsurance
Covered Insulin <sup>2</sup>	17%, up to \$35 copay	17%, up to \$105 copay
Tier 4: Non-Preferred Drug <sup>3</sup>	41% coinsurance	N/A
Tier 5: Specialty Tier <sup>3</sup>	28% coinsurance	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> You pay no more than 17% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

<sup>3</sup> Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

Scan this code to view  
your Summary of  
Benefits







<sup>Q</sup>Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan. This information is not a complete description of benefits. Contact the plan for more information.

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# Platinum Dental Rider

## Optional Supplemental Benefit

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. This fee is on top of any premium you pay for your Medicare Advantage plan and Medicare Part B coverage.

### For an extra \$44 a month, you'll get access to dental coverage that includes:

- \$1,500 per year for covered dental services through the Platinum Dental Rider.
- \$0 copay for covered network preventive services such as exams, routine cleanings, X-rays and fluoride.
- 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions.
- Access to one of the largest national dental networks. Out-of-network coverage is available. If you choose to see an out-of-network dentist you might be billed more, even for services listed as a \$0 copay.

You can enroll in the dental rider when you enroll in your Medicare Advantage plan. If you don't enroll then, you can call Customer Service at the number on your UnitedHealthcare UCard® or go to the Coverage & Benefits section of your member website to enroll in the dental rider within 3 months after your plan coverage starts.

If you enroll in the rider when you enroll in your plan, your rider coverage will start when your plan starts. If you wait to enroll within the 3 months after your plan starts, your rider coverage will begin on the first day of the month after the rider is purchased.

The easiest way to find a network dentist in your area is to scan the QR code below. Or you can go to **UHC.com/Medicare** and select **Shop Medicare plans** at the top of the page. From there, choose **Find a dentist**.

### Exclusions may apply:

- Dental services that are not necessary
- Hospitalization or other facility charges
- Any dental procedure performed solely for cosmetic and/or aesthetic reasons
- Any dental procedure not directly associated with a dental disease
- Any procedure not performed in a dental setting
- Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury or congenital anomaly

Scan here to find  
a network dentist  
in your area



- Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
- Service for injuries or conditions covered by worker's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
- Expenses for dental procedures begun prior to the covered person's eligibility with the plan
- Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child
- Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice, sales tax or duplicating/copying patient records
- Implants and implant-related services
- Tooth bleaching and/or enamel microabrasion
- Veneers
- Orthodontics
- Sustained release of therapeutic drug (D9613)
- COVID-19 screening, testing, and vaccination
- Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services
- Space maintenance
- Any unspecified procedure by report (Dental codes: D##99)

Network size varies by local market.

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# What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.



**You are here**  
Enrollment  
submitted



Download the app  
or create your  
account online



UCard arrives in  
the mail – be sure  
to activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

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

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

## Reach for your UCard when

- Visiting a provider or filling a prescription
- Buying OTC products
- Spending your earned rewards
- Checking in at the gym

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your Tier 1–Tier 3 prescriptions with a home delivery pharmacy
- Review UCard balances

## Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UCard.

## Required Information

AARP® Medicare Advantage from UHC TX-25 (HMO-POS) is 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. 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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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 [medicare.gov](https://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 1-866-550-4736 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique 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 1-866-550-4736, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 10 p.m. hora del Centro: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

**OTC credit**

OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.

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

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. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

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.

**Rewards Program**

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

## Notes and doodles

## Notes and doodles



## Notes and doodles

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# Ready to use your extra benefits?

## AARP® Medicare Advantage from UHC TX-25 (HMO-POS)

Take advantage of your additional plan benefits by using the providers below.



Call **1-866-550-4736**, TTY **711**, 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept or visit **myAARPMedicare.com** for:

- ☐ Routine vision services: UnitedHealthcare Vision®
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®



### Hearing aids

UnitedHealthcare Hearing  
1-855-523-9355  
[UHChearing.com/Medicare](https://UHChearing.com/Medicare)



### Prescription drug home delivery

Optum® Home Delivery Pharmacy  
1-877-889-6358  
[myAARPMedicare.com](https://myAARPMedicare.com)



### OTC credit

Solutran  
1-833-845-8798  
[myAARPMedicare.com](https://myAARPMedicare.com)



UnitedHealthcare has more than 45 years of experience serving members. You can count on UnitedHealthcare to be there for you every step of the way.

## Click. Call. Connect.



Download the UnitedHealthcare app



**AARPMedicarePlans.com**



Call UnitedHealthcare toll-free **1-844-723-6473**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week

Important plan information

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to download the  
UnitedHealthcare  
app



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