









# 2025 Medicare Advantage plans information

	AARP® Medicare Advantage from UHC TX-0042 (HMO-POS)	UHC Complete Care TX-3P (HMO-POS C-SNP)	AARP® Medicare Advantage CareFlex from UHC TX-44 (HMO-POS)
	H0609-070-000	H0609-062-000	H0609-077-000
	If you’re looking for coverage you can count on at the right price, this plan has predictable medical and prescription drug costs, plus valued extras.	If you’re living with diabetes, chronic heart failure, and/or cardiovascular disorders, this plan with medical care centered around WellMed, USMD, and Healthcare Associates of Texas helps with low-cost specialist visits and insulin, plus a monthly credit for OTC products – and healthy food for qualifying members.	If your priority is lower health care costs and more flexibility, this plan offers a \$400 quarterly credit to be used right away or throughout the year to pay copays for doctor visits, diagnostic test copays, and more.
Plan Benefits			
Monthly plan premium*	\$29	\$0	\$0
Annual medical deductible	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,900	\$3,900	\$6,700
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$15 copay	\$20 copay	\$50 copay
Specialist referral required?	Yes	Yes	Yes
Inpatient hospital care	\$195 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$295 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$495 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
Emergency care	\$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
Tier 2 – Generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$10 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
Tier 4 – Non-preferred drugs	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: 27% 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; \$495 deductible for Tiers 3, 4 and 5

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.

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Extra Benefits and Features			
 <b>Insulin</b>	\$35 or less for 1-month supply of covered insulin	\$25 or less for 1-month supply of covered insulin	\$35 or less for 1-month supply of covered insulin
 <b>Medicare-covered copays</b>	Not included	Not included	\$400 rollover credit every quarter for Medicare-covered copays like testing
 <b>Dental benefits</b>	\$4,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,000 dental allowance for covered services like cleanings, fillings and crowns
 <b>OTC benefit</b>	\$75 credit every quarter for OTC products in-store or online	\$53 credit every month for OTC -- and healthy food for qualifying members	\$30 credit every quarter for OTC products in-store or online
 <b>Routine vision benefits</b>	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$250 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
 <b>Fitness benefit</b>	Free gym membership	Free gym membership	Free gym membership
 <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
 <b>Lab services</b>	\$0 copay for all covered lab services	\$0 copay for all covered lab services	\$0 copay for all covered lab services

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

**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

**AARP® Medicare Advantage CareFlex from UHC TX-44 (HMO-POS) H0609-077-000**

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 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. The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. Contact us for details.

“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. CareFlex credits expire at the end of the year. 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. You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drug through all coverage stages except the Catastrophic drug payment stage where member pays \$0. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Food and 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.