



2025 Enrollment Guide

AARP® Medicare Advantage from UHC TX-0006 (PPO)

H1278-014-000

Service area: Texas - Austin, Brazoria, Brazos, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Orange, Wharton counties

AARP® | Medicare Advantage
from  **UnitedHealthcare®**

UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



Simplify your day with benefits built to be used

Your all-in-one UCard®, only from UnitedHealthcare, is more than just your member ID card. Use it to shop for approved products from well-known brands like Walmart, Walgreens and more using your earned rewards and discounts. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



Get more for your Medicare dollar

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with predictable prescription coverage, mental health support, care management programs, vision, hearing and dental. All without sacrificing the extras you want like rewards, discounts and more.



Expert guidance for today and as your needs change

Count on UnitedHealthcare to be there every step of the way with easy-to-understand Medicare resources, useful online tools, and trusted Medicare Plan Experts¹ to guide you. And with our Right Plan Promise®², only from UnitedHealthcare, you can rely on our 45 years of Medicare experience to help you find the right UnitedHealthcare plan for your needs and budget.

¹Medicare Plan Expert is a licensed insurance sales agent/producer.

²The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail. Reach for your UCard when:



Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



Checking in at the gym

Show your UCard to access your free membership the first time you visit a network gym or fitness location.



Access more than one million network providers¹

This plan includes a network of quality doctors, hospitals, pharmacies and other care providers. You have the freedom to enjoy access to care at network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.



Here's how this PPO plan works



Select a primary care provider in your plan's service area to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network. Look at the Summary of Benefits in this book to find out what is covered and how much you'll pay for covered services.



No referral is needed to see a specialist or other provider.



This plan has a maximum annual out-of-pocket amount. If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



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



¹ Network size varies by location and exclusions may apply.
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Benefit Highlights

AARP® Medicare Advantage from UHC TX-0006 (PPO)

This is a short description of your 2025 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	\$0	
Medical benefits		
	In-network	Out-of-network
Annual Medical Deductible	No deductible in or out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$6,700 In-network	\$10,100 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	\$25 copay
Specialist	\$40 copay (no referral needed)	\$75 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$375 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$575 copay per day: days 1-18 \$0 copay per day: days 19 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-100

Medical benefits		
	In-network	Out-of-network
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$375 copay	40% coinsurance
Outpatient mental health		
Group therapy	\$15 copay	\$30 copay
Individual therapy	\$25 copay	\$40 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$190 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$60 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$35 copay	\$40 copay
Ambulance	\$275 copay for ground or air	\$275 copay for ground or air
Emergency care	\$125 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$55 copay (\$0 copay for urgently needed services outside the United States) per visit	
Benefits and services beyond Original Medicare		
	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$75 copay, 1 per year*
Dental – preventive	\$0 copay for exams, cleanings, X-rays and fluoride*	\$0 copay for exams, cleanings, X-rays and fluoride*

Benefits and services beyond Original Medicare		
	In-network	Out-of-network
Hearing - routine exam	\$0 copay, 1 per year*	\$75 copay, 1 per year*
Hearing aids	\$99 - \$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 through network providers.* Includes hearing aids delivered directly to you (select products only).	
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.	
Foot care - routine	\$35 copay, 6 visits per year*	\$75 copay, 6 visits per year*
Rewards	Earn up to \$165 in rewards when you get started in January ^Q \$5 Meet your 2025 UCard, \$25 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$5 Flu Shot	

*Benefits are combined in and out-of-network

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drug payment stages		
Deductible	\$0 for Tier 1 and 2 Part D prescription drugs \$420 for Tier 3, 4 and 5 drugs	
Initial Coverage	Standard Retail (30-day supply)	Preferred Mail Order (100-day supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic ¹	\$10 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$131 copay
Tier 3: Covered Insulin Drugs ²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drug ³	\$100 copay	N/A
Tier 5: Specialty Tier ³	28% coinsurance	N/A

Prescription drug payment stages	
Catastrophic Coverage	After you, and others on your behalf, have paid a combined total of \$2,000, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

¹ Tier includes enhanced drug coverage

² You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

³ Limited to a 30-day supply

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



^QMedicare 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. 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. 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 \$54 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 oral exams, routine cleanings, X-rays and fluoride.
- 50% coinsurance for bridges and dentures, \$0 copay for all other covered network comprehensive services such as fillings, crowns, root canals 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 \$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:

- Services performed by an out-of-network dentist if your plan does not have out-of-network coverage
- 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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Summary of Benefits 2025

AARP® Medicare Advantage from UHC TX-0006 (PPO)
H1278-014-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.



AARPMedicarePlans.com



Toll-free 1-844-723-6473, TTY 711
8 a.m.-8 p.m. local time, 7 days a week

AARP® | **Medicare Advantage**
from  **UnitedHealthcare®**

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Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myAARPMedicare.com or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

AARP® Medicare Advantage from UHC TX-0006 (PPO)

Medical premium, deductible and limits			
		In-network	Out-of-network
Monthly plan premium		\$0 You need to continue to pay your Medicare Part B premium	
Annual medical deductible		This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)		\$6,700	\$10,100
		This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
		Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	
Medical benefits			
		In-network	Out-of-network
Inpatient hospital care ² Our plan covers an unlimited number of days for an inpatient hospital stay.		\$375 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$575 copay per day: for days 1-18 \$0 copay per day: for days 19 and beyond
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$325 copay otherwise	40% coinsurance

Medical benefits			
		In-network	Out-of-network
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$375 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$375 copay	40% coinsurance
Doctor visits	Primary care provider	\$0 copay	\$25 copay
	Specialists ²	\$40 copay	\$75 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
		☐ Abdominal aortic aneurysm screening ☐ Alcohol misuse counseling ☐ Annual wellness visit ☐ Bone mass measurement ☐ Breast cancer screening (mammogram) ☐ Cardiovascular disease (behavioral therapy) ☐ Cardiovascular screening ☐ Cervical and vaginal cancer screening ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ☐ Depression screening ☐ Diabetes screenings and monitoring ☐ Hepatitis C screening	☐ HIV screening ☐ Lung cancer with low dose computed tomography (LDCT) screening ☐ Medical nutrition therapy services ☐ Medicare Diabetes Prevention Program (MDPP) ☐ Obesity screenings and counseling ☐ Prostate cancer screenings (PSA) ☐ Sexually transmitted infections screenings and counseling ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

Medical benefits			
		In-network	Out-of-network
		☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 ☐ “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
Emergency care		\$125 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently needed services		\$55 copay (\$0 copay for urgently needed services outside the United States) per visit	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$190 copay otherwise	40% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$60 copay	40% coinsurance
	Therapeutic radiology ²	20% coinsurance	40% coinsurance
	Outpatient X-rays ²	\$35 copay	\$40 copay
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$75 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$75 copay, 1 per year*
	Hearing aids ²	\$99 - \$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.*	

Medical benefits			
		In-network	Out-of-network
		☐ A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids ☐ Access to one of the largest national networks of hearing professionals with more than 7,000 locations ☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period	
 Routine dental benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	Preventive	\$0 copay for preventive dental including oral exams, X-rays, routine cleanings and fluoride* ☐ No annual deductible ☐ Access to one of the largest national dental networks ☐ Freedom to see any dentist	
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$75 copay
	Eyewear after cataract surgery	\$0 copay	40% coinsurance
	Routine eye exam	\$0 copay, 1 per year*	\$75 copay, 1 per year*
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$375 copay per day: days 1-4 \$0 copay per day: days 5-90	\$575 copay per day: days 1-18 \$0 copay per day: days 19-90
	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits			
		In-network	Out-of-network
Skilled nursing facility (SNF)² Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$45 copay	\$75 copay
	Occupational Therapy Visit ²	\$40 copay	\$75 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$275 copay for ground \$275 copay for air	\$275 copay for ground \$275 copay for air
Routine transportation		Not covered	Not covered
Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs ²	20% coinsurance	40% coinsurance
	Part B covered insulin ²	20% coinsurance, up to \$35	40% coinsurance
	Other Part B drugs ² Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay for allergy antigens 20% coinsurance for all others	\$0 copay for allergy antigens 40% coinsurance for all others

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drug payment stages				
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a \$420 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.			
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 \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.			
Tier drug coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply^	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic ³	\$10 copay	\$30 copay	\$0 copay	\$30 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 3: Covered Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug ⁵	\$100 copay	N/A	N/A	N/A
Tier 5: Specialty Tier ⁵	28% coinsurance	N/A	N/A	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.			

Prescription drug payment stages

Additional covered drugs	This plan covers these additional drugs as Tier 2 medications.
These drugs are not covered by Medicare Part D and not on the plan's Drug List.	☐Vitamin D (50,000) ☐Sildenafil (generic Viagra) ☐Cyanocobalamin (Vitamin B-12) ☐Folic Acid (1 mg)

[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³ Tier includes enhanced drug coverage.

⁴ You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

⁵ Limited to a 30-day supply

Additional benefits

		In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$20 copay	\$75 copay
Diabetes management	Diabetes monitoring supplies ²	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.	50% coinsurance

Additional benefits			
		In-network	Out-of-network
		Other brands are not covered by your plan.	
	Diabetes self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	50% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	50% coinsurance
 Fitness program		\$0 copay 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: ☐ Free gym membership ☐ Access to a large national network of gyms and fitness locations ☐ On-demand workout videos and live streaming fitness classes ☐ Online memory fitness activities	
Foot care (podiatry services)	Foot exams and treatment ²	\$35 copay	\$75 copay
	Routine foot care	\$35 copay, 6 visits per year*	\$75 copay, 6 visits per year*
Home health care²		\$0 copay	50% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Opioid treatment program services²		\$0 copay	\$0 copay

Additional benefits			
		In-network	Out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
Renal dialysis ²		20% coinsurance	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Optional supplemental benefits	
Platinum Dental Rider premium	Additional \$54 per month The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage Plan.

Member discounts	
	As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

About this plan

AARP® Medicare Advantage from UHC TX-0006 (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Texas: Austin, Brazoria, Brazos, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Orange, Wharton.

Use network providers and pharmacies

AARP® Medicare Advantage from UHC TX-0006 (PPO) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can 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.

Required Information

AARP® Medicare Advantage from UHC TX-0006 (PPO) 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 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 8 a.m.-8 p.m.: 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 8 a.m. a 8 p.m.: 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.

Fitness program

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues

that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find plan documents at **AARPMedicarePlans.com**.



Did you check the online Drug List (Formulary) to make sure your prescription drugs are covered?

And what drug tier they are in. Generally, the lower the drug tier, the less you'll pay. Drugs not covered by the plan may have alternative drugs that can be used instead.



You can also use our online Drug Cost Estimator tool to find covered drugs, view your estimated drug costs and see if there's a generic version available that may save you money. Go to **estimateDrugCostsAARP.com** or scan the code below.



Did you check the online Provider Directory to make sure your providers are in the network?

You'll want to stay in the network for your plan's lowest cost.



Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



Did you look through the Summary of Benefits in this booklet to see how much you'll pay for medical services and prescription drugs?

You can find a complete list of coverage, costs, benefits and plan rules in the Evidence of Coverage online.



You're eligible to enroll in this Medicare Advantage plan if you:



Are enrolled in Original Medicare Parts A and B



Continue to pay your Part B premium



Live in the plan's service area

Scan this code to access the drug cost estimator tool



How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



Online

Visit AARPMedicarePlans.com or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Navigate to the Medicare Advantage section
- 3 Look for the **AARP® Medicare Advantage from UHC TX-0006 (PPO)** plan and select the Enroll button
- 4 Complete the form and submit your enrollment

If you need any help while enrolling online, select the Chat now button to connect with one of our Licensed Sales Representatives.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-723-6473**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to
complete your
enrollment online



What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare Advantage plan.



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)
- Complete your health assessment

Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- Review UnitedHealthcare UCard credit balances

Thank you for choosing UnitedHealthcare

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

Scan this code to
download the
UnitedHealthcare app



Important information: 2024 Medicare star ratings



UnitedHealthcare - H1278

For 2024, UnitedHealthcare - H1278 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ☆	3.5 stars
Health Services Rating:	★ ★ ★ ☆	3.5 stars
Drug Services Rating:	★ ★ ★ ☆	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan’s service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** **UHC_Civil_Rights@uhc.com**
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyo ng ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Notes and doodles

Notes and doodles

Notes and doodles

Ready to use your extra benefits?

AARP® Medicare Advantage from UHC TX-0006 (PPO)

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



Call **1-866-550-4736**, TTY **711**, 8 a.m.-8 p.m.: 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



Prescription drug home delivery

Optum® Home Delivery Pharmacy
1-877-889-6358
myAARPMedicare.com



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

We're happy to help



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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Scan this code
to download the
UnitedHealthcare
app



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