

2024 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage from UHC WA-0007 (HMO-POS) H3805-032-000	AARP® Medicare Advantage from UHC WA-0010 (HMO-POS) H3805-037-000	AARP® Medicare Advantage from UHC WA-0006 (HMO-POS) H3805-017-000	AARP® Medicare Advantage from UHC WA-0005 (HMO-POS) H3805-015-000
Plan Benefits				
Monthly plan premium*	\$0	\$84	\$0	\$42
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$30 copay	\$25 copay	\$45 copay	\$30 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$390 copay per day for Days 1-4; \$0 copay per day for unlimited days after that	\$350 copay per day for Days 1-7; \$0 copay per day for unlimited days after that	\$390 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$475 copay per day for Days 1-5; \$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 - \$390 copay	\$0 copay - \$350 copay	\$0 copay - \$390 copay	\$0 copay - \$475 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$250 copay	\$0 copay - \$250 copay	\$0 copay - \$240 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	\$15 copay	\$25 copay	\$15 copay	\$25 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	\$120 copay (\$0 copay when outside of the United States)	\$120 copay (\$0 copay when outside of the United States)	\$120 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**	\$5,900	\$4,200	\$6,300	\$5,500
Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)				
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay 100 day: \$0 copay	30 day: \$0 copay 100 day: \$0 copay	30 day: \$0 copay 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$10 copay; 100 day: \$0 copay	30 day: \$12 copay 100 day: \$0 copay	30 day: \$12 copay 100 day: \$0 copay	30 day: \$12 copay 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$45 copay 100 day: \$125 copay	30 day: \$47 copay 100 day: \$131 copay	30 day: \$45 copay 100 day: \$125 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay; 100 day: \$290 copay	30 day: \$95 copay 100 day: \$275 copay	30 day: \$100 copay 100 day: \$290 copay	30 day: \$95 copay 100 day: \$275 copay
Tier 5 – Specialty tier drugs	30 day: 33% coinsurance	30 day: 33% coinsurance	30 day: 33% coinsurance	30 day: 33% coinsurance
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers

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. If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

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H3805-032-000	H3805-037-000	H3805-017-000	H3805-015-000

Extra Benefits and Features

Dental benefits	\$1,000 dental allowance for covered services like cleanings, fillings and crowns	\$0 copay for network dental such as exams, x-rays, and routine cleanings	\$0 copay for network dental such as exams, x-rays, and routine cleanings	\$0 copay for network dental such as exams, x-rays, and routine cleanings
OTC Credit	\$40 credit every quarter for OTC products in-store or online	\$40 credit every quarter for OTC products in-store or online	Not included	\$40 credit every quarter for OTC products in-store or online
Routine vision benefits	\$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 \$100 allowance for eyewear
Routine hearing benefits	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids
Optional dental coverage	Not included	\$1500 in optional dental coverage on preventive and comprehensive services	\$1500 in optional dental coverage on preventive and comprehensive services	\$1500 in optional dental coverage on preventive and comprehensive services
Routine chiropractic services	Not included	12 routine chiropractic visits for a \$10 copay each visit for nausea or pain	Not included	12 routine chiropractic visits for a \$10 copay each visit for nausea or pain

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

AARP® Medicare Advantage from UHC WA-0007 (HMO-POS) H3805-032-000

Clark, King, Pierce, Snohomish, Thurston

AARP® Medicare Advantage from UHC WA-0010 (HMO-POS) H3805-037-000

Benton, Clark, Cowlitz, Franklin, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Walla Walla, Whatcom, Yakima

AARP® Medicare Advantage from UHC WA-0006 (HMO-POS) H3805-017-000

Clark, Cowlitz, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Whatcom

AARP® Medicare Advantage from UHC WA-0005 (HMO-POS) H3805-015-000

Benton, Clark, Cowlitz, Franklin, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Walla Walla, Whatcom, Yakima

Get help finding the right plan for you. Contact us today.

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(206)-878-1985, TTY 711

*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. 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. ©2023 United HealthCare Services, Inc. All Rights Reserved.