

2027 Medicare Advantage plan information

	AARP® Medicare Advantage from UHC CO-0001 (HMO-POS)	AARP® Medicare Advantage Essentials from UHC CO-2 (HMO-POS)	AARP® Medicare Advantage Extras from UHC CO-5 (HMO-POS)	AARP® Medicare Advantage Patriot No Rx CO-MA01 (HMO-POS)
	H0609-007-000	H0609-012-000	H0609-048-000	H0609-018-000
Plan Benefits				
Monthly plan premium*	\$56	\$0	\$0	\$0
Monthly Medicare Part B premium giveback	Not included	Not included	Not included	Up to \$150
Annual medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,900	\$4,450	\$6,900	\$5,500
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$30 copay	\$35 copay	\$60 copay	\$65 copay
Specialist referral required?	Yes	Yes	Yes	Yes
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$350 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$395 copay per day for Days 1-6; \$0 copay per day for unlimited days after that	\$550 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$550 copay per day for Days 1-5; \$0 copay per day for unlimited days after that
Outpatient surgery	\$350 copay	\$395 copay	\$550 copay	\$550 copay
Ambulatory surgical center	\$300 copay	\$345 copay	\$500 copay	\$550 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Urgent care	\$65 copay	\$65 copay	\$50 copay	\$50 copay
Emergency care	\$150 copay	\$150 copay	\$130 copay	\$130 copay
Ambulance	\$150 copay for ground or air	\$290 copay for ground or air	\$290 copay for ground or air	\$290 copay for ground or air
Outpatient X-rays	\$5 copay	\$30 copay	\$5 copay	\$5 copay
Diagnostic tests and procedures	\$5 copay	\$10 copay	\$5 copay	\$40 copay
Diagnostic radiology services	\$0 copay - \$320 copay	\$0 copay - \$320 copay	\$0 copay - \$320 copay	\$0 copay - \$320 copay
Prescription Drugs – Standard Retail (30 Day); 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	No coverage
Tier 2 – Generic drugs	30 day: \$6 copay; 100 day: \$0 copay	30 day: \$6 copay; 100 day: \$0 copay	30 day: \$5 copay; 100 day: \$0 copay	No coverage
Tier 3 – Preferred brand drugs	30 day: 22% of the cost; 100 day: 22% of the cost	30 day: 21% of the cost; 100 day: 21% of the cost	30 day: 22% of the cost; 100 day: 22% of the cost	No coverage
Tier 4 – Non-preferred drugs	30 day: 27% of the cost	30 day: 27% of the cost	30 day: 27% of the cost	No coverage
Tier 5 – Specialty tier drugs	30 day: 27% of the cost	30 day: 26% of the cost	30 day: 26% of the cost	No coverage
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$595 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$685 deductible for Tiers 3, 4 and 5	No coverage

See reverse for additional details. Ask for a plan's Plan Highlights if you'd like to see a full explanation of copayments or coinsurance.

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Extra Benefits and Features				
 Dental benefits	\$2,500 dental allowance for covered preventive and comprehensive services	\$0 copay for covered preventive dental services	\$2,000 dental allowance for covered preventive and comprehensive services	\$3,000 dental allowance for covered preventive and comprehensive services
 OTC credit	\$40 credit every quarter for OTC products	\$25 credit every quarter for OTC products	\$50 credit every quarter for OTC products	\$100 credit every quarter for OTC products
 Routine hearing benefits	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$700 hearing aid allowance and \$0 copay for a routine hearing exam	\$1,000 hearing aid allowance and \$0 copay for a routine hearing exam
 Routine vision benefits	\$250 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam	\$250 eyewear allowance and \$0 copay routine eye exam
 Fitness benefit	Free gym membership at premium locations	Free gym membership at premium locations	Free gym membership at premium locations	Free gym membership at premium locations
 UnitedHealthcare® Member Rewards	Rewards for healthy activities like your annual wellness visit	Rewards for healthy activities like your annual wellness visit	Rewards for healthy activities like your annual wellness visit	Rewards for healthy activities like your annual wellness visit

Get help finding the right plan for you. Call today.

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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.

"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. " * 100-day supplies may not be available for all medications, refer to your Evidence of Coverage for more information. 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. The Giveback benefit is a reduction on your Medicare Part B premium. Out-of-pocket maximum excludes premiums, prescription costs and non-Medicare covered benefits. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. A 50% coinsurance may apply to covered comprehensive dental services. 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. Review your Evidence of Coverage (EOC) for more information. The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network. Annual routine eye exam and an allowance for contacts or 1 pair of eyeglasses (lenses and frames) every year or every 2 years. Review your Evidence of Coverage (EOC) for more information. The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Reward offerings may vary by plan. Reward program Terms of Service apply. This information is not a complete description of benefits. Call 1-855-277-4716, TTY 711 for more information.

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