



Summary of Benefits 2024

AARP® Medicare Advantage from UHC CA-026P (HMO-POS)
H0543-225-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



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



AARPMedicarePlans.com

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

Summary of Benefits

January 1, 2024 - December 31, 2024

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 CA-026P (HMO-POS)

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)	\$2,900 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$10,000 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from out-of-network providers.
	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 ^{1,2}		\$260 copay per day: days 1-7	\$950 copay per day: for days 1-8
Our plan covers an unlimited number of days for an inpatient hospital stay.		\$0 copay per day: days 8 and beyond	\$0 copay per day: for days 9 and beyond
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ^{1,2}	\$0 copay for a colonoscopy \$100 copay otherwise	30% coinsurance
	Outpatient hospital, including surgery ^{1,2}	\$0 copay for a colonoscopy \$100 copay otherwise	30% coinsurance
	Outpatient hospital observation services ^{1,2}	\$100 copay	30% coinsurance
Doctor visits	Primary care provider	\$0 copay	Not covered
	Specialists ^{1,2}	\$0 copay	\$30 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	Not covered
	Medicare-covered	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: Not covered
		<ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) 	<ul style="list-style-type: none"> □ Cardiovascular screening □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring

Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none">□ 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)	<ul style="list-style-type: none">□ Sexually transmitted infections screenings and counseling□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)□ 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



\$75 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

\$30 copay (\$0 copay for urgently needed services outside the United States) per visit

Medical benefits			
		In-network	Out-of-network
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ^{1,2}	\$0 copay for each diagnostic mammogram \$95 copay otherwise	30% coinsurance
	Lab services ^{1,2}	\$0 copay	\$0 copay
	Diagnostic tests and procedures ^{1,2}	\$0 copay	30% coinsurance
	Therapeutic radiology ^{1,2}	\$60 copay	30% coinsurance
	Outpatient X-rays ^{1,2}	\$10 copay	30% coinsurance
 Hearing services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay	\$30 copay
	Routine hearing exam	\$0 copay, 1 per year	Not covered
	Hearing aids ²	Copays from \$99 to \$1,249 for a broad selection of OTC and brand-name hearing aids <ul style="list-style-type: none"> • Access to one of the largest national networks of hearing professionals with more than 7,000 locations • Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 	

Medical benefits

		In-network	Out-of-network
 Routine dental benefits	Preventive and comprehensive ²	<p>\$1,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <p>50% coinsurance for bridges and dentures</p> <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Medicare Advantage's largest national dental network <input type="checkbox"/> Freedom to see any dentist <input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay 	
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay	\$30 copay
	Eyewear after cataract surgery ¹	\$0 copay	Not covered
	Routine eye exam	\$0 copay, 1 per year	Not covered
	Routine eyewear	<p>\$300 allowance for frames or contacts</p> <ul style="list-style-type: none"> • Access to one of Medicare Advantage's largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating • Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more 	

Medical benefits			
		In-network	Out-of-network
Mental health	Inpatient visit ^{1,2} Our plan covers 90 days for an inpatient hospital stay	\$260 copay per day: days 1-7 \$0 copay per day: days 8-90	Not covered
	Outpatient group therapy visit ^{1,2}	\$15 copay	\$30 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay	\$40 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled nursing facility (SNF) ^{1,2} Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	Not covered
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ^{1,2}	\$35 copay	Not covered
	Occupational Therapy Visit ^{1,2}	\$35 copay	Not covered
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance ^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$205 copay for ground \$205 copay for air	Not covered (except for emergencies)

Medical benefits

		In-network	Out-of-network
Routine transportation		\$0 copay for 12 one-way trips to or from approved medically related appointments and pharmacies	Not covered
Medicare Part B prescription drugs	Chemotherapy drugs ²	20% coinsurance	30% coinsurance
In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Part B covered insulin ²	20% coinsurance, up to \$35	30% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others	\$0 copay for allergy antigens 30% coinsurance for all others
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

Prescription drug payment stages

Annual Prescription Deductible This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.

Initial Coverage In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵

Coverage Gap (Donut hole) In this stage, the plan pays its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.

Catastrophic Coverage After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- 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.


⁵ Limited to a 30-day supply

Additional benefits			
		In-network	Out-of-network
Acupuncture	Routine acupuncture	\$0 copay, 12 visits per year	Not covered
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ^{1,2}	\$0 copay	\$30 copay
	Routine chiropractic care	\$0 copay, 12 visits per year	Not covered
Diabetes management	Diabetes monitoring supplies ²	\$0 copay	Not covered
	Diabetes self-management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	20% coinsurance	Not covered
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	Not covered

Additional benefits

		In-network	Out-of-network
 Fitness program		\$0 copay for Renew Active® <ul style="list-style-type: none"> • A free gym membership at a gym near you • Access to the largest national network of gyms and fitness locations • Access to many premium gyms and fitness locations • An annual personalized fitness plan • Members who need help can bring a workout assistant to the gym • Access to thousands of on-demand workout videos and live streaming fitness classes • Social activities at local health and wellness classes, clubs and events • Online Fitbit® Community for Renew Active – no Fitbit device needed • Access to the AARP® Staying Sharp® App 	
	Foot care (podiatry services)	Foot exams and treatment ^{1,2}	\$0 copay
Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Home health care^{1,2}		\$0 copay	Not covered
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.	
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Opioid treatment program services²		\$0 copay	Not covered
Outpatient substance abuse	Outpatient group therapy visit ^{1,2}	\$15 copay	\$30 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay	\$40 copay

Additional benefits

	In-network	Out-of-network
 Over-the-Counter (OTC) Credit	<p>\$50 credit every quarter for OTC products like pain relievers, cold remedies and vitamins in-store or online</p> <ul style="list-style-type: none"><input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more<input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you	
Renal Dialysis ^{1,2}	\$0 copay	Not covered out-of-network (except in emergency situations).

¹ May require a referral from your doctor.

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

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 CA-026P (HMO-POS) is a Medicare Advantage HMOPOS 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 the following county in:

California: San Diego.

Use network providers and pharmacies

AARP® Medicare Advantage from UHC CA-026P (HMO-POS) has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. 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](https://www.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 CA-026P (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 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 1-844-808-4553 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 1-844-808-4553, 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.

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 \$100-400 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 Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, 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 are 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. Gym network size is based on comparison of competitor's website data as of May 2023.

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Over-the-Counter (OTC) Credit

OTC benefits have expiration timeframes. Call your plan or 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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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.