



Summary of Benefits 2025

AARP® Medicare Rx Preferred from UHC (PDP)

S5921-385-000

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



AARPMedicarePlans.com



Toll-free 1-800-753-8004, TTY 711

8 a.m.-8 p.m. local time, 7 days a week

AARP® | **Medicare Rx**
from  **UnitedHealthcare**

Y0066_SB_S5921_385_000_2025_M

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 Rx Preferred from UHC (PDP)

| Premium, deductible and limits | |
|-------------------------------------|---------------------------------------|
| Monthly plan premium | \$107.50 |
| Annual Prescription Drug Deductible | This plan does not have a deductible. |

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 | This plan does not have a prescription drug deductible. Your coverage starts in 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, you move to the Catastrophic Coverage stage. | | | | | |
| Tier drug coverage | Retail | | | | Mail Order | |
| | Preferred | | Standard | | Preferred | Standard |
| | 30-day supply^ | 90-day supply | 30-day supply^ | 90-day supply | 90-day supply | 90-day supply |
| Tier 1: Preferred Generic | \$5 copay | \$15 copay | \$13 copay | \$39 copay | \$0 copay | \$39 copay |
| Tier 2: Generic ¹ | \$10 copay | \$30 copay | \$18 copay | \$54 copay | \$0 copay | \$54 copay |
| Tier 3: Preferred Brand | \$47 copay | \$141 copay | \$47 copay | \$141 copay | \$126 copay | \$141 copay |

Prescription drug payment stages

| Tier drug coverage | Retail | | Mail Order | | | |
|--|----------------------------|---------------|----------------------------|---------------|---------------|---------------|
| | Preferred | | Standard | | Preferred | Standard |
| | 30-day supply [^] | 90-day supply | 30-day supply [^] | 90-day supply | 90-day supply | 90-day supply |
| Tier 3: Covered Insulin Drugs ² | \$35 copay | \$105 copay | \$35 copay | \$105 copay | \$105 copay | \$105 copay |
| Tier 4: Non-Preferred Drug ³ | 40% coinsurance | N/A | 45% coinsurance | N/A | N/A | N/A |
| Tier 5: Specialty Tier ³ | 33% coinsurance | N/A | 33% 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.

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 Standard retail pharmacy.

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

About this plan

AARP® Medicare Rx Preferred from UHC (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® Medicare Rx Preferred from UHC (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **Connecticut, Massachusetts, Rhode Island, and Vermont.**

Use network pharmacies

AARP® Medicare Rx Preferred from UHC (PDP) has a network of pharmacies. If you use out-of-network pharmacies, 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 pharmacy using the online directory. 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 Rx Preferred from UHC (PDP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. 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.

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 1-866-870-3470 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 comunice 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 1-866-870-3470, 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 and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® Medicare Rx Preferred from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.