



Summary of Benefits 2026

AARP® Medicare Advantage Giveback from UHC VA-13 (HMO-POS)
H5253-119-000

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®**

H5253_119_000_SB_2026_M

Summary of Benefits

January 1, 2026 - December 31, 2026

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 Giveback from UHC VA-13 (HMO-POS)

Medical premium, deductible and limits

Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Part B premium reduction	Up to \$85 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
Annual medical deductible	Your medical deductible is \$500 as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.
Maximum out-of-pocket amount (does not include prescription drugs)	\$8,900 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

Medical benefits

Inpatient hospital care ² Our plan covers an unlimited number of days for an inpatient hospital stay.	\$460 copay per day: days 1-4 \$0 copay per day: days 5 and beyond
Outpatient hospital	Ambulatory surgical center (ASC) ² \$0 copay for a colonoscopy \$360 copay otherwise

Medical benefits

Cost-sharing for additional plan covered services will apply.

Outpatient hospital, including surgery² \$0 copay for a colonoscopy
\$460 copay otherwise

Outpatient hospital observation services² \$460 copay

Doctor visits

Primary care provider \$0 copay

Specialists^{1,2} \$55 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

Medicare-covered \$0 copay

- | | |
|--|---|
| ☐ Abdominal aortic aneurysm screening | ☐ Lung cancer with low dose computed tomography (LDCT) screening |
| ☐ Alcohol misuse counseling | ☐ Medical nutrition therapy services |
| ☐ Annual wellness visit | ☐ Medicare Diabetes Prevention Program (MDPP) |
| ☐ Bone mass measurement | ☐ Obesity screenings and counseling |
| ☐ Breast cancer screening (mammogram) | ☐ Prostate cancer screenings (PSA) |
| ☐ Cardiovascular disease (behavioral therapy) | ☐ Sexually transmitted infections screenings and counseling |
| ☐ Cardiovascular screening | ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| ☐ Cervical and vaginal cancer screening | ☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 |
| ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | ☐ “Welcome to Medicare” preventive visit (one-time) |
| ☐ Depression screening | |
| ☐ Diabetes screenings and monitoring | |
| ☐ Hepatitis C screening | |
| ☐ HIV screening | |

Medical benefits

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

\$115 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

\$40 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
\$260 copay otherwise

Lab services²

\$0 copay

Diagnostic tests and procedures²

\$45 copay

Therapeutic radiology²

20% coinsurance

Outpatient X-rays²

\$30 copay



Hearing services

Exam to diagnose and treat hearing and balance issues²

\$0 copay

Routine hearing exam

\$0 copay for a routine hearing exam to help support hearing health

Hearing aids²

\$199 - \$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.

- ☐ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids
- ☐ Access to one of the largest national networks of hearing professionals with more than 6,500 locations

Medical benefits

		☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period ☐ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered
 Routine dental benefits	Optional Dental Rider	For an extra \$56 per 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 exams, routine cleanings, X-rays and fluoride ☐ 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	\$200 allowance every 2 years for 1 pair of frames or contacts ☐ Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives ☐ Other covered lenses available with copays from \$40 – \$153 ☐ Access to one of Medicare Advantage's largest national networks of vision providers and retail providers ☐ Eyewear available from many online providers, including Warby Parker and GlassesUSA ☐ You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

Medical benefits

Mental health

Inpatient visit² \$460 copay per day: days 1-4
Our plan covers \$0 copay per day: days 5-90
90 days for an
inpatient hospital
stay

Outpatient group
therapy visit² \$15 copay

Outpatient
individual therapy
visit² \$25 copay

Virtual mental
health visits \$0 copay to talk with a network telehealth provider
online through live audio and video

Skilled nursing facility (SNF)²

Our plan covers up to 100 days in a
SNF. \$0 copay per day: days 1-20
\$218 copay per day: days 21-100

Outpatient rehabilitation services

Physical therapy
and speech and
language therapy
visit^{1,2} \$55 copay

Occupational
Therapy Visit^{1,2} \$35 copay

Ambulance²

Your provider must obtain prior
authorization for non-emergency
transportation. \$270 copay for ground
\$270 copay for air

Routine transportation

Not covered

Medical benefits

Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs²

20% coinsurance

Part B covered insulin²

20% coinsurance, up to \$35

Other Part B drugs²

\$0 copay for allergy antigens
20% coinsurance for all others

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

What is coinsurance?

Coinurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

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 \$600 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 \$2,100, 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:
Generic³

\$14 copay

\$42 copay

\$0 copay

\$42 copay

Prescription drug payment stages

Tier drug coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply [^]	100-day supply	100-day supply	100-day supply
Tier 3: Preferred Brand	16% coinsurance	16% coinsurance	16% coinsurance	16% coinsurance
Covered Insulin ⁴	16%, up to \$35 copay	16%, up to \$105 copay	16%, up to \$105 copay	16%, up to \$105 copay
Tier 4: Non-Preferred Drug ⁵	30% coinsurance	N/A	N/A	N/A
Tier 5: Specialty Tier ⁵	26% 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 retail pharmacy.

³ Tier includes enhanced drug coverage.

⁴ You pay no more than 16% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

⁵ Limited to a 30-day supply

Additional benefits

Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)² \$15 copay

Additional benefits

Diabetes management

Diabetes monitoring supplies²

\$0 copay

We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.

Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.

Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts²

20% coinsurance

Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)²

20% coinsurance

Prosthetics (e.g., braces, artificial limbs)²

20% 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 at core locations
- ☐ 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 treatment²

\$45 copay

Routine foot care

\$45 copay, 6 visits per year

Additional benefits

Meal benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
Home health care²		\$0 copay
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
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay
Renal dialysis²		20% coinsurance

¹ Requires a referral from your doctor.

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

Optional supplemental benefits

Platinum Dental Rider premium	Additional \$56 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.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is \$500 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network

List of applicable services

Inpatient hospital

- ☐ Inpatient hospital
- ☐ Inpatient mental health

Outpatient hospital

- ☐ Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient hospital observation services

About this plan

AARP® Medicare Advantage Giveback from UHC VA-13 (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 these counties in:

Virginia: Alleghany, Amelia, Amherst, Appomattox, Augusta, Bedford, Botetourt, Buena Vista City, Campbell, Charles City, Charlotte, Chesapeake City, Chesterfield, Colonial Heights City, Covington City, Craig, Danville City, Floyd, Franklin, Giles, Goochland, Halifax, Hampton City, Hanover, Henrico, Henry, Hopewell City, Isle of Wight, James City, Lexington City, Lynchburg City, Martinsville City, Montgomery, New Kent, Newport News City, Norfolk City, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Salem City, Staunton City, Suffolk City, Virginia Beach City, Waynesboro City, Williamsburg City, York.

Use network providers and pharmacies

AARP® Medicare Advantage Giveback from UHC VA-13 (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 enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). 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 PCP 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 Giveback from UHC VA-13 (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 [medicare.gov](https://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 1-866-272-1967 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen 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 1-866-272-1967, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 10 p.m. hora del Centro: 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 \$100-450 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 fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

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. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

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.