

Summary of Benefits 2027

AARP® Medicare Advantage CareFlex from UHC FL-39 (HMO-POS)

H1045-069-000



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



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Call toll-free **1-844-723-6473**, TTY **711**

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



Summary of Benefits

January 1, 2027 - December 31, 2027

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 CareFlex from UHC FL-39 (HMO-POS)

Medical premium, deductible and limits	
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)	\$7,150 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.
CareFlex credit	\$450 quarterly credit to help lower your out-of-pocket costs. Use your credit right away or throughout the year on: • Inpatient hospital care • Outpatient hospital care • Doctor visits – specialists • Emergency care • Urgently needed services • Diagnostic tests, radiology services and X-rays • Hearing exam to diagnose and treat hearing and balance issues • Mental health visits • Skilled nursing facility stays • Ambulance services • Physical, speech and language, and occupational therapy visits • Part B prescription drugs (retail pharmacies excluded) • Chiropractic services • Diabetes management – therapeutic shoes or inserts • Durable medical equipment (DME) and related supplies (retail pharmacies excluded) • Foot exams and treatment

- Outpatient substance use disorder services
- Renal dialysis

Medical benefits

Inpatient hospital care²

Our plan covers an unlimited number of days for an inpatient hospital stay.

\$685 copay per day: days 1-4

\$0 copay per day: days 5 and beyond

Outpatient hospital

Cost-sharing for additional plan covered services will apply.

Ambulatory surgical center (ASC)²

\$0 copay for a colonoscopy
\$585 copay otherwise

Outpatient hospital, including surgery²

\$0 copay for a colonoscopy
\$685 copay otherwise

Outpatient hospital observation services²

\$685 copay

Doctor visits

Primary care provider

\$0 copay

Specialists^{1,2}

\$75 copay

Virtual medical visits

\$0 copay

Preventive services

Routine physical

\$0 copay, 1 per year

Medicare-covered

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- 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)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

Medical benefits

- 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

\$130 copay 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

\$50 copay 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
\$320 copay otherwise

Lab services²

\$0 copay

Diagnostic tests and procedures²

\$60 copay

Therapeutic radiology²

20% coinsurance

Outpatient X-rays²

\$30 copay



Hearing services

Exam to diagnose and treat hearing and balance issues²

\$30 copay

Routine hearing exam

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

Hearing aids²

\$1,000 allowance for 2 hearing aids every year

- A broad selection of 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
- 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

Covered in and out-of-network.

Preventive services

\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride*

- No annual deductible
- Access to one of the largest national dental networks
- Freedom to see any dentist

Medical benefits



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	\$350 allowance every 2 years for 1 pair of eyeglasses (lenses and frames) or contacts • 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

Mental health

Inpatient visit ²	\$685 copay per day: days 1-3
Our plan covers 90 days for an inpatient hospital stay	\$0 copay per day: days 4-90
Outpatient group therapy visit ²	\$55 copay
Outpatient individual therapy visit ²	\$55 copay
Virtual mental health visits	\$0 copay

Skilled nursing facility (SNF)²

Our plan covers up to 100 days in a SNF.

\$0 copay per day: days 1-20
\$221 copay per day: days 21-100

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit ²	\$75 copay
Occupational Therapy Visit ²	\$50 copay

Ambulance²

Your provider must obtain prior authorization for non-emergency transportation.

\$350 copay for ground
\$350 copay for air

Medicare Part B prescription drugs

Chemotherapy drugs ²	20% coinsurance
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Medical benefits

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
	Other Part B drugs ² Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	\$0 copay for allergy antigens 20% coinsurance for all others

What is coinsurance?

Coinsurance 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 \$685 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 \$2,400, 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: Generic ³	\$6 copay	\$18 copay	\$0 copay	\$18 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Covered Insulin Drugs ⁴	20% coinsurance, up to \$35 copay	20% coinsurance, up to \$105 copay	20% coinsurance, up to \$105 copay	20% coinsurance, up to \$105 copay
Tier 4: Non-Preferred Drug ⁵	27% coinsurance	N/A	N/A	N/A
Tier 5: Specialty Tier ⁵	26% coinsurance	N/A	N/A	N/A

Prescription drug payment stages

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.

³Tier includes enhanced drug coverage.

⁴You pay no more than 20% 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.

⁵Limited to a 30-day supply

Additional plan benefits

Chiropractic services

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

\$15 copay

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-Check Aviva Plus.

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts²

50% coinsurance

Durable medical equipment (DME)

DME (e.g., wheelchairs, oxygen)²

50% coinsurance

Additional plan benefits		
and related supplies	Prosthetics (e.g., braces, artificial limbs) ²	50% coinsurance
 Fitness program		\$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no additional cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations
Foot care (podiatry services)	Foot exams and treatment ²	\$45 copay
	Routine foot care	\$45 copay, 6 visits per year
Meal benefit		\$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	\$55 copay
	Outpatient individual therapy visit ²	\$55 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.

*Benefits are combined in and out-of-network.

Member discounts	
	As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a 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 CareFlex from UHC FL-39 (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:

Florida: Brevard, Orange, Osceola, Seminole.

Use network providers and pharmacies

AARP® Medicare Advantage CareFlex from UHC FL-39 (HMO-POS) has a network of doctors, hospitals, pharmacies and other providers. For routine dental 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 CareFlex from UHC FL-39 (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.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

You must continue to **pay your Medicare Part B premium**, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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 2025.**

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 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.

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.

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. 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 discount offers is 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 - Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the **Rewards Program Terms of Service**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.