

Summary of Benefits 2027

AARP® Medicare Advantage from UHC GA-10 (HMO-POS)

H5322-053-000



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 from UHC GA-10 (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)	\$7,150 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$10,750 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 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	Not covered
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	Not covered
	Outpatient hospital, including surgery ²	Not covered
	Outpatient hospital observation services ²	Not covered

Medical benefits			
		In-network	Out-of-network
Doctor visits	Primary care provider	\$0 copay	Not covered
	Specialists ^{1,2}	\$75 copay	Not covered
	Virtual medical visits	\$0 copay	Same as a Doctor's office visit
Preventive services	Routine physical	\$0 copay, 1 per year	No coverage
	Medicare-covered	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: Not covered
• 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) • 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.	

Medical benefits			
		In-network	Out-of-network
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	Not covered
	Lab services ²	\$0 copay	Not covered
	Diagnostic tests and procedures ²	\$60 copay	Not covered
	Therapeutic radiology ²	20% coinsurance	Not covered
	Outpatient X-rays ²	\$30 copay	Not covered
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	Not covered
	Routine hearing exam	\$0 copay for a routine hearing exam to help support hearing health	No coverage
	Hearing aids ²	\$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.	No coverage

Medical benefits			
		In-network	Out-of-network
 Routine dental benefits	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	
	Optional Dental Rider	For an extra \$54 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 preventative 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 See the Member discounts section for related offers	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	Not covered
	Eyewear after cataract surgery	\$0 copay	Not covered
	Routine eye exam	\$0 copay for a routine eye exam each year to help protect your eyesight and health	No coverage
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$685 copay per day: days 1-3 \$0 copay per day: days 4-90	40% coinsurance per stay
	Outpatient group therapy visit ²	\$15 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$25 copay	40% coinsurance
	Virtual mental health visits	\$0 copay	Same as an Outpatient mental health office visit
	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	Not covered

Medical benefits			
		In-network	Out-of-network
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$75 copay	Not covered
	Occupational Therapy Visit ²	\$50 copay	Not covered
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$380 copay for ground \$380 copay for air	Not covered (except for emergencies)
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 drugs ²	20% coinsurance	Not covered
	Part B covered insulin ²	20% coinsurance; up to \$35	Not covered
	Other Part B drugs ²	\$0 copay for allergy antigens	Not covered
	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	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:	\$0 copay	\$0 copay	\$0 copay

Prescription drug payment stages				
Preferred Generic				
Tier 2: Generic ³	\$9 copay	\$27 copay	\$0 copay	\$27 copay
Tier 3: Preferred Brand	19% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance
Covered Insulin Drugs ⁴	19% coinsurance, up to \$35 copay	19% coinsurance, up to \$105 copay	19% coinsurance, up to \$105 copay	19% 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
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	This plan covers these additional drugs as Tier 2 medications.			
These drugs are not covered by Medicare Part D and not on the plan's Drug List.	• 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 19% 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			
		In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$15 copay	Not covered

Additional plan benefits			
		In-network	Out-of-network
Diabetes management	Diabetes monitoring supplies ²	\$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.	Not covered
	Diabetes self-management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	30% coinsurance	Not covered
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	30% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	30% coinsurance	Not covered
Foot care (podiatry services)	Foot exams and treatment ²	\$45 copay	Not covered
	Routine foot care	\$45 copay, 6 visits per year	No coverage
Meal benefit		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	No coverage
Home health care²		\$0 copay	Not covered

Additional plan benefits

		In-network	Out-of-network
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	Not covered
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$15 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$25 copay	40% coinsurance
Renal dialysis²		20% coinsurance	Not covered out-of-network (except in emergency situations).

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.

Optional supplemental benefits

Platinum Dental Rider premium

Additional \$54 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 a collection of discounts on hundreds of products and services such as eyewear. 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 GA-10 (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:

Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Lee, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth.

Use network providers and pharmacies

AARP® Medicare Advantage from UHC GA-10 (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). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. 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 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 from UHC GA-10 (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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.

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.