Benefit Highlights

AARP® Medicare Advantage Extras from UHC CO-5 (HMO-POS)

This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	$0
Annual medical deductible (applies to certain medical benefits)	$0
Annual out-of-pocket maximum (the most you may pay in a year for covered medical care)	$5,400

Plan benefits	
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$40 copay (referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$450 copay per day: days 1-6 $0 copay per day: days 7 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $218 copay per day: days 21-100
Outpatient hospital, including surgery (cost sharing for additional plan services will apply)	$450 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video

Plan benefits	
Durable medical equipment (DME) and related supplies	
DME (e.g., wheelchairs, oxygen)	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Diabetes monitoring supplies	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	$260 copay
Diagnostic tests and procedures (non-radiological)	$50 copay
Lab services	$0 copay
Outpatient x-rays	$30 copay
Ambulance	$290 copay for ground or air
Emergency care	$130 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$50 copay ($0 copay for urgently needed services outside the United States) per visit

Additional plan benefits	
Routine physical	$0 copay, 1 per year

Additional plan benefits		
Hearing services	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids	$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 ▯ 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 and comprehensive services	$3,000 allowance for all covered dental services* $0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride 50% coinsurance for covered comprehensive services like fillings, crowns, bridges and dentures ▯ No annual deductible ▯ Access to one of the largest national dental networks ▯ Freedom to see any dentist
Vision services	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

Additional plan benefits	
	You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network
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 and premium 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 - routine	$40 copay, 6 visits per year
Routine chiropractic services	$10 copay, 12 visits per year
OTC credit	$50 credit every quarter for over-the-counter (OTC) products in-store or online • Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you
Rewards	Earn up to $155 in rewards when you get started in January[Ω]
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay

* Benefits are combined in and out-of-network

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	$0 for Tier 1 and 2 Part D prescription drugs $600 for Tier 3, 4 and 5 drugs	
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 you move to the Catastrophic Coverage stage.	
Tier drug coverage	**Standard Retail (30-day supply)**	**Preferred Mail Order (100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$10 copay	$0 copay
Tier 3: Preferred Brand	16% coinsurance	16% coinsurance
Covered Insulin [2]	16%, up to $35 copay	16%, up to $105 copay
Tier 4: Non-Preferred Drug [3]	37% coinsurance	N/A
Tier 5: Specialty Tier [3]	26% coinsurance	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.	

[1] Tier includes enhanced drug coverage

[2] 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.

[3] Limited to a 30-day supply

Scan this code to view your Summary of Benefits

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Ω 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 located on the right side of the page at myuhcmedicare.com/rewards. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/rewards. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

This information is not a complete description of benefits. Contact the plan for more information.

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