

Benefit Highlights

AARP® Medicare Advantage Extras from UHC OR-6 (HMO-POS)

This is a short description of your 2025 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
Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$6,700
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$45 copay (no 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	\$475 copay per day: days 1-4 \$0 copay per day: days 5 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$475 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

Medical benefits	
Diabetes monitoring supplies	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$150 copay
Diagnostic tests and procedures (non-radiological)	\$40 copay
Lab services	\$0 copay
Outpatient x-rays	\$25 copay
Ambulance	\$275 copay for ground or air
Emergency care	\$125 copay (\$0 copay for emergency care outside the United States) per visit
Urgently needed services	\$55 copay (\$0 copay for urgently needed services outside the United States) per visit
Benefits and services beyond Original Medicare	
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$300 every 2 years toward your purchase of 1 pair of frames (with a \$0 copay for standard lenses and a \$40 - \$153 copay for other covered lenses) or contact lenses (fitting and evaluation may be an additional cost) through network providers. Home delivered eyewear available through select network providers (select products only). You are responsible for all eyewear costs from providers outside of the network.
Dental – preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays and fluoride*
Dental – comprehensive (covered in-network and out-of-network)	50% coinsurance on dentures and bridges \$0 copay for all other covered comprehensive services*

Benefits and services beyond Original Medicare

Dental - benefit limit	\$2,000 combined limit on all covered dental services*
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	\$99 - \$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 through network providers. Includes hearing aids delivered directly to you (select products only).
Fitness program	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.
Foot care - routine	\$40 copay, 6 visits per year
Over-the-counter (OTC) credit	\$50 credit every quarter to buy covered OTC products
Rewards	Earn up to \$155 in rewards when you get started in January^Ω \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$5 Flu Shot
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

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	\$0 for Tier 1 and 2 Part D prescription drugs \$340 for Tier 3, 4 and 5 drugs	
Initial Coverage	Standard Retail (30-day supply)	Preferred Mail Order (100-day supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic¹	\$12 copay	\$0 copay

Prescription drug payment stages		
Tier 3: Preferred Brand	\$47 copay	\$131 copay
Tier 3: Covered Insulin Drugs²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drug³	\$100 copay	N/A
Tier 5: Specialty Tier³	29% coinsurance	N/A
Catastrophic Coverage	After you, and others on your behalf, have paid a combined total of \$2,000, 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 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



^Q 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.