Summary of Benefits 2027

AARP® Medicare Advantage from UHC WA-19 (PPO)

H2001-147-000

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

AARP® | Medicare Advantage from UnitedHealthcare®

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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 WA-19 (PPO)

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	Your medical deductible is $1,000 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)	$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.	$10,750 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.

Medical benefits			
		In-network	**Out-of-network**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$810 copay per day: days 1-3 $0 copay per day: days 4 and beyond	$810 copay per day: for days 1-3 $0 copay per day: for days 4 and beyond
Outpatient hospital	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $810 copay otherwise	30% coinsurance

Medical benefits			
		In-network	**Out-of-network**
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $810 copay otherwise	30% coinsurance
	Outpatient hospital observation services[2]	$810 copay	30% coinsurance
Doctor visits	Primary care provider	$0 copay	$25 copay
	Specialists[2]	$75 copay	$75 copay
	Virtual medical visits	$0 copay	Same as a Doctor's office visit
Preventive services	Routine physical	$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)

- 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.

Medical benefits			
		In-network	**Out-of-network**
	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	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$60 copay	30% coinsurance
	Therapeutic radiology[2]	20% coinsurance	30% coinsurance
	Outpatient X-rays[2]	$30 copay	$45 copay
Hearing services See the Member discounts section for related offers	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$75 copay
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health*	$75 copay for a routine hearing exam to help support hearing health*
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	

Medical benefits			
		In-network	**Out-of-network**
Vision services See the **Member discounts** section for related offers	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	$75 copay
	Eyewear after cataract surgery	$0 copay	30% coinsurance
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	$75 copay for a routine eye exam each year to help protect your eyesight and health*
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$810 copay per day: days 1-2 $0 copay per day: days 3-90	$810 copay per day: days 1-3 $0 copay per day: days 4-90
	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
	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	$250 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$70 copay	$75 copay
	Occupational Therapy Visit[2]	$50 copay	$75 copay
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$360 copay for ground $360 copay for air	$360 copay for ground $360 copay for air
Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs.	Chemotherapy drugs[2]	20% coinsurance	30% coinsurance
	Part B covered insulin[2]	20% coinsurance; up to $35	30% coinsurance
	Other Part B drugs[2] Part B drugs may	$0 copay for allergy antigens	$0 copay for allergy antigens

Medical benefits			
		In-network	**Out-of-network**
You may pay less for certain drugs.	be subject to Step Therapy. See your Evidence of Coverage for details.	20% coinsurance for all others	30% 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]	$8 copay	$24 copay	$0 copay	$24 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
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.			

Prescription drug payment stages	
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 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.

[5]Limited 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	$75 copay
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.	50% coinsurance
	Diabetes self-management training	$0 copay	30% coinsurance

Additional plan benefits			
		In-network	**Out-of-network**
	Therapeutic shoes or inserts[2]	30% coinsurance	50% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	30% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	30% coinsurance	50% coinsurance
Foot care (podiatry services)	Foot exams and treatment[2]	$50 copay	$75 copay
	Routine foot care	$50 copay, 6 visits per year*	$75 copay, 6 visits per year*
Home health care[2]		$0 copay	50% coinsurance
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 services[2]		$0 copay	$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
Renal dialysis[2]		20% coinsurance	20% coinsurance

[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 and

hearing aids . 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 $1,000 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 and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network List of applicable services	**Out-of-network** List of applicable services
Inpatient services • Inpatient hospital • Inpatient mental health	**Inpatient services** • 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	**Outpatient hospital** • Ambulatory surgical center (ASC) • Outpatient hospital, including surgery • Outpatient hospital observation services
	Diagnostic tests, lab and radiology services, and X-rays • Diagnostic radiology services (e.g. MRI) • Lab services • Diagnostic tests and procedures • Therapeutic radiology • Outpatient X-rays
	Doctor visits • Primary • Specialists
	Hearing services • Exam to diagnose and treat hearing and balance issues

Vision services
- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Mental health
- Outpatient group therapy visit
- Outpatient individual therapy visit

Skilled nursing facility (SNF)

Physical therapy and speech and language therapy visit

Ambulance

Medicare Part B drugs
- Chemotherapy drugs
- Other Part B drugs

Chiropractic services
- Manual manipulation of the spine to correct subluxation

Diabetes management
- Diabetes monitoring supplies
- Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies
- Durable medical equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

Foot care
- Foot exams and treatment

Home health care

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services
- Outpatient group therapy visit
- Outpatient individual therapy visit

Renal dialysis

About this plan

AARP® Medicare Advantage from UHC WA-19 (PPO) is a Medicare Advantage PPO 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 the following county in:

Washington: Spokane.

Use network providers and pharmacies

AARP® Medicare Advantage from UHC WA-19 (PPO) has a network of doctors, hospitals, pharmacies and other providers. 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. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. 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** 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 WA-19 (PPO) 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.

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.