



Selected Year: 2025

Selected LIS Level: None

|                                  |   |
|----------------------------------|---|
| <b>Plan Name</b>                 | AARP Medicare Advantage from UHC CA-8P (HMO-POS)  |
| <b>Plan ID</b>                   | H0543-189-000   |
| <b>Plan Highlights</b>           | If your medical care is centered around Hill Physicians, this plan helps keep your out-of-pocket medical costs low. Earn up to \$155* in healthy rewards. (Formerly UHC Canopy Health Medicare Advantage CA-008P) |
| <b>Premium</b>                   | \$59  |
| <b>Medical Deductible</b>        | \$0 INN; N/A OON  |
| <b>Maximum Out-of-Pocket</b>     | \$4,900   |
| <b>Provider Network</b>          | Provider specific plan; Access to a local network of providers  |
| <b>PCP / Specialist</b>          | \$0 / Coming Soon   |
| <b>Inpatient Hospital</b>        | Coming Soon   |
| <b>ASC / Outpatient Hospital</b> | Coming Soon   |
| <b>Skilled Nursing Facility</b>  | \$0 Days 1-20; \$203 Days 21-100  |
| <b>Telehealth</b>                | \$0 Virtual Medical & Mental Health visits from Network Providers   |
| <b>Lab Services</b>              | \$0   |
| <b>Rx Deductible</b>             | • \$0 Tiers 1 & 2 • \$340 Tiers 3-5   |
| <b>Rx Retail (30-day)</b>        | • \$0/\$12/\$47/\$100/29% • Insulin: \$35   |
| <b>Rx Mail Order (100-day)</b>   | • \$0/\$0/\$131 • Insulin: \$95   |
| <b>Dental</b>                    | Covered   |
| <b>Eyewear</b>                   | Covered every 2 years   |
| <b>Hearing Aids</b>              | Covered   |
| <b>Fitness</b>                   | Covered   |
| <b>OTC</b>                       | Covered - OTC   |

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

**i** For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



|                       |             |
|-----------------------|-------------|
| <b>Other Benefits</b> | Not Covered |
|-----------------------|-------------|

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| <b>Key Metrics <sup>1</sup></b>       |                                   |
| <b>Current Plan Enrollment:</b> 2,752 | <b>Current Eligibles:</b> 217,728 |
| <b>YOY Eligible Growth:</b> 2.3%      |                                   |

1. Jun 2024 CMS.gov MA Ind State/County Enrollment Within UHC 2024 MA Ind Footprint

|   |
|---|
| <b>Service Area</b>   |
| <p data-bbox="130 678 295 743"><b>California</b><br/>Contra Costa</p>  |

**i** For agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.