



## Medicare Product Portal | Plan Detail

Selected Year: 2025

Selected LIS Level: None

|                                  |                                                                                                                                                                                                                                                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                 | <b>AARP Medicare Advantage from UHC PA-0011 (PPO)</b>                                                                                                                                                                                                                                                  |
| <b>Plan ID</b>                   | <b>H2406-072-000</b>                                                                                                                                                                                                                                                                                   |
| <b>Plan Highlights</b>           | If you want provider choice plus reliable benefits and extras you can count on, this plan has access to out-of-network care, predictable out-of-pocket medical and prescription drug costs, plus OTC, vision, and fitness. Earn up to \$155* in healthy rewards. (H2406-117-000 mapped into this plan) |
| <b>Premium</b>                   | \$0                                                                                                                                                                                                                                                                                                    |
| <b>Medical Deductible</b>        | \$0 combined INN and OON                                                                                                                                                                                                                                                                               |
| <b>Maximum Out-of-Pocket</b>     | \$6,700                                                                                                                                                                                                                                                                                                |
| <b>Provider Network</b>          | Includes Medicare National Network for network care away from home                                                                                                                                                                                                                                     |
| <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 • \$420 Tiers 3-5                                                                                                                                                                                                                                                                    |
| <b>Rx Retail (30-day)</b>        | • \$0/\$0/\$47/\$100/28% • 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.

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|                |                                 |
|----------------|---------------------------------|
| Other Benefits | • Post-Discharge Meals: Covered |
|----------------|---------------------------------|

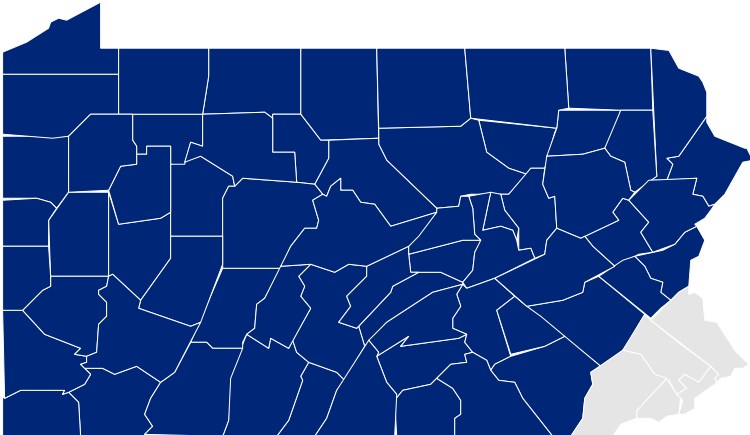
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|--------------------------------|------------------------------|
| Key Metrics <sup>1</sup>       |                              |
| Current Plan Enrollment: 6,889 | Current Eligibles: 2,110,018 |
| YOY Eligible Growth: 1.7%      |                              |

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

Service Area

Pennsylvania

Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York



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