



2026 H0432-004-000

Plan Name	AARP® Medicare Advantage from UHC AL-0002 (HMO-POS)
Plan ID	H0432-004-000
Plan Highlights	Monthly premium for lower out-of-pocket medical and Rx costs. Coverage for certain services outside of the network.
Premium	\$40
Medical Deductible	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$5,400
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide
Rewards	Up to \$155* in healthy rewards
PCP / Specialist	\$0 / \$40; Referral Required
Inpatient Hospital	\$455 copay; days 1-6 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$405 copay / \$455 copay; \$0 for colonoscopies
Ambulance	\$290 copay for ground or air
ER / Urgent Care	\$130 copay / \$50 copay

*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.



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.



2026 H0432-004-000

Plan Name	AARP® Medicare Advantage from UHC AL-0002 (HMO-POS)
Diagnostic Radiology / X-Rays	\$260 copay; \$0 for mammograms / \$30 copay
Lab Services	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$440 Tiers 3-5
Rx Retail (30-day)	\$0/\$10/16%/41%/28% • Insulin: \$35
Rx Mail (Tiers 1-3, 100-day)	\$0/\$0/16% • Insulin: \$105
Dental	Preventive dental services covered for \$0 copay; Platinum Dental Rider Available
Vision	\$0 for a routine eye exam and standard lenses; \$250 every 2 years for eyewear
Hearing Aids	\$199 - \$1,249 copay per device; 2 devices every year through UHC Hearing
Fitness	Free gym membership with core network
OTC	Not Covered
Other Benefits	• Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

*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.



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.



2026 H0432-004-000

Key Metrics ¹**Current Plan Enrollment:** 3,836**Current Eligibles:** 1,128,617**YOY Eligible Growth:** 1.4%

1. Jul 2025 CMS.gov MA Ind State/County Enrollment Within UHC 2026 MA Ind Footprint

Service Area**Alabama**

All counties in state

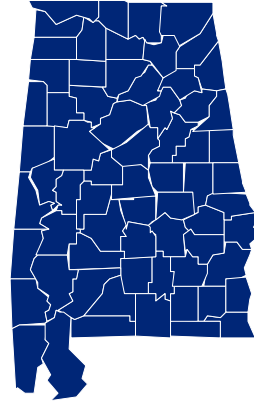
*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.



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.



2026 H0432-004-000



Footprint Key: ● Non-Dual Footprint ● Non-Dual Expansion ● No Footprint

*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.



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.