



2026 H0609-028-000

| | |
|--------------------------------------|--|
| Plan Name | AARP® Medicare Advantage from UHC NV-0001 (HMO-POS) |
| Plan ID | H0609-028-000 |
| Plan Highlights | Medicare Advantage plan offering the coverage of Original Medicare with added benefits. |
| Premium | \$0 |
| Medical Deductible | \$0 in-network; N/A out-of-network |
| Maximum Out-of-Pocket | \$1,900 |
| Provider Network | Access to a local network of providers. Includes UnitedHealth Passport Benefit for network care away from home |
| Rewards | Up to \$155* in healthy rewards |
| PCP / Specialist | \$0 / \$0; Referral Required |
| Inpatient Hospital | \$0 per stay for unlimited days |
| ASC / Outpatient Hospital | \$0 copay / \$0 copay |
| Ambulance | \$290 copay for ground or air |
| ER / Urgent Care | \$150 copay / \$20 copay |
| Diagnostic Radiology / X-Rays | \$140 copay; \$0 for mammograms / \$5 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 H0609-028-000

| | |
|-------------------------------------|--|
| Plan Name | AARP® Medicare Advantage from UHC NV-0001 (HMO-POS) |
| Lab Services | \$0 copay |
| Rx Deductible | \$0 Tiers 1 and 2 • \$270 Tiers 3-5 |
| Rx Retail (30-day) | \$0/\$8/16%/41%/30% • Insulin: \$35 |
| Rx Mail (Tiers 1-3, 100-day) | \$0/\$0/16% • Insulin: \$105 |
| Dental | \$1,000 towards covered services; \$0 copay for preventive services; 50% for comprehensive services |
| Vision | \$0 for a routine eye exam and standard lenses; \$200 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 premium and core network |
| OTC | \$40/quarter OTC credit |
| Other Benefits | • Transportation: \$0 INN; 12 one-way trips to or from plan approved locations • 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 H0609-028-000

Key Metrics ¹

Current Plan Enrollment: 5,423

Current Eligibles: 435,176

YOY Eligible Growth: 2.6%

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

Service Area

Nevada

Clark, Nye

*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 H0609-028-000



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.

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.