



2026 H2406-070-000

Plan Name	AARP® Medicare Advantage from UHC OR-0002 (PPO)
Plan ID	H2406-070-000
Plan Highlights	Medicare Advantage plan offering the coverage of Original Medicare with added benefits.
Premium	\$0
Medical Deductible	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$6,700
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide
Rewards	Up to \$155* in healthy rewards
PCP / Specialist	\$0 / \$55; No Referral Required
Inpatient Hospital	\$550 copay: days 1-5 \$0 per day after that for unlimited days
ASC / Outpatient Hospital	\$500 copay / \$550 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 H2406-070-000

Plan Name	AARP® Medicare Advantage from UHC OR-0002 (PPO)
Diagnostic Radiology / X-Rays	\$210 copay; \$0 for mammograms / \$30 copay
Lab Services	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$600 Tiers 3-5
Rx Retail (30-day)	\$0/\$10/16%/35%/26% • 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; \$300 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	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 H2406-070-000

Key Metrics ¹

Current Plan Enrollment: 10,208**Current Eligibles:** 671,450**YOY Eligible Growth:** 1.9%

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

Service Area

Oregon

Benton, Clackamas, Columbia, Jackson, Josephine, Lane, Marion, Multnomah, Polk, Washington, Yamhill

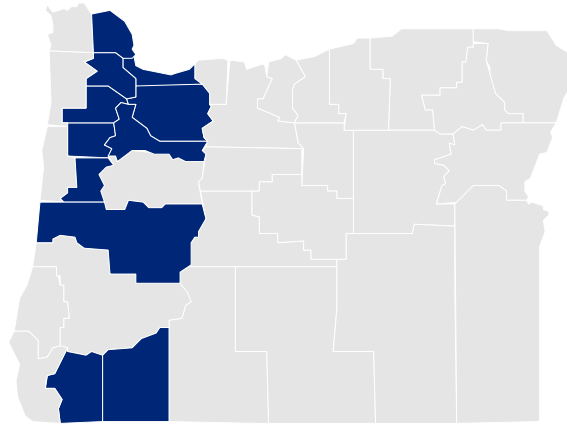
*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.



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 H2406-070-000



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.