



2026 H2001-138-000

Plan Name	AARP® Medicare Advantage Access from UHC WA-11 (PPO)
Plan ID	H2001-138-000
Plan Highlights	\$0 copays on most medical services in or outside of the network, plus coverage for Rx and valued extras.
Premium	\$354
Medical Deductible	\$0 combined in and out-of-network
Maximum Out-of-Pocket	\$3,000
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide
Rewards	Up to \$155* in healthy rewards
PCP / Specialist	\$0 / \$0; No Referral Required
Inpatient Hospital	\$0 per stay for unlimited days
ASC / Outpatient Hospital	\$0 copay / \$0 copay
Ambulance	\$0 copay for ground or air
ER / Urgent Care	\$0 copay / \$0 copay
Diagnostic Radiology / X-Rays	\$0 copay; \$0 for mammograms / \$0 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 H2001-138-000

Plan Name	AARP® Medicare Advantage Access from UHC WA-11 (PPO)
Lab Services	\$0 copay
Rx Deductible	\$0 Tiers 1 and 2 • \$600 Tiers 3-5
Rx Retail (30-day)	\$0/\$8/19%/44%/26% • Insulin: \$35
Rx Mail (Tiers 1-3, 100-day)	\$0/\$0/19% • Insulin: \$105
Dental	\$1,500 towards covered services; \$0 copay for preventive services; 50% for comprehensive services
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 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 H2001-138-000

Key Metrics ¹**Current Plan Enrollment:** 278**Current Eligibles:** 853,623**YOY Eligible Growth:** 2.6%

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

Service Area**Washington**

Clark, King, Pierce, Snohomish, Thurston

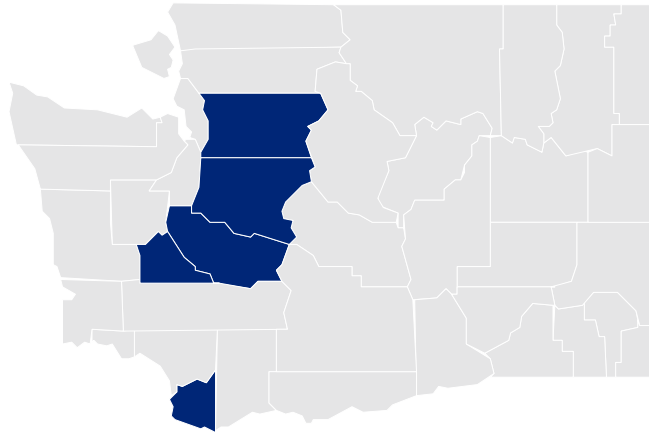
*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.



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 H2001-138-000



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.