









2025 Medicare Advantage plans information

	AARP® Medicare Advantage from UHC NC-0015 (HMO-POS)	AARP® Medicare Advantage from UHC NC-0021 (HMO-POS)	AARP® Medicare Advantage from UHC NC-0017 (PPO)
	H5253-117-000	H5253-037-000	H2406-098-000
	If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness – and limited access to out-of-network care for certain covered services.	If you're looking for coverage you can count on at the right price, this plan has predictable medical and prescription drug costs, and valued extras – plus limited access to out-of-network care for certain covered services. With Extra Help from Medicare, your premium is reduced to \$0 each month.	This plan has predictable medical and prescription drug costs.
Plan Benefits			
Monthly plan premium*	\$0	\$37	\$0
Annual medical deductible	\$0	\$0	\$0
Annual out-of-pocket maximum**	\$3,900	\$3,900	\$5,500
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$20 copay	\$20 copay	\$35 copay
Specialist referral required?	No	No	No
Inpatient hospital care	\$295 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$300 copay per day for Days 1-5; \$0 copay per day for unlimited days after that	\$385 copay per day for Days 1-6; \$0 copay per day for unlimited days after that
Emergency care	\$140 copay (\$0 copay when outside of the United States)	\$140 copay (\$0 copay when outside of the United States)	\$125 copay (\$0 copay when outside of the United States)
Prescription Drugs – Standard Retail (30 day); Preferred Mail Order (100 day)			
Tier 1 – Preferred generic drugs	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay	30 day: \$0 copay; 100 day: \$0 copay
Tier 2 – Generic drugs	30 day: \$5 copay; 100 day: \$0 copay	30 day: \$5 copay; 100 day: \$0 copay	30 day: \$10 copay; 100 day: \$0 copay
Tier 3 – Preferred brand drugs	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay; 100 day: \$131 copay	30 day: \$47 copay; 100 day: \$131 copay
Tier 4 – Non-preferred drugs	30 day: \$100 copay	30 day: \$100 copay	30 day: \$100 copay
Tier 5 – Specialty tier drugs	30 day: 30% coinsurance	30 day: 30% coinsurance	30 day: 28% coinsurance
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$255 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$255 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$420 deductible for Tiers 3, 4 and 5

See reverse for additional details. Ask for a plan's Enrollment Guide if you'd like to see a full explanation of copayments or coinsurance. If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

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Extra Benefits and Features			
 Dental benefits	\$2,000 dental allowance for covered services like cleanings, fillings and crowns	\$4,000 dental allowance for covered services like cleanings, fillings and crowns	\$1,500 dental allowance for covered services like cleanings, fillings and crowns
 OTC benefit	\$50 credit every quarter for OTC products in-store or online	\$60 credit every quarter for OTC products in-store or online	\$25 credit every quarter for OTC products in-store or online
 Routine vision benefits	\$250 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$300 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses	\$200 allowance for eyewear, plus \$0 copay for a routine eye exam and lenses
 Fitness benefit	Free gym membership	Free gym membership	Free gym membership
 Routine hearing benefits	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids	Copays from \$99 to \$1,249 for a broad selection of hearing aids
 UnitedHealthcare® Member Rewards	Rewards for physical activity, an annual wellness visit and more	Rewards for physical activity, an annual wellness visit and more	Rewards for physical activity, an annual wellness visit and more
 Preventive care	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more	\$0 copay for preventive care, including an annual physical, flu shot and more
 UnitedHealthcare® HouseCalls	Yearly in-home visit to help support your health	Yearly in-home visit to help support your health	Yearly in-home visit to help support your health

The AARP plans from UnitedHealthcare listed on this document are available in the following counties:

AARP® Medicare Advantage from UHC NC-0015 (HMO-POS) H5253-117-000

Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Mecklenburg, Montgomery, Moore, Nash, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Union, Vance, Wake, Wayne, Wilson, Yadkin

AARP® Medicare Advantage from UHC NC-0021 (HMO-POS) H5253-037-000

Alamance, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes, Surry, Union, Wilkes, Yadkin

AARP® Medicare Advantage from UHC NC-0017 (PPO) H2406-098-000

Alamance, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stanly, Stokes, Surry, Union, Wake, Wilkes, Yadkin

Get help finding the right plan for you.

Scott Simpson
Licensed Sales Agent
Scott Simpson Insurance Agency

2223 N. Church St.
Greensboro, NC 27405

Phone: 336-462-0148
Fax: 336-790-1379

srsimpson66@gmail.com



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

"If you receive Medicare Extra Help, your premium and prescription drug costs may be lower." The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8574, TTY 711 for more information. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. There may be other pharmacies in our network. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. HouseCalls may not be available in all areas. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Annual routine eye exam and \$100-\$500 allowance for contacts or 1 pair of frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either every year or every two years. ©2024 UnitedHealthcare Services, Inc. All Rights Reserved.