# Summary of Benefits 2027

**AARP® Medicare Rx Preferred from UHC (PDP)**

S5921-394-000

Look inside to learn more about the plan and the drug services it covers. Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **AARPMedicarePlans.com**

Call toll-free **1-855-284-7089**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

AARP® | Medicare Rx from UnitedHealthcare®

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# Summary of Benefits

## January 1, 2027 - December 31, 2027

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at **myAARPMedicare.com** or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## AARP® Medicare Rx Preferred from UHC (PDP)

| **Premium, deductible and limits** | |
|---|---|
| **Monthly plan premium** | $136.70 |
| **Annual Prescription Drug Deductible** | $0 per year for Tier 1 and Tier 2; $300 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs. |

### What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

| **Prescription drug payment stages** | | | | | | |
|---|---|---|---|---|---|---|
| **Deductible** | There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage.<br>There is a $300 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage. | | | | | |
| **Initial Coverage** | In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. | | | | | |
| **Tier drug coverage** | **Retail** | | | | **Mail Order** | |
| | **Preferred** | | **Standard** | | **Preferred** | **Standard** |
| | **30-day supply^** | **100-day supply** | **30-day supply^** | **100-day supply** | **100-day supply** | **100-day supply** |
| **Tier 1:** Preferred Generic | $0 | $0 | $5 | $15 | $0 | $15 |
| **Tier 2:** Generic[3] | $5 | $15 | $10 | $30 | $0 | $30 |
| **Tier 3:** | 22% | 22% | 22% | 22% | 22% | 22% |

| Prescription drug payment stages | | | | | | |
|---|---|---|---|---|---|---|
| Preferred Brand<br>Covered Insulin Drugs[4] | 22%, up to $35 | 22%, up to $105 | 22%, up to $35 | 22%, up to $105 | 22%, up to $105 | 22%, up to $105 |
| **Tier 4:** Non-Preferred Drug[5] | 30% | N/A | 30% | N/A | N/A | N/A |
| **Tier 5:** Specialty Tier[5] | 30% | N/A | 30% | N/A | N/A | N/A |
| Costs shown as copay ($) or coinsurance (% of the cost) | | | | | | |
| **Catastrophic Coverage** | Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. | | | | | |
| **Additional covered drugs** These drugs are not covered by Medicare Part D and not on the plan's Drug List. | This plan covers these additional drugs as Tier 2 medications.<br>• Vitamin D (50,000)<br>• Sildenafil (generic Viagra)<br>• Cyanocobalamin (Vitamin B-12)<br>• Folic Acid (1 mg) | | | | | |

^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

[3]Tier includes enhanced drug coverage.

[4]You pay no more than 22% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

[5]Limited to a 30-day supply

## About this plan

AARP® Medicare Rx Preferred from UHC (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® Medicare Rx Preferred from UHC (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **Michigan.**

## Use network pharmacies

AARP® Medicare Rx Preferred from UHC (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to AARPMedicarePlans.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

AARP® Medicare Rx Preferred from UHC (PDP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. 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. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-870-3470, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son 7 a.m. a 10 p.m. hora del centro, los 7 días de la semana, de octubre a marzo, de lunes a viernes, de abril a septiembre.

Benefits and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® Medicare Rx Preferred from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.