

The AARP Medicare Advantage CareFlex plan from UnitedHealthcare (UHC TX-44 HMO-POS) features a \$0 monthly premium and an annual medical deductible of \$0, with an out-of-pocket maximum of \$6,700. The plan provides a CareFlex credit of \$400 each quarter to help cover Medicare-related copays, including \$0 copay for primary care visits, \$50 for specialist visits (referral required), and \$55 for urgent care. Emergency care incurs a \$125 copay, while inpatient hospital care has a \$495 copay for the first five days, after which there is no charge for additional days. Prescription drug coverage includes a \$0 deductible for Tiers 1-2, with varying copays for higher tiers, such as \$0 for preferred generics and \$10 for generics. The plan also offers dental benefits with a \$1,000 allowance for preventive and comprehensive services, including \$0 copay for preventive services and 50% coinsurance for certain procedures. Additional benefits encompass routine eye exams, eyewear coverage, hearing exams, and hearing aids with copays ranging from \$99 to \$1,249, as well as a fitness program with \$0 copay for Renew Active and a rewards program for wellness activities. Members receive a \$30 quarterly credit for over-the-counter products and a meal benefit that includes \$0 copay for 28 home-delivered meals following inpatient hospitalization or skilled nursing facility stays. The savings benefit applies during the Initial Coverage period, which begins after the deductible is met and ends when total drug costs reach \$5,030 in 2024. Members are not required to use Optum Home Delivery Pharmacy for regular medications, although it is affiliated with UHC, and first prescription orders must be approved by the member. New prescriptions typically arrive within ten business days, and refills within seven, with \$0 copays limited to preferred home delivery prescriptions during the initial coverage phase. Enrollment in the plan is contingent upon contract renewal with Medicare, and AARP membership is not required for enrollment. Members receiving Extra Help from Medicare may have lower or no copays. The plan includes provisions for chronic special needs plans, where members may pay a maximum of \$25 for a one-month supply of covered insulin drugs, while other plans may charge up to \$35, with \$0 during the catastrophic stage. Out-of-network dental coverage may be available but could incur higher costs, and routine transportation is not for emergencies. Virtual visits may require specific technology, and starting January 1, 2025, members spending over \$2,000 on covered Part D drugs

may consider the Medicare Prescription Payment Plan to manage costs. Out-of-network providers are not obligated to treat members except in emergencies, and state-level Medicaid may affect cost-sharing for D-SNP and C-SNP members. Additional information is available in other languages upon request.