



# Summary of Benefits 2024

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

S5921-380-000

Look inside to learn more about the plan and the drug services it covers.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-888-867-5564**, TTY **711**

8 a.m.-8 p.m. local time, 7 days a week



**AARPMedicarePlans.com**

**AARP®** | **Medicare Rx**  
from  **UnitedHealthcare**

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

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](https://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 Basic from UHC (PDP)**

### **Premium, deductible and limits**

<b>Monthly plan premium</b>	\$39.30
<b>Annual Prescription Drug Deductible</b>	\$545 per year for Part D prescription drugs.

## Prescription drug payment stages

**Annual Prescription Deductible** \$545 for Part D prescription drugs

**Initial Coverage** In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.

Tier Drug Coverage	Retail		Mail Order			
	Preferred		Standard		Preferred	Standard
	30-day supply <sup>^</sup>	90-day supply	30-day supply <sup>^</sup>	90-day supply	90-day supply	90-day supply
<b>Tier 1:</b> Preferred Generic	\$2 copay	\$6 copay	\$8 copay	\$24 copay	\$6 copay	\$24 copay
<b>Tier 2:</b> Generic	\$8 copay	\$24 copay	\$10 copay	\$30 copay	\$24 copay	\$30 copay
<b>Tier 3:</b> Preferred Brand	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance
<b>Tier 3:</b> Covered Insulin Drugs	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
<b>Tier 4:</b> Non-Preferred Drug	42% coinsurance	42% coinsurance	45% coinsurance	45% coinsurance	42% coinsurance	45% coinsurance
<b>Tier 5:</b> Specialty Tier	25% coinsurance	N/A <sup>2</sup>	25% coinsurance	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**Coverage Gap (Donut hole)** In this stage, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.

**Catastrophic Coverage** After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

<sup>^</sup>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.

<sup>2</sup> Limited to a 30-day supply

## About this plan

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

To join AARP® Medicare Rx Basic 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 **Arizona**.

## Use network pharmacies

AARP® Medicare Rx Basic 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](https://www.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 Basic 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 [www.medicare.gov](http://www.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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-460-8854 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

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 1-866-460-8854, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: 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 Basic 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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

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.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.