

Benefit Highlights

AARP® Medicare Rx Walgreens from UHC (PDP)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly premium	\$46.10	
Annual Prescription Deductible	\$0 for Tier 1 Part D prescription drugs; \$410 for Tier 2, Tier 3, Tier 4, Tier 5 Part D prescription drugs	
Initial Coverage	Preferred Retail (30-day supply)	Standard Retail (30-day supply)
Tier 1: Preferred Generic	\$2 copay	\$17 copay
Tier 2: Generic¹	\$8 copay	\$20 copay
Tier 3: Preferred Brand	\$40 copay	\$45 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	50% coinsurance	50% coinsurance
Tier 5: Specialty Tier	27% coinsurance	27% coinsurance
Coverage Gap (Donut hole)	After your total drug cost reaches \$5,030, the plan continues to pay its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
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.	

¹ Tier includes enhanced drug coverage

United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

This information is not a complete description of benefits. Contact the plan for more information.

AARP® Medicare Rx Walgreens from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, KS, MN, MT, NE, OK, PA, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. 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.



Benefit Highlights

AARP® Medicare Rx Preferred from UHC (PDP)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly premium	\$99.80	
Annual Prescription Deductible	\$0 for Part D prescription drugs	
Initial Coverage	Preferred Retail (30-day supply)	Standard Retail (30-day supply)
Tier 1: Preferred Generic	\$7 copay	\$15 copay
Tier 2: Generic¹	\$12 copay	\$20 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Coverage Gap (Donut hole)	After your total drug cost reaches \$5,030, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
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.	

¹ Tier includes enhanced drug coverage

Includes \$0 for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. \$0 copay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

This information is not a complete description of benefits. Contact the plan for more information.

AARP® Medicare Rx Preferred from UHC (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, 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.



Benefit Highlights

AARP® Medicare Rx Basic from UHC (PDP)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly premium	\$55.20	
Annual Prescription Deductible	\$545 for Part D prescription drugs	
Initial Coverage	Preferred Retail (30-day supply)	Standard Retail (30-day supply)
Tier 1: Preferred Generic	\$2 copay	\$8 copay
Tier 2: Generic	\$8 copay	\$10 copay
Tier 3: Preferred Brand	17% coinsurance	17% coinsurance
Tier 3: Covered Insulin Drugs	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	44% coinsurance	47% coinsurance
Tier 5: Specialty Tier	25% coinsurance	25% coinsurance
Coverage Gap (Donut hole)	After your total drug cost reaches \$5,030, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	
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.	

This information is not a complete description of benefits. Contact the plan for more information.

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.

