Annual Notice of Change 2027

AARP® Medicare Advantage from UHC MN-0002 (PPO)

Download the **UnitedHealthcare app**

Visit **myAARPMedicare.com**

Call toll-free **1-844-867-3487,** TTY **711**
7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept

AARP® | Medicare Advantage from UnitedHealthcare®

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Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this UnitedHealthcare plan still fits your needs.

Here are some plan changes. Your plan may have more. Please review **Section 1** for full details.



You won't have a prescription drug deductible on Tier 1 and 2 prescription drugs. To see your deductible amount for drugs on Tier 3-5, review the Summary of Important Costs for 2027 section. The 2027 Part D prescription drug out-of-pocket maximum set by Medicare will be $2,400. After you reach that amount, you'll pay $0 for Medicare-covered prescription drugs.

New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your member ID card – Use this at the doctor's office and pharmacy
- Your UnitedHealthcare UCard® – Use this for plan benefits like earned rewards

Having separate cards help protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

Review **Section 2** to learn more about how each card works.

How to prepare for next year

- ✔ Remember to take advantage of your current plan benefits before the end of this year.
- ✔ Review your 2027 Annual Notice of Change.
- ✔ Visit the **Prepare for Next Year** page on your member site or UnitedHealthcare® app. You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.
- ✔ Watch for more information from us about your benefits and coverage for next year.

Your enrollment will renew automatically

If this plan still meets your needs, you don't need to do anything. Your enrollment will renew automatically. You'll continue to have access to the UnitedHealthcare plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We'll be happy to help you explore other options that may better meet your health care needs and budget.

Thank you for trusting us with your Medicare experience

If you have questions, call Customer Service at the toll-free number on your member ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.



Scan the QR code or visit **uhc.care/next-year** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at **myAARPMedicare.com** after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Evidence of Coverage (EOC)

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit myAARPMedicare.com to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

AARP® Medicare Advantage from UHC MN-0002 (PPO) offered by UnitedHealthcare

Annual Notice of Change for 2027

You're enrolled as a member of AARP® Medicare Advantage from UHC MN-0002 (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in AARP Medicare Advantage from UHC MN-0002 (PPO).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 handbook.
- You don't need to take any action to stay enrolled in this plan for next year - your enrollment will continue automatically.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at myAARPMedicare.com or call Customer Service at 1-844-867-3487 (TTY users call 711) to get a copy by mail.

More Resources

- 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 materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your UnitedHealthcare UCard® or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su UCard® de UnitedHealthcare o en la portada de la guía de su plan.

About AARP® Medicare Advantage from UHC MN-0002 (PPO)

- 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. 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 or pharmacy recommendations for individuals.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means AARP® Medicare Advantage from UHC MN-0002 (PPO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in AARP® Medicare Advantage from UHC MN-0002 (PPO)**. Starting January 1, 2027, you'll get your medical and drug coverage through AARP® Medicare Advantage from UHC MN-0002 (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Annual Notice of Change for 2027
Table of Contents

Summary of important costs for 2027 ..... **8**

Section 1 Changes to Benefits & Costs for Next Year **11**

Section 1.1— Changes to the Monthly Plan Premium 11

Section 1.2— Changes to Your Maximum Out-of-Pocket Amounts 12

Section 1.3— Changes to the Provider Network 12

Section 1.4— Changes to the Pharmacy Network 13

Section 1.5— Changes to Benefits & Costs for Medical Services 13

Section 1.6— Changes to Part D Drug Coverage 23

Section 1.7— Changes to Prescription Drug Benefits & Costs 23

Section 2 Administrative Changes **26**

Section 3 How to Change Plans **26**

Section 3.1— Deadlines for Changing Plans 27

Section 3.2— Are there other times of the year to make a change? 27

Section 4 Get Help Paying for Prescription Drugs **27**

Section 5 Questions? **28**

Get Help from AARP® Medicare Advantage from UHC MN-0002 (PPO) 28

Get Free Counseling about Medicare 29

Get Help from Medicare 29

Summary of important costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. (Go to Section 1.1 for details.)	$54	$59
Annual medical deductible	For 2026, your plan does not have a deductible.	For 2027, your plan has a $1,000 out-of-network deductible. The deductible does not apply to insulin furnished through durable medical equipment (DME). Please see Chapter 4 of your Evidence of Coverage for details.
Maximum out-of-pocket amounts This is the **most** you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $4,900 From in-network and out-of-network providers combined: $10,100	From network providers: $6,300 From in-network and out-of-network providers combined: $10,750
Primary care office visits	You pay a $0 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).	You pay a $0 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).
Specialist office visits	You pay a $45 copayment per visit (in-network). You pay a $75 copayment per visit (out-of-network).	You pay a $55 copayment per visit (in-network). You pay a $85 copayment per visit (out-of-network).

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay a $375 copayment each day for days 1 to 5 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $495 copayment each day for days 1 to 5 (out-of-network). $0 copayment for additional Medicare covered days (out-of-network).	You pay a $495 copayment each day for days 1 to 5 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $615 copayment each day for days 1 to 5 (out-of-network). $0 copayment for additional Medicare covered days (out-of-network).
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0 Tier 1 and Tier 2 $520 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.	$0 Tier 1 and Tier 2 $685 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $0 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $10 copayment	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $0 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $5 copayment

	2026 (this year)	2027 (next year)
	• Drug Tier 3: Standard retail cost-sharing (in-network) 17% of the total cost You pay 17%, up to $35 per month supply of each covered insulin product on this tier[1]. • Drug Tier 4: Standard retail cost-sharing (in-network) 39% of the total cost • Drug Tier 5: Standard retail cost-sharing (in-network) 27% of the total cost Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs • You can have cost sharing for drugs that are covered under our enhanced benefit.	• Drug Tier 3: Standard retail cost-sharing (in-network) 22% of the total cost You pay 22%, up to $35 per month supply of each covered insulin product on this tier[1]. • Drug Tier 4: Standard retail cost-sharing (in-network) 27% of the total cost • Drug Tier 5: Standard retail cost-sharing (in-network) 26% of the total cost Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs • You can have cost sharing for drugs that are covered under our enhanced benefit.

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 22% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	**$54**	**$59**
Platinum Dental Rider **Additional premium for optional supplemental benefits** If you've enrolled in an optional supplemental benefit package and it's still available next year, your coverage will continue automatically. You'll pay this premium in addition to the monthly plan premium above, unless you choose to disenroll. (You must also continue to pay your Medicare Part B premium.)	You pay $44 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for all covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay $54 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for all covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,900 Once you've paid $4,900 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	$6,300 Once you've paid $6,300 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Our plan premium and costs for prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$10,100 Once you've paid $10,100 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$10,750 Once you've paid $10,750 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 Provider Directory (myAARPMedicare.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at myAARPMedicare.com.
- Call Customer Service at 1-844-867-3487 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-844-867-3487 (TTY users call 711) for help. You may have a special enrollment period if your

provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your Evidence of Coverage.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 Pharmacy Directory (myAARPMedicare.com) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at myAARPMedicare.com.
- Call Customer Service at 1-844-867-3487 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-844-867-3487 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	You pay a $0 copayment for services provided by a primary care physician (in-network). You pay a $45 copayment for services provided by a specialist (in-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	You pay a $0 copayment for services provided by a primary care physician (in-network). You pay a $55 copayment for services provided by a specialist (in-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Acupuncture for chronic low back pain (Medicare-covered)	You pay a $15 copayment for services provided by a	You pay a $15 copayment for services provided by a

	2026 (this year)	2027 (next year)
	primary care physician (out-of-network). You pay a $75 copayment for services provided by a specialist (out-of-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	primary care physician (out-of-network). You pay a $85 copayment for services provided by a specialist (out-of-network). Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Additional routine foot care	You pay a $40 copayment (in-network). You pay a $75 copayment (out-of-network). We cover 6 in and out-of-network visits every year.	You pay a $45 copayment (in-network). You pay a $85 copayment (out-of-network). We cover 6 in and out-of-network visits every year.
Ambulance services	You pay a $290 copayment for each one-way Medicare-covered ground trip. You pay a $290 copayment for each one-way Medicare-covered air trip.	You pay a $315 copayment for each one-way Medicare-covered ground trip. You pay a $315 copayment for each one-way Medicare-covered air trip.
Annual medical deductible	For 2026, your plan does not have a deductible.	For 2027, your plan has a $1,000 out-of-network deductible. The deductible does not apply to insulin furnished through durable medical equipment (DME). Please

	2026 (this year)	2027 (next year)
		see Chapter 4 of your Evidence of Coverage for details.
Cardiac rehabilitation	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Chiropractic services	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Platinum Dental Rider	You pay $44 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay $54 a month for up to $1,500 per year for covered preventive and comprehensive dental services. Benefit is combined in and out-of-network. You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is

	2026 (this year)	2027 (next year)
		not covered by Original Medicare or the Plan. If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a $0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. In-network You pay a $0 copayment. There are no fees for standard membership services when you use network providers. Out-of-network You pay 90% of the total cost if you use an out-of-network fitness provider. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Evidence of Coverage for more information.
Hearing services Routine hearing exam	Get 1 hearing exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $75 copayment if you get a hearing exam from an out-of-network provider.	Get 1 hearing exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $85 copayment if you get a hearing exam from an out-of-network provider.

	2026 (this year)	2027 (next year)
	Benefit is combined in and out-of-network.	Benefit is combined in and out-of-network.
Hearing services Medicare-covered hearing and balance exams	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Hearing services Hearing aids	You pay a $199 - $829 copayment for each OTC hearing aid. You pay a $199 - $1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a $700 allowance for up to 2 prescription hearing aids every year. In-network You pay a $0 copayment. Out-of-network You are responsible for 90% of the allowance amount if you purchase hearing aids from an out-of-network provider. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered. Benefit is combined in and out-of-network.
Inpatient hospital care	You pay a $375 copayment each day for days 1 to 5 (in-network). $0 copayment for additional Medicare covered days (in-network).	You pay a $495 copayment each day for days 1 to 5 (in-network). $0 copayment for additional Medicare covered days (in-network).
Inpatient hospital care	You pay a $495 copayment each day for days 1 to 5 (out-of-network).	You pay a $615 copayment each day for days 1 to 5 (out-of-network).

	2026 (this year)	2027 (next year)
	$0 copayment for additional Medicare covered days (out-of-network).	$0 copayment for additional Medicare covered days (out-of-network).
Inpatient mental health care	You pay a $375 copayment each day for days 1 to 5 (in-network). $0 copayment each day for days 6 to 90 (in-network).	You pay a $495 copayment each day for days 1 to 4 (in-network). $0 copayment each day for days 5 to 90 (in-network).
Inpatient mental health care	You pay a $495 copayment each day for days 1 to 5 (out-of-network). $0 copayment each day for days 6 to 90 (out-of-network).	You pay a $615 copayment each day for days 1 to 5 (out-of-network). $0 copayment each day for days 6 to 90 (out-of-network).
Meal benefit	Covered	Not covered
Outpatient diagnostic tests and therapeutic services and supplies - radiation therapy	You pay a $60 copayment (in-network).	You pay 20% of the total cost (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $5 copayment (in-network).	You pay a $25 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $25 copayment (out-of-network).	You pay a $70 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological	You pay a $0 copayment for each diagnostic mammogram.	You pay a $0 copayment for each diagnostic mammogram.

	2026 (this year)	2027 (next year)
diagnostic service, not including X-rays	You pay a $210 copayment otherwise (in-network).	You pay a $320 copayment otherwise (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a $0 copayment for each diagnostic mammogram. You pay a $360 copayment otherwise (out-of-network).	You pay a $0 copayment for each diagnostic mammogram. You pay a $420 copayment otherwise (out-of-network).
Outpatient rehabilitation services - occupational therapy	You pay a $35 copayment (in-network).	You pay a $50 copayment (in-network).
Outpatient rehabilitation services - occupational therapy	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a $35 copayment (in-network).	You pay a $55 copayment (in-network).
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Outpatient surgery - ambulatory surgical center	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $275 copayment otherwise (in-network).	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $395 copayment otherwise (in-network).
Outpatient surgery - ambulatory surgical center	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $495 copayment otherwise (out-of-network).	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $615 copayment otherwise (out-of-network).

	2026 (this year)	2027 (next year)
Outpatient surgery - hospital outpatient facilities	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $375 copayment otherwise (in-network).	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $495 copayment otherwise (in-network).
Outpatient surgery - hospital outpatient facilities	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $495 copayment otherwise (out-of-network).	You pay a $0 copayment for a diagnostic colonoscopy. You pay a $615 copayment otherwise (out-of-network).
Outpatient surgery - hospital outpatient observation services	You pay a $375 copayment (in-network).	You pay a $495 copayment (in-network).
Outpatient surgery- hospital outpatient observation services	You pay a $495 copayment (out-of-network).	You pay a $615 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - Medicare-covered hearing and balance exams	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - specialists	You pay a $45 copayment (in-network).	You pay a $55 copayment (in-network).
Physician/practitioner services, including doctor's office visits - specialists	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Podiatry services (Medicare-covered)	You pay a $40 copayment (in-network).	You pay a $45 copayment (in-network).
Podiatry services (Medicare-covered)	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).

	2026 (this year)	2027 (next year)
Pulmonary rehabilitation	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
Pulmonary rehabilitation	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $218 copayment each day for days 21 to 100 (in-network).	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $221 copayment each day for days 21 to 100 (in-network).
Supervised exercise therapy (SET)	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
Supervised exercise therapy (SET)	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Urgently needed services **– worldwide**	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Vision care Medicare-covered eye exams to evaluate for eye disease	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Vision care Medicare-covered eyewear	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).

	2026 (this year)	2027 (next year)
Vision care Medicare-covered glaucoma screening	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Vision care Medicare-covered visits	You pay a $75 copayment (out-of-network).	You pay a $85 copayment (out-of-network).
Vision care Additional routine eye exams	Get 1 vision exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $75 copayment if you get a vision exam from an out-of-network provider. Benefit is combined in and out-of-network.	Get 1 vision exam per year. In-network You pay a $0 copayment. Out-of-network You pay a $85 copayment if you get a vision exam from an out-of-network provider. Benefit is combined in and out-of-network.
Vision care Additional routine eyewear	You pay a $0 copayment for standard lenses or a copayment ranging from $40 to $153 for other covered lenses and receive up to $300 toward your purchase of frames or contact lenses every 2 years. Limited to 1 pair of lenses and frames or contact lenses every 2 years. Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not	Receive a total credit of $150 toward your purchase of 1 pair of frames/lenses or contact lenses every 2 years. Limited to 1 pair of frames/lenses or contact lenses every 2 years. In-network You pay a $0 copayment. Home-delivered eyewear is available nationwide through network providers (select products only). Out-of-network You are responsible for 90% of the allowance amount if you purchase frames/lenses or contact

	2026 (this year)	2027 (next year)
	purchased from a UHC Vision network provider.	lenses from an out-of-network provider. Benefit is combined in and out-of-network.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List
Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-844-867-3487 (TTY users call 711) or visiting our website (**myAARPMedicare.com**). This material will be available online after **October 15, 2026.**

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-844-867-3487 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?
If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don't get this material, call Customer Service at 1-844-867-3487 (TTY users call 711) and ask for the LIS Rider to be sent to you.

Drug Payment Stages
There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible
The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$520 During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail 30-day supply), $10 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.	$685 During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail 30-day supply), $5 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage
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.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your **Evidence of Coverage**.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 - Preferred Generic	You pay $0 per prescription.	You pay $0 per prescription.
Tier 2 - Generic	You pay $10 per prescription.	You pay $5 per prescription.
Tier 3 - Preferred Brand	You pay 17% of the total cost. You pay 17%, up to $35 per month supply of each covered insulin product on this tier[1].	You pay 22% of the total cost. You pay 22%, up to $35 per month supply of each covered insulin product on this tier[1].
Tier 4 - Non-Preferred Drug	You pay 39% of the total cost. Your cost for a one-month mail-order prescription is 39%.	You pay 27% of the total cost. Your cost for a one-month mail-order prescription is 27%.
Tier 5 - Specialty Tier	You pay 27% of the total cost. Your cost for a one-month mail-order prescription is 27%.	You pay 26% of the total cost. Your cost for a one-month mail-order prescription is 26%.

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 22% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Section 2 Administrative Changes

	2026 (this year)	2027 (next year)
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your earned rewards on eligible items.	You'll get a new member ID card for 2027. Continue using your current UCard until Dec. 31, 2026, then you can destroy it, and start using your new member ID card. If you have a rewards balance on Dec. 31, 2026, you'll receive a new UCard separately from your member ID card. Your rewards will transfer to the new card and expire Dec. 31, 2027. Keep your UCard—it may be valid if you switch to another UnitedHealthcare Medicare Advantage plan

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our AARP® Medicare Advantage from UHC MN-0002 (PPO).
If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from AARP® Medicare Advantage from UHC MN-0002 (PPO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from AARP® Medicare Advantage from UHC MN-0002 (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (myAARPMedicare.com). Call Customer Service at 1-844-867-3487 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call

1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the **Medicare & You 2027 handbook,** call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  — 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

— Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.

— Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage.** Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-844-867-3487 (TTY users call 711) or visit Medicare.gov.

Section 5 Questions?

Get Help from AARP® Medicare Advantage from UHC MN-0002 (PPO)

- **Call Customer Service at 1-844-867-3487. (TTY users call 711).**

  We're available for phone calls 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Evidence of Coverage** for AARP® Medicare Advantage from UHC MN-0002 (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and

prescription drugs. Get the **Evidence of Coverage** on our website at myAARPMedicare.com or call Customer Service at 1-844-867-3487 (TTY users call 711) to ask us to mail you a copy.

- **Visit myAARPMedicare.com**

Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list). The Provider Directory and Formulary will be available after **October 15, 2026**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Minnesota State Health Insurance Assistance Program/Senior LinkAge Line.

Call Minnesota State Health Insurance Assistance Program/Senior LinkAge Line to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Minnesota State Health Insurance Assistance Program/Senior LinkAge Line at 1-800-333-2433**.**

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability
of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說**中文** (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Khmer) សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

알림 사항: **한국어**(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ZINGATIA: Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha za bila malipo na mawasiliano ya bila malipo katika miundo mingine, kama vile maandishi makubwa, zinapatikana kwako. Piga nambari isiyolipishwa ya simu kwenye kadi yako ya kitambulisho cha mwanachama.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณ**พูดภาษาไทย** (Thai) ได้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською** (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

LƯU Ý: Nếu quý vị nói **Tiếng Việt** (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

ÀKÍYÈSÍ: Tí o bá ń ṣọ **Yorùbá** (Yoruba), àwọn iṣẹ́ àtìlẹ́yìn èdè ọ̀fẹ́ àti àwọn ìbánisọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jáde ńlá, wà fún ọ. Pe nọ́mbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ́ rẹ.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at:**http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at:**https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

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AARP® Medicare Advantage from UHC MN-0002 (PPO)

Customer Service:

Download the **UnitedHealthcare app**

Visit **myAARPMedicare.com**

Call **1-844-867-3487**
Calls to this number are free. 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY **711**
Calls to this number are free.
7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept.

Write: **P.O. Box 30770**
Salt Lake City, UT 84130-0770

Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.