Benefit Highlights

AARP® Medicare Rx Saver from UHC (PDP)

This is a short description of your 2025 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

| Plan costs | | |
|--|---|------------------------------------|
| Monthly premium | \$36.20 | |
| Deductible | \$590 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 | \$7 copay | \$9 copay |
| Tier 3: Preferred Brand | 17% coinsurance | 17% coinsurance |
| Tier 3: Covered Insulin Drugs ¹ | \$35 copay | \$35 copay |
| Tier 4: Non-Preferred Drug ² | 40% coinsurance | 43% coinsurance |
| Tier 5: Specialty Tier ² | 25% coinsurance | 25% coinsurance |
| Catastrophic Coverage | After you, and others on your behalf, have paid a combined total of \$2,000, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. | |

¹ You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

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

AARP® Medicare Rx Saver 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.

² Limited to a 30-day supply

