



Medical and Prescription Drug Plan Design- Plan Year 2026

Medicare Advantage and Medicare Supplemental Group Plans

Making It Better. Together.

Side-by-Side Medical Comparison	United Healthcare Medicare Advantage PPO ¹	Aetna DIRECT Freedom 1525	Aetna DIRECT Freedom 2030
Primary Care Copayment	\$10	\$15	\$20
Specialist Care Copayment	\$10	\$25	\$30/adult \$20/child*
Urgent Care Copayment	\$10	\$25	\$30/adult \$20/child*
Emergency Room Copayment	\$75	\$75	\$125
In-Network Deductible (individual/Family)	N/A	N/A	N/A
In-Network Overall Coinsurance	N/A	10% ²	10% ²
Total In-Network Out-of-Pocket Maximum (Individual/Family)	\$300 per person ¹	\$400/\$1,000	\$800/\$2,000
Out-of-Network Deductible (Individual/Family)	N/A	\$100/\$250	\$200/\$500
Out-of-Network Overall Coinsurance ¹	N/A	30%	30%
Total Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$300 per person; Combined In-and-Out -of-Network	\$2,000/\$5,000 ³	\$5,000/\$12,500 ³
Side-by-Side Rx Comparison			
Retail: Generic Copayments	\$6	\$7	\$3
Retail: Preferred Brand Copayments	\$12	\$16	\$18
Retail: Non-Preferred Brand Copayments	\$24	\$35	\$46
Retail: Brand w/ Generic Equivalent ⁴	N/A	Member pays difference	Member pays difference
Mail: Generic Copayments	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$18	\$40	\$36
Mail: Non-Preferred Brand Copayments	\$30	\$88	\$92
Mail: Brand w/ Generic Equivalent ⁴	N/A	Member pays difference	Member pay difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$2,100	\$1,351/\$2,702	\$1,351/\$2,702

¹Age 26 and under

¹ Medicare Advantage plans do not have in-network and out-of-network differentiation. Medicare Advantage plans provide coverage at the same benefit level regardless of network status for visits to any provider that accepts Medicare. Any visits to doctors who do not accept Medicare will not be covered.

² On select services. See Summary of Benefits and Coverage.

³ You can save money when you choose to receive care from providers that participate in the Aetna networks. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Aetna's allowable reimbursement for that particular service and this may result in significant out-of-pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using Aetna network providers, you will keep your health care costs down.

Note Rx: Retail-30 day supply. Mail-90 day supply

⁴ You pay the cost difference between the brand drug and generic drug.