

Benefit Highlights

AARP® MedicareComplete® Value (HMO)

This is a short description of your 2019 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

	Your Cost
Monthly plan premium	\$0

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$15 copay Specialist: \$50 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$410 copay per day: for days 1-4 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-57 \$0 copay per day: days 58-100
Outpatient surgery	\$395 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$100 copay
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	\$2 copay
Outpatient x-rays	\$14 copay
Ambulance	\$225 copay for ground \$225 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$5,900

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Hearing - routine exam	\$15 copay; 1 per year
Hearing aids	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com , and click the link in the footer entitled Terms and Conditions.
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
Foot care - routine	\$50 copay; 6 visits per year
Home Delivered Meals	\$0 copay; Coverage for at home meal benefit. Restrictions apply.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$305 for Tier 3, Tier 4, Tier 5	
Tier 1: Preferred Generic Drugs	\$4 copay	\$0 copay
Tier 2: Generic Drugs	\$14 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	27% coinsurance	27% coinsurance
Coverage gap stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	

Prescription Drugs

	Your Cost
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,100, you will pay the greater of \$3.40 copay for generic (Including brand drugs treated as generic), \$8.50 copay for all other drugs, or 5% coinsurance

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

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. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.