

Benefit Highlights

AARP® Medicare Advantage Value (HMO)

This is a short description of your 2020 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 plan premium	\$0
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Medical Benefits

	Your Cost
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$5,900
Doctor's office visit	Primary Care Provider: \$15 copay Specialist: \$50 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$310 copay per day: for days 1-6 \$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 hospital, including surgery	\$0 - \$300 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)	\$0 - \$160 copay
Diagnostic tests and procedures (non-radiological)	\$25 copay
Lab services	\$10 copay
Outpatient x-rays	\$14 copay
Ambulance	\$275 copay for ground \$275 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)

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	\$0 copay; 1 per year
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, 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.UHCRenewActive.com , and click the link in the footer entitled Terms and Conditions.
Foot care - routine	\$50 copay; 6 visits per year
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com

Prescription Drugs

	Your Cost	
	Standard Retail (30-day)	Preferred Mail Order (90-day)
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$405 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
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	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 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.

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