

Benefit Highlights

AARP® Medicare Advantage (HMO-POS)

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 | \$29 |
|----------------------|------|

Medical Benefits

| | In-Network | Out-of-Network |
|--|---|---|
| Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan) | \$4,900 In-Network | Unlimited Out-of-Network |
| Doctor's office visit | Primary Care Provider: \$5 copay | Primary Care Provider: No coverage |
| | Specialist: \$45 copay (no referral needed) | Specialist: No coverage |
| Preventive services | \$0 copay | Flu shots: \$0 copay All other services: No coverage |
| Inpatient hospital care | \$275 copay per day: for days 1-6 \$0 copay per day for unlimited days after that | No coverage |
| Skilled nursing facility (SNF) | \$0 copay per day: days 1-20 \$160 copay per day: days 21-51 \$0 copay per day: days 52-100 | No coverage |
| Outpatient hospital, including surgery | \$0 - \$255 copay Cost sharing for additional plan covered services will apply. | No coverage |
| Diabetes monitoring supplies | \$0 copay for covered brands | No coverage |
| Home health care | \$0 copay | No coverage |
| Diagnostic radiology services (such as MRIs, CT scans) | \$0 - \$110 copay | No coverage |
| Diagnostic tests and procedures (non-radiological) | \$25 copay | No coverage |
| Lab services | \$10 copay | No coverage |
| Outpatient x-rays | \$14 copay | No coverage |
| Ambulance | \$275 copay for ground \$275 copay for air | \$275 copay for ground \$275 copay for air |

Medical Benefits

| | In-Network | Out-of-Network |
|--------------------------|--|----------------|
| Emergency care | \$90 copay (worldwide) | |
| Urgently needed services | \$30 - \$40 copay (\$90 copay for worldwide coverage) | |

Benefits and Services Beyond Original Medicare

| | In-Network | Out-of-Network |
|---------------------------------------|---|---|
| Routine physical | \$0 copay; 1 per year | No coverage |
| Vision - routine eye exams | \$0 copay; 1 every year | No coverage |
| Vision - eyewear | \$0 copay every 2 years; up to \$100 for lenses/frames and contacts | No coverage |
| Dental - preventive | \$0 copay for exams, cleanings, x-rays, and fluoride* | \$0 copay for exams, cleanings, x-rays, and fluoride* |
| Hearing - routine exam | \$0 copay; 1 per year | No coverage |
| Hearing aids | \$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years. | No coverage |
| 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 | \$45 copay; 6 visits per year | No coverage |
| Health & Wellness Products Catalog | \$40 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail. | |
| 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 | No coverage |

*Benefits combined in and out-of-network

Prescription Drugs

| | Your Cost |
|--------------------------------|--|
| Annual prescription deductible | \$0 for Tier 1, Tier 2 and Tier 3; \$295 for Tier 4 and Tier 5 |

Prescription Drugs

| Initial coverage stage | Your Cost | |
|---------------------------------|--|-------------------------------|
| | Standard Retail (30-day) | Preferred Mail Order (90-day) |
| Tier 1: Preferred Generic Drugs | \$4 copay | \$0 copay |
| Tier 2: Generic Drugs | \$12 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 \$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

AARP | Medicare Advantage
from UnitedHealthcare

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.