Benefit Highlights

AARP® Medicare Advantage Value (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	$0

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: $0 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	$295 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 - $280 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 - $160 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	$225 copay for ground $225 copay for air	$225 copay for ground $225 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*
Dental - comprehensive	$0 copay or 50% coinsurance for comprehensive dental services *	$0 copay or 50% coinsurance for comprehensive dental services*
Dental - benefit limit	$1,000 limit on all covered dental services	
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
Home Delivered Meals	$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
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 and Tier 2; $275 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	28% coinsurance	28% 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	

AARP | Medicare Advantage from UnitedHealthcare

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