Summary of Benefits 2020

Overview of your plan

AARP® Medicare Advantage (HMO-POS)

H5253-004-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.

Toll-free **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.AARPMedicarePlans.com

AARP® | Medicare Advantage from UnitedHealthcare

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Summary of Benefits

January 1st, 2020 - December 31st, 2020

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® Medicare Advantage (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Wisconsin: Milwaukee, Ozaukee, Racine, Washington, Waukesha.

Use network providers and pharmacies.

AARP® Medicare Advantage (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® Medicare Advantage (HMO-POS)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	$27	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$4,500 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

AARP® Medicare Advantage (HMO-POS)

Benefits		In-Network	Out-of-Network
Inpatient Hospital[2]		$285 copay per day: for days 1-6 $0 copay per day: for days 7 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $260 copay otherwise	Not covered
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $260 copay otherwise	Not covered
	Outpatient Hospital Observation Services[2]	$260 copay	Not covered
Doctor Visits	Primary	$0 copay	Not covered
	Specialists[2]	$35 copay	Not covered
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com	Not covered
Preventive Care	Medicare-covered	$0 copay	Flu shots: $0 copay All other services: Not covered
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening	

Benefits		In-Network	Out-of-Network
		Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	$0 copay; 1 per year	Not covered
Emergency Care		$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		$30 - $40 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $110 copay per service otherwise	Not covered
	Lab services[2]	$5 copay	Not covered
	Diagnostic tests and procedures[2]	$25 copay	Not covered
	Therapeutic Radiology[2]	$50 copay per service	Not covered
	Outpatient X-rays[2]	$14 copay per service	Not covered
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	Not covered
	Routine hearing exam	$0 copay; 1 per year	Not covered
	Hearing aid[2]	$375 - $2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.	Not covered
Routine Dental Services	Preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive[2]	$0 copay or 50% coinsurance for comprehensive dental services*	$0 copay or 50% coinsurance for comprehensive dental services*
	Benefit limit	$1,500 limit on all covered dental services	

Benefits		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	Not covered
	Eyewear after cataract surgery	$0 copay	Not covered
	Routine eye exam	$0 copay; 1 every year	Not covered
	Eyewear	$0 copay every 2 years; up to $200 for lenses/ frames and contacts	Not covered
Mental Health	Inpatient visit[2]	$285 copay per day: for days 1-5 $0 copay per day: for days 6-90 Our plan covers 90 days for an inpatient hospital stay.	Not covered
	Outpatient group therapy visit[2]	$0 copay	Not covered
	Outpatient individual therapy visit[2]	$5 copay	Not covered
Skilled Nursing Facility (SNF)[2]		$0 copay per day: for days 1-20 $160 copay per day: for days 21-49 $0 copay per day: for days 50-100 Our plan covers up to 100 days in a SNF.	Not covered
Physical therapy and speech and language therapy visit[2]		$35 copay	Not covered
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$225 copay for ground $225 copay for air	$225 copay for ground $225 copay for air

Benefits		In-Network	Out-of-Network
Routine Transportation		Not covered	
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs[2]	20% coinsurance	Not covered
	Other Part B drugs[2]	20% coinsurance	Not covered

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription Deductible	$0 per year for Tier 1, Tier 2 and Tier 3; $250 for Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1: Preferred Generic Drugs	$2 copay	$6 copay	$0 copay	$6 copay
Tier 2: Generic Drugs	$12 copay	$36 copay	$0 copay	$36 copay
Tier 3: Preferred Brand Drugs	$47 copay	$141 copay	$131 copay	$141 copay
Tier 4: Non-Preferred Drugs	$100 copay	$300 copay	$290 copay	$300 copay
Tier 5: Specialty Tier Drugs	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Stage 3: 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.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: □ 5% coinsurance, or □ $3.60 copay for generic (including brand drugs treated as generic) and a $8.95 copay for all other drugs.			

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation[2]	$20 copay	Not covered
Diabetes Management	Diabetes monitoring supplies [2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	Not covered
	Diabetes Self-management training	$0 copay	Not covered
	Therapeutic shoes or inserts[2]	20% coinsurance	Not covered
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	Not covered

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost. With your fitness benefit you also get a Fitbit activity tracker at no additional cost to you. This device may help you improve or maintain good health by tracking your physical activity and exercise.	
Foot Care (podiatry services)	Foot exams and treatment[2]	$35 copay	Not covered
	Routine foot care	$35 copay; for each visit up to 6 visits every year	Not covered
Meal Benefit[2]		$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
Home Health Care[2]		$0 copay	Not covered
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit[2]		$35 copay	Not covered
Opioid Treatment Services		$0 copay	Not covered
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$0 copay	Not covered
	Outpatient individual therapy visit[2]	$5 copay	Not covered
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.	

Additional Benefits	In-Network	Out-of-Network
UnitedHealth Passport®	Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.	
Renal Dialysis[2]	20% coinsurance	Not covered out-of-network (except in emergency situations).

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服 務。請致電
1-855-814-6894（TTY：711).

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

Every year, Medicare evaluates plans based on a 5-star rating system.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx

should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Use of any Fitbit device is voluntary. Consult a health care professional before beginning any exercise program. Availability of the Fitbit benefit varies by plan/market. Refer to your Evidence of Coverage for more details. Fitbit is a registered trademark of Fitbit, Inc.

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.