

2021 Medicare Advantage Plan Information

	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (Local PPO)
	H4590-012-000	H4590-041-000	H4590-043-000	H1278-013-000
Plan Benefits				
Monthly plan premium*	\$0	\$73	\$0	\$0
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$35 copay	\$20 copay	\$25 copay	\$35 copay
Specialist referral required?	Yes	Yes	Yes	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$275 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$150 copay per admit	\$325 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$325 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-42 /\$0 copay per day for days 43-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-38 /\$0 copay per day for days 39-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-42 /\$0 copay per day for days 43-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-57 /\$0 copay per day for days 58-100
Outpatient surgery	\$0 copay - \$275 copay	\$0 copay - \$150 copay	\$0 copay - \$325 copay	\$0 copay - \$325 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$125 copay	\$0 copay - \$125 copay	\$0 copay - \$150 copay	\$0 copay - \$150 copay
Diagnostic tests and procedures	\$20 copay	\$20 copay	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay	\$0 copay	\$15 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay
Emergency care	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours
Urgent care	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$3,900	\$3,200	\$3,900	\$6,700

Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)				
Tier 1 – Preferred generic drugs	30-day: \$2 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$3 copay; 90-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$14 copay; 90-day: \$14 copay	30-day: \$14 copay; 90-day: \$0 copay	30-day: \$14 copay; 90-day: \$0 copay	30-day: \$14 copay; 90-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 33% coinsurance; 90-day: Not included	30-day: 33% coinsurance; 90-day: Not included	30-day: 33% coinsurance; 90-day: Not included	30-day: 26% coinsurance; 90-day: Not included
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for Tiers 1 and 2; \$345 deductible for Tiers 3, 4 and 5

See reverse for additional details. Ask for a plan’s 2021 Enrollment Guide if you’d like to see a full explanation of copayments or coinsurance.

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	H4590-012-000	H4590-041-000	H4590-043-000	H1278-013-000
Extra Benefits and Features				
Dental coverage	Up to \$500 for covered dental services such as commonly used exams, x-rays, routine cleanings and fillings	Up to \$1,000 for covered dental services such as certain cleanings, fillings, crowns, root canals, extractions and dentures	Up to \$1,000 for covered dental services such as certain cleanings, fillings, crowns, bridges, root canals and extractions	Up to \$500 for covered dental services such as commonly used exams, x-rays, routine cleanings and fillings
Routine vision care	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$200 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years
Routine hearing coverage	\$0 copay for 1 routine hearing exam and copays as low as \$175 for a selection of hearing aids, 2 devices every 2 years	\$0 copay for 1 routine hearing exam and copays as low as \$175 for a selection of hearing aids, 2 devices every 2 years	Not included	Not included
Insulin Senior Savings Program	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less
Over the counter (OTC) benefit	Up to \$160 per year to buy over-the-counter products delivered to your home	Not included	Up to \$160 per year to buy over-the-counter products delivered to your home	Up to \$160 per year to buy over-the-counter products delivered to your home
Gym membership	Free gym membership with Renew Active™	Free gym membership with Renew Active™	Free gym membership with Renew Active™	Free gym membership with Renew Active™

The UnitedHealthcare plans listed on this document are available in the following counties:

AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS) H4590-012-000
Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) H4590-041-000
Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage (HMO-POS) H4590-043-000
Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage Choice (Local PPO) H1278-013-000
Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Parker, Rockwall, Tarrant, Van Zandt, Wise

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call UnitedHealthcare at 1-855-332-0910, TTY 711.