

2021 Medicare Advantage Plan Information

| | 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 |
| 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 |
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| Prescription Drugs – Standard Re | 1 27 | * ** | | |
| 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 |
| Tier 4 – Non-preferred drugs | 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 |

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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.

If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. Limitations may apply. "The most you may pay in a year for medical care covered by the plan. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. This information is not a complete description of benefits. Call 1-855-332-0910, TTY 711 for more information. Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D sponsor members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. You will pay \$35 or less for a 1-month supply of insulin until you reach the catastrophic stage of your benefit. You will pay 5% of the cost of your insulin or less during the catastrophic stage. Renew Active includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. 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. © 2020 United Healthcare Services, Inc. All rights reserved.

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