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	$27

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)	$4,200 In-Network	Unlimited Out-of-Network
Doctor's office visit	Primary Care Provider: $5 copay	Primary Care Provider: No coverage
	Specialist: $50 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 1-5 $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 21-47 $0 copay per day: days 48-100	No coverage
Outpatient hospital, including surgery	$0 - $275 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	$5 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*
Dental - comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$500 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 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 - routine	$50 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.	
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	

	In-Network	Out-of-Network
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; $245 for Tier 4 and Tier 5	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (90-day)**
Tier 1: Preferred Generic Drugs	$3 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	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	

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

AARP | Medicare Advantage from UnitedHealthcare