

Benefit Highlights

AARP® Medicare Advantage Choice Essential (Regional PPO)

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
Part B Premium Reduction	Up to \$50

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)	\$6,700 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$40 copay
	Specialist: \$50 copay (no referral needed)	Specialist: \$70 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$395 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	40% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100	\$195 copay per day: days 1-52 \$0 copay per day: days 53-100
Outpatient hospital, including surgery	\$0 - \$395 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	40% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$90 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$7 copay

Medical Benefits

	In-Network	Out-of-Network
Ambulance	\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
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*	40% coinsurance; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$70 copay; 1 every year*
Hearing - routine exam	\$0 copay; 1 per year*	\$70 copay; 1 per year*
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.	The in-network provider must be used for the out-of-network benefit.
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.	
Foot care - routine	\$50 copay; 6 visits per year*	\$70 copay; 6 visits per year*
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.	
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. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage

*Benefits combined in and out-of-network

AARP | Medicare Advantage
from UnitedHealthcare

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. This information is not a complete description of benefits. Contact the plan for more information.