

# Benefit Highlights

## AARP® Medicare Advantage Choice (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
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### 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)	\$5,900 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$45 copay
	Specialist: \$35 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	\$270 copay per day: for days 1-8	\$495 copay per day: for days 1-21
	\$0 copay per day for unlimited days after that	\$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20	\$195 copay per day: days 1-52
	\$160 copay per day: days 21-57	\$0 copay per day: days 53-100
	\$0 copay per day: days 58-100	
Outpatient hospital, including surgery	Type 1 facility: \$0 - \$150 copay; Type 2 facility: \$0 - \$270 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 - \$110 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$14 copay	\$21 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*
Dental - preventive	\$0 copay for exams cleanings, and x-rays*	\$40 copay for exams cleanings, and x-rays*
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.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
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	\$35 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 <a href="http://www.amwell.com">www.amwell.com</a> 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

## Prescription Drugs

	Your Cost
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$150 for Tier 3, Tier 4, Tier 5

## Prescription Drugs

Initial coverage stage	Your Cost	
	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$3 copay	\$0 copay
Tier 2: Generic Drugs	\$10 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$45 copay	\$125 copay
Tier 4: Non-Preferred Drugs	\$95 copay	\$275 copay
Tier 5: Specialty Tier Drugs	30% coinsurance	30% 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	

**AARP** | Medicare Advantage  
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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.