

# Benefit Highlights

## AARP® Medicare Advantage Walgreens (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

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-Network	Out-of-Network
Annual Medical Deductible	\$750	
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: \$0 copay	Primary Care Provider: \$30 copay
	Specialist: \$35 copay (no referral needed)	Specialist: \$55 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
Inpatient hospital care	\$345 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	30% 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 - \$345 copay Cost sharing for additional plan covered services will apply.	30% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	30% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$160 copay	30% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	30% coinsurance
Lab services	\$5 copay	\$5 copay

## Medical Benefits

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	In-Network	Out-of-Network
Outpatient x-rays	\$14 copay	\$21 copay
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*	30% coinsurance; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$55 copay; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$200 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*	50% coinsurance every 2 years; up to \$200 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*
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	\$1,000 limit on all covered dental services	
Hearing - routine exam	\$0 copay; 1 per year*	\$55 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.*

	In-Network	Out-of-Network
Fitness program through Renew Active™	<p>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.</p> <p>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.</p>	
Foot care - routine	\$35 copay; 6 visits per year*	\$55 copay; 6 visits per year*
Chiropractic care and Acupuncture	\$10 copay; Combination of 18 chiropractic and acupuncture visits per year*	\$55 copay; Combination of 18 chiropractic and acupuncture visits per year*
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 Privia patient, contact your provider to access virtual visits.	No coverage
Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	No coverage

\*Benefits combined in and out-of-network

## Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$195 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	<b>Preferred retail cost sharing (in-network 30-day supply)</b>	<b>Standard retail cost sharing (in-network 30-day supply)</b>
Tier 1: Preferred Generic Drugs	\$0 copay	\$10 copay
Tier 2: Generic Drugs*	\$5 copay	\$20 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$47 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$100 copay
Tier 5: Specialty Tier Drugs	29% coinsurance	29% 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	

## Prescription Drugs

	Your Cost
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

\* Tier includes enhanced drug coverage

**AARP** | Medicare Advantage *Walgreens*  
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.

AARP® Medicare Advantage Walgreens (PPO)'s pharmacy network includes limited lower-cost pharmacies in rural ID, MO, OK, TX and suburban CA. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.