

Benefit Highlights

AARP® Medicare Advantage Plan 1 (HMO)

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	\$19
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Medical Benefits

	Your Cost
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$30 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$250 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
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
Outpatient hospital, including surgery	\$0 - \$250 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$160 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay
Lab services	\$0 copay
Outpatient x-rays	\$14 copay
Ambulance	\$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

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$250 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
Dental - comprehensive	\$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
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
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.
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations
Foot care - routine	\$30 copay; 6 visits per year
Chiropractic care and Acupuncture	\$10 copay; Combination of 18 chiropractic and acupuncture visits per year
Health Products Benefit	\$75 credit per quarter to use on approved health products.
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 Privia patient, contact your provider to access virtual visits.
Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.

Prescription Drugs

	Your Cost
Annual prescription deductible	\$0 for Tier 1, Tier 2 and Tier 3; \$95 for Tier 4 and 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*	\$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	31% coinsurance	31% 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	

* Tier includes enhanced drug coverage

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.

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