

# Benefit Highlights

## AARP® Medicare Advantage Plan 2 (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	\$0
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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: \$10 copay Specialist: \$50 copay (referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$390 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 - \$385 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$160 copay
Diagnostic tests and procedures (non-radiological)	\$30 copay
Lab services	\$5 copay
Outpatient x-rays	\$14 copay
Ambulance	\$275 copay for ground \$275 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$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
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 to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.UHCRenewActive.com">www.UHCRenewActive.com</a> , and click the link in the footer entitled Terms and Conditions.
Foot care - routine	\$50 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. Find participating doctors online at <a href="http://amwell.com">amwell.com</a>
Virtual Mental Health Visits	\$10 copay; Speak to network telehealth providers using your computer or mobile device.

## Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$275 for Tier 3, Tier 4, 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	\$12 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	

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

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



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.