

# 2021 Medicare Advantage Plan Information

	AARP® Medicare Advantage Value (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Open Plan 1 (Local PPO)	AARP® Medicare Advantage Patriot Plan 2 (HMO-POS)
	H5253-033-000	H5253-004-000	H0294-004-000	H5253-021-000
<b>Plan Benefits</b>				
Monthly plan premium*	\$0	\$27	\$47	\$0
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$35 copay	\$50 copay	\$40 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$295 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$285 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$375 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$295 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-47 /\$0 copay per day for days 48-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-45 /\$0 copay per day for days 46-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-53 /\$0 copay per day for days 54-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-47 /\$0 copay per day for days 48-100
Outpatient surgery	\$0 copay - \$280 copay	\$0 copay - \$260 copay	\$0 copay - \$335 copay	\$0 copay - \$275 copay
Diabetes monitoring supplies <sup>§</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$160 copay	\$0 copay - \$110 copay	\$0 copay - \$110 copay	\$0 copay - \$100 copay
Diagnostic tests and procedures	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay
Emergency care	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours
Urgent care	Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$4,900	\$4,500	\$5,900	\$4,900

<b>Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)</b>				
Tier 1 – Preferred generic drugs	30-day: \$4 copay; 90-day: \$0 copay	30-day: \$2 copay; 90-day: \$0 copay	30-day: \$4 copay; 90-day: \$0 copay	Not included
Tier 2 – Generic drugs	30-day: \$14 copay; 90-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay	Not included
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	Not included
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	Not included
Tier 5 – Specialty tier drugs	30-day: 28% coinsurance; 90-day: Not included	30-day: 28% coinsurance; 90-day: Not included	30-day: 27% coinsurance; 90-day: Not included	Not included
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$275 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1, 2 and 3; \$250 deductible for Tiers 4 and 5	\$0 deductible for Tiers 1 and 2; \$325 deductible for Tiers 3, 4 and 5	Not included

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### Extra Benefits and Features

<b>UnitedHealthcare® Medicare National Network</b>	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network
<b>Dental coverage</b>	Up to \$1,000 for covered dental services such as certain cleanings, fillings, crowns, bridges, root canals and extractions	Up to \$1,500 for covered dental services such as certain cleanings, fillings, crowns, root canals, extractions and dentures	\$0 copay for covered preventive and diagnostic dental including commonly used oral exams, x-rays and routine cleanings	Up to \$3,500 for covered dental services such as certain cleanings, fillings, crowns, root canals, extractions and dentures
<b>Routine vision care</b>	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$200 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam and \$300 allowance toward eyewear every 2 years
<b>Insulin Senior Savings Program</b>	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Not included
<b>Over the counter (OTC) benefit</b>	Not included	Up to \$160 per year to buy over-the-counter products delivered to your home	Not included	Up to \$480 per year to buy over-the-counter products delivered to your home
<b>Gym membership</b>	Free gym membership with Renew Active™	Free gym membership with Renew Active™ plus a FitBit®	Free gym membership with Renew Active™	Free gym membership with Renew Active™

### The UnitedHealthcare plans listed on this document are available in the following counties:

#### AARP® Medicare Advantage Value (HMO-POS) H5253-033-000

Milwaukee, Ozaukee, Racine, Washington, Waukesha

#### AARP® Medicare Advantage (HMO-POS) H5253-004-000

Milwaukee, Ozaukee, Racine, Washington, Waukesha

#### AARP® Medicare Advantage Open Plan 1 (Local PPO) H0294-004-000

Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

#### AARP® Medicare Advantage Patriot Plan 2 (HMO-POS) H5253-021-000

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

**Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call UnitedHealthcare at 1-855-332-0910, TTY 711.**

If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. <sup>§</sup>Limitations may apply. <sup>††</sup>The most you may pay in a year for medical care covered by the plan. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. This information is not a complete description of benefits. Call 1-855-332-0910, TTY 711 for more information. Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D sponsor members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Network size varies by market and exclusions may apply. You will pay \$35 or less for a 1-month supply of insulin until you reach the catastrophic stage of your benefit. You will pay 5% of the cost of your insulin or less during the catastrophic stage. Renew Active includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Choose one device from approved select models every 2 years. Fitbit and the Fitbit logo are trademarks or registered trademarks of Fitbit, Inc. in the US and other countries. Additional Fitbit trademarks can be found at [www.fitbit.com/legal/trademark-list](http://www.fitbit.com/legal/trademark-list). 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. © 2020 United Healthcare Services, Inc. All rights reserved.