

2021 Medicare Advantage Plan Information

AARP® Medicare Advantage Open (Local PPO)	AARP® Medicare Advantage Open Premier (Local PPO)	AARP® Medicare Advantage Patriot Plan 1 (Local PPO)
H0294-011-000	H0294-012-000	H0294-014-000

Plan Benefits			
Monthly plan premium*	\$47	\$112	\$0
Annual medical deductible	\$0	\$0	\$0
Primary care provider visit	\$10 copay	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$30 copay	\$45 copay
Specialist referral required?	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$335 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$225 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$335 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 21-51 /\$0 copay per day for days 52-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-43 /\$0 copay per day for days 44-100	\$0 copay per day for days 1-20 /\$184 copay per day for days 21-57 /\$0 copay per day for days 58-100
Outpatient surgery	\$0 copay - \$250 copay	\$0 copay - \$195 copay	\$0 copay - \$250 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$160 copay	\$0 copay - \$110 copay	\$0 copay - \$100 copay
Diagnostic tests and procedures	\$25 copay	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$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
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
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
Annual out-of-pocket maximum**	\$5,700	\$4,200	\$6,700

Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)			
Tier 1 – Preferred generic drugs	30-day: \$4 copay; 90-day: \$0 copay	30-day: \$3 copay; 90-day: \$0 copay	Not included
Tier 2 – Generic drugs	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	Not included
Tier 4 – Non-preferred drugs	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: 26% coinsurance; 90-day: Not included	30-day: 31% coinsurance; 90-day: Not included	Not included
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$385 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1, 2 and 3; \$100 deductible for Tiers 4 and 5	Not included

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Extra Benefits and Features

UnitedHealthcare® 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
Dental coverage	\$0 copay for covered preventive and diagnostic dental including commonly used oral exams, x-rays and routine cleanings	Up to \$500 for covered dental services such as commonly used exams, x-rays, routine cleanings and fillings	Up to \$1,500 for covered dental services such as certain cleanings, fillings, crowns, root canals, extractions and dentures
Routine vision care	\$0 copay for 1 routine eye exam and \$100 allowance toward eyewear every 2 years	\$0 copay for 1 routine eye exam every year	\$0 copay for 1 routine eye exam and \$200 allowance toward eyewear every 2 years
Routine hearing coverage	\$0 copay for 1 routine hearing exam and copays as low as \$375 for a selection of hearing aids, 2 devices every 2 years	\$0 copay for 1 routine hearing exam and copays as low as \$375 for a selection of hearing aids, 2 devices every 2 years	\$0 copay for 1 routine hearing exam and copays as low as \$375 for a selection of hearing aids, 2 devices every 2 years
Insulin Senior Savings Program	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
Over the counter (OTC) benefit	Not included	Up to \$200 per year to buy over-the-counter products delivered to your home	Up to \$240 per year to buy over-the-counter products delivered to your home
Gym membership	Free gym membership with Renew Active™	Free gym membership with Renew Active™	Free gym membership with Renew Active™
Worldwide urgent and emergency care coverage	✓	✓	✓

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

AARP® Medicare Advantage Open (Local PPO) H0294-011-000

Ashland, Buffalo, Clark, Crawford, Iron, Jackson, Juneau, La Crosse, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Portage, Price, Richland, Taylor, Trempealeau, Vernon, Vilas, Wood

AARP® Medicare Advantage Open Premier (Local PPO) H0294-012-000

Ashland, Buffalo, Clark, Crawford, Iron, Jackson, Juneau, La Crosse, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Portage, Price, Richland, Taylor, Trempealeau, Vernon, Vilas, Wood

AARP® Medicare Advantage Patriot Plan 1 (Local PPO) H0294-014-000

Adams, Ashland, Buffalo, Clark, Columbia, Crawford, Dane, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Portage, Price, Richland, Sauk, Taylor, Trempealeau, Vernon, Vilas, 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. †Limitations may apply. **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. 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.