

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

AARP Medicare Advantage Plan 2 (HMO)
H3379-001-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | Medicare Advantage
from  UnitedHealthcare®

Summary of Benefits

January 1st, 2021 - December 31st, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP Medicare Advantage Plan 2 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

New York: Bronx, Kings, New York, Queens, Richmond.

Use network providers and pharmacies.

AARP Medicare Advantage Plan 2 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to enjoy nationwide access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP Medicare Advantage Plan 2 (HMO)

Premiums and Benefits

	In-Network
Monthly Plan Premium	\$34
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$6,700 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

AARP Medicare Advantage Plan 2 (HMO)

Benefits

		In-Network
Inpatient Hospital²		\$390 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise
	Outpatient Hospital Observation Services ²	\$390 copay
Doctor Visits	Primary	\$20 copay
	Specialists ²	\$50 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive Care	Medicare-covered	\$0 copay Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay; 1 per year
Emergency Care		<p>\$90 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$30 - \$40 copay</p> <p>(\$0 copay for worldwide coverage)</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	<p>\$0 copay for each diagnostic mammogram</p> <p>\$175 copay otherwise</p>
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$50 copay
	Therapeutic Radiology ²	\$60 copay per service
	Outpatient X-rays ²	\$50 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid ²	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Routine Dental Benefits		Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay; 1 every year
Mental Health	Inpatient visit ²	\$390 copay per day: for days 1-4 \$0 copay per day: for days 5-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
Skilled Nursing Facility (SNF)²		\$0 copay per day: for days 1-20 \$184 copay per day: for days 21-57 \$0 copay per day: for days 58-100
		Our plan covers up to 100 days in a SNF.

Benefits

		In-Network
Physical therapy and speech and language therapy visit²		\$40 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance
	Other Part B drugs ²	20% coinsurance

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	\$0 per year for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$3 copay	\$9 copay	\$0 copay	\$9 copay
Tier 2: Generic Drugs ³	\$12 copay	\$36 copay	\$0 copay	\$36 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Select Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, 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.			
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 			

³ Tier includes enhanced drug coverage.

⁴ For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

⁵ Limited to a 30-day supply

Additional Benefits

		In-Network
Acupuncture	Medicare-covered acupuncture ²	\$20 copay for services provided by a primary care physician \$50 copay for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation ²	\$20 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance
Foot Care (podiatry services)	Foot exams and treatment ²	\$50 copay
	Routine foot care	\$50 copay; for each visit up to 6 visits every year
Home Health Care²		\$0 copay

Additional Benefits

		In-Network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit²		\$40 copay
Opioid Treatment Program Services²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay
Renal Dialysis²		20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan.

Optional Supplemental Benefits

Premiums and Benefits

		In-Network
Platinum Dental Rider	Premium	Additional \$45.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.