



2022 Medicare Advantage Plan Information

| | AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS) | AARP® Medicare Advantage (HMO-POS) | AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) | AARP® Medicare Advantage Choice (Local PPO) |
|--|--|--|--|--|
| | H4590-012-000 | H4590-043-000 | H4590-041-000 | H1278-013-000 |
| Plan Benefits | | | | |
| Monthly plan premium* | \$0.00 | \$0.00 | \$73.00 | \$0.00 |
| Annual medical deductible | \$0 | \$0 | \$0 | \$0 |
| Primary care provider visit | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Specialist visit | \$30 copay | \$20 copay | \$20 copay | \$35 copay |
| Specialist referral required? | Yes | Yes | Yes | No |
| Preventive services | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Inpatient hospital care | \$250 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited | \$325 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited | \$150 copay per admit | \$325 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited |
| Skilled nursing facility | \$0 copay per day for days 1-20 /\$188 copay per day for days 21-41 /\$0 copay per day for days 42-100 | \$0 copay per day for days 1-20 /\$188 copay per day for days 21-41 /\$0 copay per day for days 42-100 | \$0 copay per day for days 1-20 /\$188 copay per day for days 21-38 /\$0 copay per day for days 39-100 | \$0 copay per day for days 1-20 /\$188 copay per day for days 21-56 /\$0 copay per day for days 57-100 |
| Outpatient surgery | \$0 copay - \$225 copay | \$0 copay - \$275 copay | \$0 copay - \$150 copay | \$0 copay - \$325 copay |
| Diabetes monitoring supplies§ | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Home health care | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Diagnostic radiology services | \$0 copay - \$125 copay | \$0 copay - \$150 copay | \$0 copay - \$125 copay | \$0 copay - \$150 copay |
| Diagnostic tests and procedures | \$20 copay | \$25 copay | \$20 copay | \$25 copay |
| Lab services | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Outpatient X-rays | \$0 copay | \$0 copay | \$0 copay | \$15 copay |
| Ambulance | Ground: \$265 copay; Air: \$265 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: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted |
| Annual out-of-pocket maximum** | \$3,900 | \$3,900 | \$3,200 | \$6,700 |
| Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day) | | | | |
| Tier 1 – Preferred generic drugs | 30-day: \$2 copay; 100-day: \$0 copay | 30-day: \$0 copay; 100-day: \$0 copay | 30-day: \$0 copay; 100-day: \$0 copay | 30-day: \$3 copay; 100-day: \$0 copay |
| Tier 2 – Generic drugs | 30-day: \$14 copay; 100-day: \$14 copay | 30-day: \$10 copay; 100-day: \$0 copay | 30-day: \$14 copay; 100-day: \$0 copay | 30-day: \$14 copay; 100-day: \$0 copay |
| Tier 3 – Preferred brand drugs | 30-day: \$47 copay; 100-day: \$131 copay |
| Tier 4 – Non-preferred drugs | 30-day: \$100 copay; 100-day: \$290 copay |
| Tier 5 – Specialty tier drugs | 30-day: 33% coinsurance; 100-day: Not included | 30-day: 33% coinsurance; 100-day: Not included | 30-day: 33% coinsurance; 100-day: Not included | 30-day: 28% coinsurance; 100-day: Not included |
| Annual prescription deductible | \$0 deductible for all Tiers | \$0 deductible for all Tiers | \$0 deductible for all Tiers | \$0 deductible for Tiers 1 and 2; \$260 deductible for Tiers 3, 4 and 5 |

See reverse for additional details. Ask for a plan's 2022 Enrollment Guide if you'd like to see a full explanation of copayments or coinsurance. If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

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|---|---|---|---|---|
| | H4590-012-000 | H4590-043-000 | H4590-041-000 | H1278-013-000 |
| Extra Benefits and Features | | | | |
| UnitedHealthcare® Medicare National Network | Not included | Not included | Not included | See any doctor at network costs when using our Medicare National Network |
| Dental coverage | Up to \$1,000 for covered dental such as, x-rays, cleanings, fillings, crowns, root canals, and extractions | Up to \$1,500 for covered dental such as, x-rays, cleanings, fillings, crowns, root canals, and extractions | Up to \$1,000 for covered dental such as exams, x-rays, cleanings, fillings, crowns, root canals, extractions, and dentures | Up to \$500 for covered dental such as commonly used exams, x-rays, routine cleanings, and fillings |
| Over the counter (OTC) benefit | \$40 a quarter in credits for over-the-counter products for home delivery | \$45 a quarter in credits for over-the-counter products for home delivery | \$40 a quarter in credits for over-the-counter products for home delivery | \$40 a quarter in credits for over-the-counter products for home delivery |
| Renew by UnitedHealthcare® | Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier. | Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier. | Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier. | Renew by UnitedHealthcare® provides health and wellness resources that can help you live healthier. |
| Virtual Medical Visits | \$0 copay to see a provider through a virtual visit | \$0 copay to see a provider through a virtual visit | \$0 copay to see a provider through a virtual visit | \$0 copay to see a provider through a virtual visit |
| Worldwide urgent and emergency care coverage | ✓ | ✓ | ✓ | ✓ |

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

AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS) H4590-012-000

Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage (HMO-POS) H4590-043-000

Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) H4590-041-000

Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

AARP® Medicare Advantage Choice (Local PPO) H1278-013-000

Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise

Get help finding the right plan for you. Contact me today.

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*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. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Network size varies by market and exclusions may apply. 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. Referrals may be needed in-network. 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. 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. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. OTC and Healthy Food benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information. Renew by UnitedHealthcare® is not available in all plans. Resources may vary. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. ©2021 United Healthcare Services, Inc. All rights reserved.