

# 2023 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	UnitedHealthcare® Medicare Advantage Choice (Regional PPO)
	H4590-012-000	H4590-041-000	H4590-043-000	R6801-012-000
<b>Plan Benefits</b>				
Monthly plan premium*	\$0	\$71	\$0	\$49
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$10 copay
Specialist visit	\$20 copay	\$20 copay	\$20 copay	\$50 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	\$150 copay per admit	\$295 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$390 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 /\$196 copay per day for days 21-40 /\$0 copay per day for days 41-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-37 /\$0 copay per day for days 38-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-40 /\$0 copay per day for days 41-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-59 /\$0 copay per day for days 60-100
Outpatient surgery	\$0 copay - \$225 copay	\$0 copay - \$150 copay	\$0 copay - \$275 copay	\$0 copay - \$390 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 - \$95 copay	\$0 copay - \$125 copay	\$0 copay - \$120 copay	\$0 copay - \$150 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay	\$0 copay	\$15 copay
Ambulance	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: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay; Copays are not waived if admitted	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	\$3,200	\$3,900	\$7,550
<b>Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)</b>				
Tier 1 – Preferred generic drugs	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$4 copay; 100-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$7 copay; 100-day: \$0 copay	30-day: \$10 copay; 100-day: \$0 copay	30-day: \$10 copay; 100-day: \$0 copay	30-day: \$12 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	30-day: 33% coinsurance	30-day: 33% coinsurance	30-day: 26% coinsurance
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for Tiers 1,2, \$395 deductible for Tiers 3,4,5

	<b>AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO-POS)</b>	<b>AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)</b>	<b>AARP® Medicare Advantage (HMO-POS)</b>	<b>UnitedHealthcare® Medicare Advantage Choice (Regional PPO)</b>
	H4590-012-000	H4590-041-000	H4590-043-000	R6801-012-000
<b>Extra Benefits and Features</b>				
<b>Dental benefits</b>	Up to \$1,000 for covered types of preventive and comprehensive dental	Up to \$1,000 for covered types of preventive and comprehensive dental	Up to \$2,000 for covered types of preventive and comprehensive dental	Not included
<b>OTC Credit</b>	Up to \$40 a quarter for OTC products in-store or home delivery	Up to \$40 a quarter for OTC products in-store or home delivery	Up to \$50 a quarter for OTC products in-store or home delivery	Not included
<b>Routine vision benefits</b>	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$200 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$150 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses
<b>Routine hearing benefits</b>	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids
<b>Fitness</b>	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost	Not included
<b>Personal Emergency Response System (PERS)</b>	24/7 personal emergency response device to get help quickly at no extra cost	24/7 personal emergency response device to get help quickly at no extra cost	Not included	Not included

#### The 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, Erath, 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 (HMO-POS) H4590-043-000**

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

##### **UnitedHealthcare® Medicare Advantage Choice (Regional PPO) R6801-012-000**

Available in all counties in Texas

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

**Matt Gonzales, getMcare LLC**

Licensed Sales Agent

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[www.getMcare.com](http://www.getMcare.com)



\*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. 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. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. 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. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. 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. Gym network may vary in local market. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. You must have a working landline and/or cellular phone coverage to use PERS. ©2022 United HealthCare Services, Inc. All Rights Reserved.