

2020 Plans in Florida.

UnitedHealthcare® offers a variety of Medicare Advantage plan options to fit your health care needs. Take advantage of it.

	Preferred Choice Broward (HMO)	Medica HealthCare Plans MedicareMax (HMO)	AARP® Medicare Advantage Choice (Local PPO)	AARP® Medicare Advantage Choice Plan 2 (Regional PPO)
	H1045-005-000	H5420-003-000	H2406-018-000	R0759-001-000
Plan Benefits				
Monthly plan premium¹	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$10 copay
Specialist visit	\$15 copay	\$15 copay	\$35 copay	\$50 copay
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per admit	\$0 copay per day for days 1-5/ \$100 copay per day for days 6-20/ \$0 copay per day for days 21-unlimited	\$250 copay per day for days 1-8/ \$0 copay per day for days 9-unlimited	\$395 copay per day for days 1-4/ \$0 copay per day for days 5-unlimited
Outpatient surgery	Type 1: \$0 copay - \$75 copay Type 2: \$0 copay - \$150 copay	Type 1: \$0 copay - \$75 copay Type 2: \$0 copay - \$170 copay	Type 1: \$0 copay - \$150 copay Type 2: \$0 copay - \$275 copay	\$0 copay - \$395 copay
Diabetes monitoring supplies²	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$110 copay	\$0 copay - \$110 copay	\$0 copay - \$110 copay	\$0 copay - \$100 copay
Diagnostic tests and procedures	\$25 copay	\$25 copay	\$20 copay	\$20 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	\$14 copay	\$0 copay
Ambulance	Ground: \$200 copay; Air: \$200 copay	Ground: \$205 copay; Air: \$205 copay	Ground: \$225 copay; Air: \$225 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
Urgently needed services	Contracted: \$0 copay; Non-Contracted: \$0 copay; Copays are not waived if admitted	Contracted: \$50 copay; Non-Contracted: \$50 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
Medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum³	\$3,400	\$3,400	\$3,400	\$6,700
Additional Benefits, Services and Programs				
Visit specialists without a referral	✓	Not included	✓	✓
Virtual medical visits	✓	✓	✓	✓
Renew - health and wellness resources for living your best life	Not included	Not included	✓	✓
Transportation	30 free rides to or from the doctor or pharmacy	Not included	Not included	Not included

See reverse for additional details. Ask for a plan's 2020 Enrollment Guide if you'd like to see a full explanation of copayments or coinsurance.

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	H1045-005-000	H5420-003-000	H2406-018-000	R0759-001-000

Prescription Drug Supplies – Standard Retail (30-day); Preferred Mail Order (90-100 day)

Tier 1 – Preferred generic drugs	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$3 copay; 90-day: \$0 copay	30-day: \$3 copay; 90-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$5 copay; 100-day: \$0 copay	30-day: \$5 copay; 100-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay	30-day: \$14 copay; 90-day: \$28 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 100-day: \$131 copay	30-day: \$47 copay; 100-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 100-day: \$290 copay	30-day: \$100 copay; 100-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 33% coinsurance; 100-day: 33% coinsurance	30-day: 33% coinsurance; 100-day: 33% coinsurance	30-day: 30% coinsurance; 90-day: 30% coinsurance	30-day: 25% coinsurance; 90-day: 25% coinsurance
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for Tiers 1 and 2; \$150 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1 and 2; \$395 deductible for Tiers 3, 4 and 5

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

Preferred Choice Broward (HMO) H1045-005-000

Broward

Medica HealthCare Plans MedicareMax (HMO) H5420-003-000

Broward

AARP® Medicare Advantage Choice (Local PPO) H2406-018-000

Broward, Miami-Dade, Palm Beach

AARP® Medicare Advantage Choice Plan 2 (Regional PPO) R0759-001-000

Is available in all counties in Florida

Looking for more detailed plan information? Contact me today.

Leonard Rosen, Licensed Sales Representative

678-985-3016, TTY 711

¹If you receive Medicare Extra Help, your premium and prescription drug costs may be lower.

²Limitations may apply.

³The most you may pay in a year for medical care covered by the plan.

Benefit limitations and exclusions apply.

This information is not a complete description of benefits. Call 1-855-332-0910, TTY 711 for more information.

Renew by UnitedHealthcare is not available in all plans.

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. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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