

2021 Medicare Advantage Plan Information

| Preferred Choice Palm Beach (HMO) | AARP® Medicare Advantage Choice (Local PPO) | AARP® Medicare Advantage Choice Plan 2 (Regional PPO) |
|-----------------------------------|---|---|
| H1045-037-000 | H2406-018-000 | R0759-001-000 |

| Plan Benefits | | | |
|---|--|--|--|
| Monthly plan premium* | \$0 | \$0 | \$0 |
| Annual medical deductible | \$0 | \$0 | \$0 |
| Primary care provider visit | \$0 copay | \$0 copay | \$10 copay |
| Specialist visit | \$10 copay | \$35 copay | \$50 copay |
| Specialist referral required? | Yes | No | No |
| Preventive services | \$0 copay | \$0 copay | \$0 copay |
| Inpatient hospital care | \$150 copay per day for days 1-9 /\$0 copay per day for days 10-unlimited | \$280 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited | \$395 copay per day for days 1-4 /\$0 copay per day for days 5-unlimited |
| Skilled nursing facility | \$0 copay per day for days 1-20 /\$150 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 21-39 /\$0 copay per day for days 40-100 | \$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 | Type 1: \$0 copay - \$75 copay; Type 2: \$0 copay - \$150 copay | Type 1: \$0 copay - \$150 copay; Type 2: \$0 copay - \$275 copay | \$0 copay - \$395 copay |
| Diabetes monitoring supplies [§] | \$0 copay | \$0 copay | \$0 copay |
| Home health care | \$0 copay | \$0 copay | \$0 copay |
| Diagnostic radiology services | \$0 copay - \$50 copay | \$0 copay - \$110 copay | \$0 copay - \$100 copay |
| Diagnostic tests and procedures | \$25 copay | \$20 copay | \$20 copay |
| Lab services | \$0 copay | \$0 copay | \$0 copay |
| Outpatient X-rays | \$15 copay | \$15 copay | \$0 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: \$0 copay / Non-Contracted: \$0 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** | \$3,400 | \$3,400 | \$6,700 |

| Prescription Drugs – 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: \$3 copay; 90-day: \$0 copay | 30-day: \$3 copay; 90-day: \$0 copay |
| Tier 2 – Generic drugs | 30-day: \$10 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; 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; 90-day: \$290 copay | 30-day: \$100 copay; 90-day: \$290 copay |
| Tier 5 – Specialty tier drugs | 30-day: 33% coinsurance; 100-day: Not included | 30-day: 30% coinsurance; 90-day: Not included | 30-day: 25% coinsurance; 90-day: Not included |
| Annual prescription deductible | \$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 |

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Extra Benefits and Features

| | | | |
|--|---|---|--|
| UnitedHealthcare® Medicare National Network | Not included | 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 dental services such as certain exams, x-rays and cleanings | Up to \$1,000 for covered dental services such as certain cleanings, fillings, crowns, bridges, root canals and extractions | Not included |
| 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 | Get a 1-month supply of insulin drugs for \$35 or less |
| Over the counter (OTC) benefit | \$45 per quarter in credits to spend on everyday health care products | Up to \$160 per year to buy over-the-counter products delivered to your home | Not included |
| Gym membership | Free gym membership with Renew Active™ | Free gym membership with Renew Active™ | Free gym membership with Renew Active™ |
| Virtual medical visits | \$0 copay to see a provider online through a virtual visit | \$0 copay to see a provider online through a virtual visit | \$0 copay to see a provider online through a virtual visit |

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

Preferred Choice Palm Beach (HMO) H1045-037-000
Palm Beach

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

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.