

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.