Benefit Highlights

AARP Medicare Advantage Choice (PPO)

This is a short description of your 2021 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	$0

Medical Benefits

	In-Network	Out-of-Network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$6,500 In-Network	$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: $0 copay	Primary Care Provider: $25 copay
	Specialist: $45 copay (no referral needed)	Specialist: $65 copay (no referral needed)
	Virtual medical visits: $0 copay	
Preventive services	$0 copay	$0 copay - 30% coinsurance (depending on the service)
Inpatient hospital care	$390 copay per day: for days 1-5 $0 copay per day for unlimited days after that	$500 copay per day: for days 1-20 $0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $184 copay per day: days 21-56 $0 copay per day: days 57-100	$225 copay per day: days 1-45 $0 copay per day: days 46-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply.)	$0 - $350 copay	$450 copay
Mental health (outpatient and virtual)	Group therapy: $5 copay	Group therapy: $30 copay
	Individual therapy: $10 copay	Individual therapy: $40 copay
	Virtual visits: $0 copay	
Diabetes monitoring supplies	$0 copay for covered brands	30% coinsurance

Medical Benefits

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	$0 - $160 copay	30% coinsurance
Diagnostic tests and procedures (non-radiological)	$30 copay	30% coinsurance
Lab services	$0 copay	$0 copay
Outpatient x-rays	$15 copay	$20 copay
Ambulance	$250 copay for ground or air	$250 copay for ground or air
Emergency care	$90 copay; $0 copay worldwide	
Urgently needed services	$30 - $40 copay; $0 copay worldwide	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	$0 copay; 1 per year*	30% coinsurance; 1 per year*
Vision - routine eye exams	$0 copay; 1 every year*	$65 copay; 1 every year*
Vision - eyewear	$0 copay every 2 years; up to $100 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*	$0 copay; up to $100 for home-delivered eyewear available nationwide only through UnitedHealthcare Vision. (select products only)*
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$500 limit on all covered dental services*	
Hearing - routine exam	$0 copay; 1 per year*	$65 copay; 1 per year*
Hearing aids	$375 - $2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	$375 copay for home-delivered hearing aids available nationwide through UnitedHealthcare Hearing (select products only)*
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
Foot care - routine	$45 copay; 6 visits per year*	$65 copay; 6 visits per year*
Over-the-Counter (OTC) Products Catalog	$40 credit per quarter to use on approved over-the-counter products.	
Meal Benefit	$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	

	In-Network	Out-of-Network
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	$0 for Tier 1 and Tier 2; $225 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (90-day)**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay
Tier 2: Generic Drugs[1]	$12 copay	$0 copay
Tier 3: Preferred Brand Drugs	$45 copay	$125 copay
Select Insulin Drugs[2]	$35 copay	$95 copay
Tier 4: Non-Preferred Drugs	$95 copay	$275 copay
Tier 5: Specialty Tier Drugs	29% coinsurance	N/A[3]
Coverage gap stage	After your total drug costs reach $4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $6,550, you will pay the greater of $3.70 copay for generic (Including brand drugs treated as generic), $9.20 copay for all other drugs, or 5% coinsurance	

[1] Tier includes enhanced drug coverage

[2] For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

[3] Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information