

2019 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareComplete Choice® (PPO)

H2228-023

Look inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.



Toll-free **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP® | MedicareComplete®
insured through **UnitedHealthcare**

Our service area includes these counties in:

New Mexico: Dona Ana, Grant, Hidalgo, Luna, Sierra;

Texas: El Paso.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® MedicareComplete Choice® (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

Use network providers and pharmacies.

AARP® MedicareComplete Choice® (PPO) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® MedicareComplete Choice® (PPO)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$3,900 annually for Medicare-covered services you receive from in-network providers.	\$10,000 annually for Medicare-covered services you receive from any provider.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>	

AARP® MedicareComplete Choice® (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$225 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond	\$475 copay per day: for days 1-22 \$0 copay per day: for days 23 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital		\$200 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		\$200 copay	40% coinsurance
Doctor Visits	Primary	\$0 copay	\$25 copay
	Specialists	\$40 copay	\$65 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling	

Benefits		In-Network	Out-of-Network
		Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time) <hr/> Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Emergency Care		\$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$30 - \$40 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	20% coinsurance	40% coinsurance
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay	40% coinsurance
	Therapeutic Radiology	20% coinsurance	40% coinsurance
	Outpatient X-rays	\$2 copay per service	\$9 copay per service

Benefits

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$65 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$65 copay; 1 per year*
	Hearing aid	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	Hearing aids ordered from hi HealthInnovations® are delivered through mail order, nationwide. Hearing aids ordered through providers other than EPIC Hearing Health Care or hi HealthInnovations® are not covered.
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, x-rays, fluoride)*	\$0 copay for covered services (exam, cleaning, x-rays, fluoride)*
	Comprehensive	0% - 50% coinsurance; for a complete list of services and cost shares, please contact the plan.*	0% - 50% coinsurance; for a complete list of services and cost shares, please contact the plan.*
	Benefit limit	\$500 limit on all covered dental services	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$65 copay
	Eyewear after cataract surgery	\$0 copay	30% coinsurance
	Routine eye exam	\$0 copay Up to 1 every year*	\$65 copay Up to 1 every year*

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit	\$225 copay per day: for days 1-5 \$0 copay per day: for days 6-90	\$475 copay per day: for days 1-22 \$0 copay per day: for days 23-90
	Our plan covers 90 days for an inpatient hospital stay.		
	Outpatient group therapy visit	\$15 copay	\$20 copay
	Outpatient individual therapy visit	\$25 copay	\$30 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-45 \$0 copay per day: for days 46-100	\$195 copay per day: for days 1-52 \$0 copay per day: for days 53-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		\$40 copay	\$65 copay
Ambulance		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance	30% coinsurance
	Other Part B drugs	20% coinsurance	30% coinsurance

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1, Tier 2 and Tier 3; \$355 for Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$2 copay	\$4 copay	\$0 copay	\$6 copay
Tier 2: Generic Drugs	\$14 copay	\$28 copay	\$0 copay	\$42 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier Drugs	26% coinsurance	26% coinsurance	26% coinsurance	26% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs. 			

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$20 copay	\$65 copay
Diabetes Management	Diabetes monitoring supplies	\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts	20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	30% coinsurance
Fitness program through SilverSneakers®		Membership in a fitness program at a network location or enrollment into a self-directed fitness program if a network location is not convenient.	

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment	\$40 copay	\$65 copay
	Routine foot care	\$40 copay; for each visit up to 6 visits every year*	\$65 copay; for each visit up to 6 visits every year*
Home Health Care		\$0 copay	50% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit		\$40 copay	\$65 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$15 copay	\$20 copay
	Outpatient individual therapy visit	\$25 copay	\$30 copay
Outpatient Surgery		\$200 copay	40% coinsurance
Over-the-Counter Essentials		\$80 credit per quarter to use on approved health products that can be ordered online or by mail.	
UnitedHealth Passport®		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.	

Additional Benefits	In-Network	Out-of-Network
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.	
Renal Dialysis	20% coinsurance	20% coinsurance
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.	

*Benefits are combined in and out-of-network

Required 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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Every year, Medicare evaluates plans based on a 5-star rating system.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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