

# 2019 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareComplete Essential® (HMO)**

H5253-040

Look inside to learn more about the health services 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](http://www.AARPMedicarePlans.com)**

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

Our service area includes these counties in:

**North Carolina:** Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Johnston, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stokes, Swain, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey.

# 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](http://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 Essential® (HMO) is a Medicare Advantage HMO 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.

AARP® MedicareComplete Essential® (HMO) has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for those services.

You can go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to search for a network provider using the online directory.

# AARP® MedicareComplete Essential® (HMO)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount</b>	<p>\$4,400 annually for Medicare-covered services you receive from in-network providers.</p> <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>

# AARP® MedicareComplete Essential® (HMO)

Benefits		In-Network
Inpatient Hospital		\$345 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond  Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital		\$275 copay  Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		\$275 copay
Doctor Visits	Primary	Tier 1: \$0 copay   Tier 2: \$10 copay
	Specialists	Tier 1: \$30 copay   Tier 2: \$50 copay
Preventive Care	Medicare-covered	\$0 copay
		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 Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

## Benefits

## In-Network

		<p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>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.</p>
	Routine physical	\$0 copay; 1 per year
<b>Emergency Care</b>		<p>\$90 copay (worldwide) per visit</p> <p>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.</p>
<b>Urgently Needed Services</b>		\$30 - \$40 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	20% coinsurance
	Lab services	\$5 copay
	Diagnostic tests and procedures	20% coinsurance
	Therapeutic Radiology	20% coinsurance
	Outpatient X-rays	\$14 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$10 copay
	Routine hearing exam	\$10 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.

<b>Benefits</b>		<b>In-Network</b>
<b>Routine Dental Services</b>	Preventive	\$0 copay for covered services (exam, cleaning, x-rays, fluoride)
	Comprehensive	\$0 copay for covered services
	Benefit limit	\$1,000 limit on all covered dental services
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
<b>Mental Health</b>	Inpatient visit	\$345 copay per day: for days 1-4 \$0 copay per day: for days 5-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-48 \$0 copay per day: for days 49-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit</b>		\$40 copay
<b>Ambulance</b>		\$225 copay for ground \$225 copay for air
<b>Routine Transportation</b>		\$0 copay; 36 one-way trips per year to or from approved locations
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% coinsurance

Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$20 copay
<b>Diabetes Management</b>	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.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
<b>Fitness program through Renew Active™</b>		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.myrenewactive.com">www.myrenewactive.com</a> , and click the link in the footer entitled Terms and Conditions.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$50 copay
	Routine foot care	\$50 copay; for each visit up to 6 visits every year
<b>Home Health Care</b>		\$0 copay

Additional Benefits		In-Network
<b>Hospice</b>		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.
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<b>Occupational Therapy Visit</b>		\$40 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
<b>Outpatient Surgery</b>		\$275 copay
<b>Over-the-Counter Essentials</b>		\$50 credit per quarter to use on approved health products that can be ordered online or by mail.
<b>UnitedHealth Passport®</b>		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.
<b>Personal Emergency Response System</b>		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.
<b>Renal Dialysis</b>		20% coinsurance
<b>Solutions for Caregivers</b>		\$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.

## Additional Benefits

## In-Network

### Virtual Doctor Visits

Speak to specific doctors using your computer or mobile device. Visit [www.amwell.com](http://www.amwell.com) to access virtual visits or for Novant Health patients that have an active MyChart account visit [www.MyNovant.org](http://www.MyNovant.org) to use the MyChart app to access virtual visits.

## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract. 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.

The provider network may change at any time. You will receive notice when necessary.

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not

endorse and are not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.