

# 2019 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareComplete® Plan 3 (HMO)**

H5253-105

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](http://www.AARPMedicarePlans.com)**

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

Our service area includes these counties in:

**North Carolina:** Buncombe, McDowell, Transylvania.

# 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® Plan 3 (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 and pharmacies.

AARP® MedicareComplete® Plan 3 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to [www.AARPMedicarePlans.com](http://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® Plan 3 (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 (does not include prescription drugs)</b>	<p>\$6,700 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> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>

# AARP® MedicareComplete® Plan 3 (HMO)

Benefits		In-Network
Inpatient Hospital		<p>\$430 copay per day: for days 1-4 \$0 copay per day: for days 5 and beyond</p> <hr/> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital		<p>\$395 copay</p> <p>Cost sharing for additional plan covered services will apply.</p>
Outpatient Hospital Observation Services		\$395 copay
Doctor Visits	Primary	Tier 1: \$0 copay   Tier 2: \$20 copay
	Specialists	Tier 1: \$40 copay   Tier 2: \$50 copay
Preventive Care	Medicare-covered	\$0 copay
		<p>Abdominal aortic aneurysm screening</p> <p>Alcohol misuse counseling</p> <p>Annual “Wellness” visit</p> <p>Bone mass measurement</p> <p>Breast cancer screening (mammogram)</p> <p>Cardiovascular disease (behavioral therapy)</p> <p>Cardiovascular screening</p> <p>Cervical and vaginal cancer screening</p> <p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p>

## 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	\$2 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	\$20 copay
	Routine hearing exam	\$20 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.

## Benefits

## In-Network

Benefits		In-Network
<b>Routine Dental Services</b>		Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
<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
	Eyewear	\$0 copay every year; up to \$100 for lenses/frames and contacts
<b>Mental Health</b>	Inpatient visit	\$430 copay per day: for days 1-3 \$0 copay per day: for days 4-90  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 21-62 \$0 copay per day: for days 63-100  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>		\$250 copay for ground \$250 copay for air
<b>Routine Transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% 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.

<b>Stage 1: Annual Prescription Deductible</b>	\$0 per year for Tier 1 and Tier 2; \$170 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>		<b>Mail Order</b>	
	<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic Drugs	\$2 copay	\$4 copay	\$0 copay	\$6 copay
Tier 2: Generic Drugs *	\$8 copay	\$16 copay	\$0 copay	\$24 copay
Tier 3: Preferred Brand Drugs	\$45 copay	\$135 copay	\$125 copay	\$135 copay
Tier 4: Non-Preferred Drugs	\$95 copay	\$285 copay	\$275 copay	\$285 copay
Tier 5: Specialty Tier Drugs	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance
<b>Stage 3: Coverage Gap Stage</b>	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.			
<b>Stage 4: Catastrophic Coverage</b>	<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"> <li>□ 5% coinsurance, or</li> <li>□ \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs.</li> </ul>			

\*Tier includes enhanced drug coverage.



## 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>		<p>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://Myrenewactive.com">Myrenewactive.com</a>, and click the link in the footer entitled Terms and Conditions.</p> <p>With your fitness benefit you also get a Fitbit® activity tracker at no additional cost to you. This device may help you improve or maintain good health by tracking your physical activity and exercise.</p>

Additional Benefits		In-Network
Foot Care (podiatry services)	Foot exams and treatment	\$50 copay
	Routine foot care	\$50 copay; for each visit up to 6 visits every year
Home Health Care		\$0 copay
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
Outpatient Substance Abuse	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
Outpatient Surgery		\$395 copay
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.
Renal Dialysis		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.
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Visit <a href="http://www.amwell.com">www.amwell.com</a> to access virtual visits or for Novant Health patients that have an active MyChart account visit <a href="http://www.MyNovant.org">www.MyNovant.org</a> to use the MyChart app to access virtual visits.

## Optional Supplemental Benefits

Premiums and Benefits		In-Network
Dental Platinum Rider	Premium	Additional \$39.00 per month
	Description	The Dental Platinum Rider includes preventive and comprehensive dental benefits.

## 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.

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.

Use of any Fitbit device is voluntary. Consult a health care professional before beginning any exercise program. Availability of the Fitbit benefit varies by plan/market. Refer to your Evidence of Coverage for more details. Fitbit is a registered trademark of Fitbit, Inc. ©2017 Fitbit, Inc. All rights reserved.

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.