

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareComplete Choice® (PPO)**

H2228-018

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 1-800-555-5757, 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, Chatham, Davidson, Davie, Forsyth, Guilford, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Stokes, Surry, Wilkes, Yadkin.

# Summary of Benefits

**January 1st, 2018 - December 31st, 2018**

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 with questions you may have. You get an EOC when you enroll in the plan.

## **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](http://www.AARPMedicarePlans.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) 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	\$47	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$4,500 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 monthly premiums and share of the cost for your Part D prescription drugs.</p>	

# AARP® MedicareComplete Choice® (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$345 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond	40% coinsurance per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		\$340 copay	40% coinsurance
Doctor Visits	Primary	\$5 copay	\$30 copay
	Specialists	\$40 copay	\$50 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 Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling	

Benefits		In-Network	Out-of-Network
		<p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <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*	40% coinsurance; 1 per year*
<b>Emergency Care</b>		<p>\$80 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	40% coinsurance
	Lab services	\$5 copay	\$5 copay
	Diagnostic tests and procedures	20% coinsurance	40% coinsurance
	Therapeutic Radiology	20% coinsurance	40% coinsurance
	Outpatient X-rays	\$14 copay per service	\$21 copay per service

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$5 copay	\$50 copay
	Routine hearing exam	\$5 copay; 1 per year*	\$50 copay; 1 per year*
	Hearing aid	\$330-\$380 copay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)*	\$330-\$380 copay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)*
<b>Routine Dental Services</b>		Not covered	
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$50 copay
	Eyewear after cataract surgery	\$0 copay	40% coinsurance
	Routine eye exam	\$0 copay Up to 1 every year*	\$50 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	40% coinsurance per admit
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$30 copay	\$35 copay
	Outpatient individual therapy visit	\$40 copay	\$45 copay

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-49 \$0 copay per day: for days 50-100	\$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.	
<b>Physical therapy and speech and language therapy visit</b>		\$40 copay	\$50 copay
<b>Ambulance</b>		\$225 copay	\$225 copay
<b>Routine Transportation</b>		Not covered	
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	20% coinsurance	40% coinsurance
	Other Part B drugs	20% coinsurance	40% 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, Tier 2 and Tier 3; \$165 for 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	\$6 copay	\$0 copay	\$6 copay
Tier 2: Generic Drugs	\$8 copay	\$24 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 \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% 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 \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.</li> </ul>			

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$20 copay	\$50 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra <sup>®</sup> 2, OneTouch UltraMini <sup>®</sup> , OneTouch Verio <sup>®</sup> , OneTouch Verio <sup>®</sup> IQ, OneTouch Verio <sup>®</sup> Flex, ACCU-CHEK <sup>®</sup> Nano SmartView, ACCU-CHEK <sup>®</sup> Aviva Plus, ACCU-CHEK <sup>®</sup> Guide, and ACCU-CHEK <sup>®</sup> Aviva Connect	40% coinsurance
	Diabetes Self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts	20% coinsurance	40% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	40% coinsurance
<b>Fitness program</b>		Optional fitness benefit available with a separate premium. Please see optional benefits section below for details.	

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$40 copay	\$50 copay
	Routine foot care	\$40 copay; for each visit up to 6 visits every year*	\$50 copay; for each visit up to 6 visits every year*
<b>Home Health Care</b>		\$0 copay	50% coinsurance
<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<sup>SM</sup></b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Occupational Therapy Visit</b>		\$40 copay	\$50 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$30 copay	\$35 copay
	Outpatient individual therapy visit	\$40 copay	\$45 copay
<b>Outpatient Surgery</b>		\$340 copay	40% coinsurance
<b>UnitedHealth Passport<sup>®</sup></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>Renal Dialysis</b>		20% coinsurance	20% coinsurance
<b>Personal Emergency Response</b>		With the Personal Medical Emergency Response System help is only a button away. The Personal Emergency Response System can give you peace of mind knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. The lightweight button can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen.	

\*Benefits are combined in and out-of-network

## Optional Supplemental Benefits

Premiums and Benefits		In-Network
Fitness Rider through SilverSneakers® Fitness	Premium	Additional \$18.00 per month
	Description	The Fitness Rider includes a gym membership and fitness classes.

## Required Information

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

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information.

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. 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. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll.

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.

## Vendor Information

Before contacting any of the providers below you must be fully enrolled in AARP® MedicareComplete Choice® (PPO).

<b>Benefit Type</b>	<b>Vendor Name</b>	<b>Contact Information</b>
<b>Hearing Exams</b>	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
<b>Hearing Aids</b>	hi HealthInnovations™	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. CT, Monday - Friday <a href="http://www.hihealthinnovations.com">www.hihealthinnovations.com</a>
<b>Vision Care</b>	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
<b>NurseLine</b>	NurseLine <sup>SM</sup>	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
<b>Personal Emergency Response System</b>	Philips Lifeline	1-800-368-2925, TTY 711 8:30 a.m. - 6:30 p.m. ET, Monday - Friday