

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareRx Saver Plus (PDP)**

S5921-353

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



**Toll-Free 1-888-867-5564, TTY 711**  
**8 a.m. - 8 p.m. local time, 7 days a week**



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

**AARP® | MedicareRx Plans**  
insured through **UnitedHealthcare**

Our service area includes **North Carolina**.

# 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® MedicareRx Saver Plus (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP® MedicareRx Saver Plus (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed on the cover and be a United States citizen or lawfully present in the United States.

## **Use network pharmacies.**

AARP® MedicareRx Saver Plus (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for these 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 pharmacy using the online directory. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

# AARP® MedicareRx Saver Plus (PDP)

Premiums and Benefits	Cost-Share
Monthly Plan Premium	\$53.50
Annual Prescription Drug Deductible	\$405 per year for Part D prescription drugs.

## 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 Standard retail pharmacy.

<b>Stage 1: Annual Prescription Deductible</b>	\$405 per year.					
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>				<b>Mail Order</b>	
	<b>Preferred</b>		<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>90-day supply</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	\$1 copay	\$3 copay	\$5 copay	\$15 copay	\$0 copay	\$15 copay
Tier 2: Generic Drugs	\$8 copay	\$24 copay	\$13 copay	\$39 copay	\$0 copay	\$39 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$90 copay	\$40 copay	\$120 copay	\$85 copay	\$120 copay
Tier 4: Non-Preferred Drugs	38% coinsurance	38% coinsurance	38% coinsurance	38% coinsurance	38% coinsurance	38% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% 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>					

## 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 and/or pharmacy network may change at any time. You will receive notice when necessary.

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.

AARP® MedicareRx SaverPlus (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD and WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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 <http://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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-867-5564.