2017 Summary of BENEFITS

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

H0543-089

Our service area includes the following counties in:
California: Placer, Sacramento, Yolo.

This is a summary of drug coverages and health services provided by AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)
January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:

Toll-Free **1-800-555-5757,** TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.AARPMedicarePlans.com

AARP® | MedicareComplete®
insured through UnitedHealthcare

Summary of Benefits

January 1st, 2017 - December 31st, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at www.AARPMedicarePlans.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO), you must be entitled to Medicare Part A, 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.

What's inside?

Plan Premiums, Annual Deductibles, and Benefits

See plan costs including the monthly plan premium, deductible and maximum out-of-pocket limit.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at www.AARPMedicarePlans.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.AARPMedicarePlans.com.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	$92
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$4,900 annually for services you receive from in-network providers.
	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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

Benefits		In-Network
Inpatient Hospital Coverage[1]		$150 co-pay per day: for days 1-3 $0 co-pay per day: for days 4 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits	Primary	$10 co-pay
	Specialists[1]	$15 co-pay
Preventive Care	Medicare-covered	$0 co-pay
	Routine physical	$0 co-pay; 1 per year
Emergency Care		$75 co-pay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.
Urgently Needed Services		$15 - $40 co-pay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[1]	20% of the cost
	Lab services[1]	$10 co-pay
	Diagnostic tests and procedures[1]	20% of the cost
	Therapeutic Radiology[1]	20% of the cost
	Outpatient X-rays[1]	$14 co-pay per service

Benefits		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues[1]	$10 co-pay
	Routine hearing exam	$10 co-pay; 1 per year
	Hearing aid	$330-$380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
Dental Services		Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[1]	$15 co-pay
	Eyewear after cataract surgery[1]	$0 co-pay
	Routine eye exam	$15 co-pay Up to 1 every year
Mental Health Care	Inpatient visit[1]	$150 co-pay per day: for days 1-3 $0 co-pay per day: for days 4-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$30 co-pay
	Outpatient individual therapy visit[1]	$40 co-pay
Skilled Nursing Facility (SNF)[1]		$0 co-pay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.

Benefits		In-Network
Rehabilitation Services	Occupational therapy visit[1]	$15 co-pay
	Physical therapy and speech and language therapy visit[1]	$15 co-pay
Ambulance		$250 co-pay
Routine Transportation		Not covered
Foot Care (podiatry services)	Foot exams and treatment[1]	$15 co-pay
	Routine foot care	$15 co-pay; for each visit up to 6 visits every year
Medical Equipment / Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost
	Prosthetics (e.g., braces, artificial limbs)	20% of the cost
Wellness Programs		Not covered
Medicare Part B Drugs	Chemotherapy drugs	20% of the cost
	Other Part B drugs	20% of the cost

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 and Tier 2; $200 for Tier 3, 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 co-pay	$6 co-pay	$0 co-pay	$6 co-pay
Tier 2: Generic Drugs	$8 co-pay	$24 co-pay	$0 co-pay	$24 co-pay
Tier 3: Preferred Brand Drugs	$45 co-pay	$135 co-pay	$125 co-pay	$135 co-pay
Tier 4: Non-Preferred Drugs	$95 co-pay	$285 co-pay	$275 co-pay	$285 co-pay
Tier 5: Specialty Tier Drugs	29% of the cost	29% of the cost	29% of the cost	29% of the cost
Stage 3: Coverage Gap Stage	After your total drug costs reach $3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,950, you pay the greater of: • 5% of the cost, or • $3.30 co-pay for generic (including brand drugs treated as generic) and a $8.25 co-pay for all other drugs.			

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation[1]	$15 co-pay
Diabetes Management	Diabetes monitoring supplies	$0 co-pay
	Diabetes Self-management training[1]	$0 co-pay
	Therapeutic shoes or inserts	20% of the cost
Home Health Care[1]		$0 co-pay
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[SM]		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Outpatient Surgery[1]		$75 co-pay
Outpatient Substance Abuse	Outpatient group therapy visit[1]	$30 co-pay
	Outpatient individual therapy visit[1]	$40 co-pay
Renal Dialysis[1]		20% of the cost

Services with a 1 may require a referral from your doctor.

Optional Supplemental Benefits

Premiums and Benefits		In-Network
Dental Platinum Rider	Premium	Additional $36 per month
	Description	The Dental Platinum Rider includes preventive and comprehensive dental benefits.

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.

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 1-877-889-6358, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company. $0 co-pay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

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 1-800-555-5757.

This information is available for free in other languages. Please call our customer service number at 1-800-555-5757, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-800-555-5757, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

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 1-800-555-5757 (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 1-800-555-5757（TTY：711).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-555-5757. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-555-5757. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-555-5757。 我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電1-800-555-5757。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-555-5757. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-555-5757. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-555-5757 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-555-5757. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-800-555-5757번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-555-5757. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-555-7575 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-555-5757 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-555-5757. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-555-5757. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-555-5757. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-555-5757. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-555-5757 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Vendor Information

Before contacting any of the providers below you must be fully enrolled in AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Hearing Aids	hi HealthInnovations™	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. Central Standard Time, Monday - Friday www.hihealthinnovations.com
Vision Care	UnitedHealthcare Vision®	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
NurseLine	NurseLine℠	1-877-365-7949, TTY 711 24 hours a day, 7 days a week