

Benefit Highlights

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Monthly plan premium	\$92
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Medical Benefits

Doctor's office visit	Primary Care Provider: \$10 co-pay Specialist: \$15 co-pay (referral needed)
Preventive services	\$0 co-pay
Inpatient hospital care	\$150 co-pay per day: days 1-3 \$0 co-pay per day after that
Skilled nursing facility (SNF)	\$0 co-pay per day: days 1-100
Outpatient surgery	\$75 co-pay
Diabetes monitoring supplies	\$0 co-pay
Home health care	\$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	20% of the cost
Diagnostic tests and procedures (non-radiological)	20% of the cost
Lab services	\$10 co-pay
Outpatient x-rays	\$14 co-pay
Ambulance	\$250 co-pay
Emergency care	\$75 co-pay (worldwide)
Urgently needed services	\$15 - \$40 co-pay (\$75 co-pay for worldwide coverage)
Annual out-of-pocket maximum*	\$4,900

*The most you may pay in a year for medical care covered by the plan.

Benefits and Services Beyond Original Medicare

Routine physical	\$0 co-pay; 1 per year
Vision - routine eye exams	\$15 co-pay; 1 every year
Foot care - routine	\$15 co-pay; 6 visits per year
Hearing - routine exam	\$10 co-pay; 1 per year
Hearing aids	\$330 - \$380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$200 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$2 co-pay	\$0 co-pay
Tier 2: Generic Drugs	\$8 co-pay	\$0 co-pay
Tier 3: Preferred Brand Drugs	\$45 co-pay	\$125 co-pay
Tier 4: Non-Preferred Drugs	\$95 co-pay	\$275 co-pay
Tier 5: Specialty Tier Drugs	29% of the cost	29% of the cost
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	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,950, you will pay the greater of \$3.30 co-pay for generic (including brand drugs treated as generic), \$8.25 co-pay for all other drugs, or 5% of the cost	

Optional riders available – See the Summary of Benefits or Evidence of Coverage for 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. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.