

Benefit Highlights

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

This is a short description of 2018 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

	Your Cost
Monthly plan premium	\$0

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$0 copay (referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per day for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-34 \$0 copay per day: days 35-100
Outpatient surgery	\$0 copay
Diabetes monitoring supplies	\$0 copay
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$50 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$150 copay
Emergency care	\$80 copay (worldwide)
Urgently needed services	\$30 - \$50 copay (\$80 copay for worldwide coverage)
Annual out-of-pocket maximum*	\$2,200

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

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$70 for standard lenses/frames or \$105 for contacts
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$330 - \$380 copay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations

	Your Cost
Chiropractic care and Acupuncture	\$10 copay; Combination of 18 chiropractic and acupuncture visits per year
Fitness program through SilverSneakers® Fitness	Basic membership in a fitness program at a network location.
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
	Standard Retail (30-day)	Preferred Mail Order (90-day)
Annual prescription deductible	\$0	
Initial coverage stage		
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$9 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$3,750, you pay 44% coinsurance for generic drugs and 35% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance	

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 copayments/coinsurance 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.

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.