

2022 Medicare Advantage Plan Information

	AARP® Medicare Advantage Value (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Patriot Plan 2 (HMO-POS)	AARP® Medicare Advantage Open Plan 1 (Local PPO)
	H5253-033-000	H5253-004-000	H5253-021-000	H0294-004-000
Plan Benefits				
Monthly plan premium*	\$0.00	\$27.00	\$0.00	\$47.00
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$45 copay	\$35 copay	\$40 copay	\$50 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$295 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$285 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$295 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$375 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-47 /\$0 copay per day for days 48-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-44 /\$0 copay per day for days 45-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-47 /\$0 copay per day for days 48-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-52 /\$0 copay per day for days 53-100
Outpatient surgery	\$0 copay - \$280 copay	\$0 copay - \$260 copay	\$0 copay - \$275 copay	\$0 copay - \$335 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$170 copay	\$0 copay - \$115 copay	\$0 copay - \$100 copay	\$0 copay - \$110 copay
Diagnostic tests and procedures	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$280 copay; Air: \$280 copay
Emergency care	\$90 copay; copays are waived if admitted within 24 Hours	\$90 copay; copays are waived if admitted within 24 Hours	\$90 copay; copays are waived if admitted within 24 Hours	\$90 copay; copays are waived if admitted within 24 Hours
Urgent care	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$4,900	\$4,500	\$4,900	\$5,900
Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)				
Tier 1 – Preferred generic drugs	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	Not included	30-day: \$3 copay; 90-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$14 copay; 90-day: \$0 copay	30-day: \$12 copay; 90-day: \$0 copay	Not included	30-day: \$14 copay; 90-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$47 copay; 90-day: \$131 copay	Not included	30-day: \$47 copay; 90-day: \$131 copay
Tier 4 – Non-preferred drugs	30-day: \$100 copay; 90-day: \$290 copay	30-day: \$100 copay; 90-day: \$290 copay	Not included	30-day: \$100 copay; 90-day: \$290 copay
Tier 5 – Specialty tier drugs	30-day: 28% coinsurance; 90-day: Not included	30-day: 28% coinsurance; 90-day: Not included	Not included	30-day: 27% coinsurance; 90-day: Not included
Annual prescription deductible	\$0 deductible for Tiers 1 and 2; \$275 deductible for Tiers 3, 4 and 5	\$0 deductible for Tiers 1, 2 and 3; \$250 deductible for Tiers 4 and 5	Not included	\$0 deductible for Tiers 1 and 2; \$325 deductible for Tiers 3, 4 and 5

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H5253-033-000	H5253-004-000	H5253-021-000	H0294-004-000

Extra Benefits and Features

Monthly Part B premium credit	Not included	Not included	\$30	Not included
UnitedHealthcare® Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network
Dental coverage	Up to \$1,000 for covered dental such as exams, x-rays, cleanings, fillings, crowns, root canals, and extractions	Up to \$1,500 for covered dental such as exams, x-rays, cleanings, fillings, crowns, root canals, extractions, and dentures	Up to \$3,500 for covered dental such as exams, x-rays, cleanings, fillings, crowns, root canals, extractions, and dentures	\$0 copay for covered network preventive dental including commonly used oral exams, x-rays, and routine cleanings
Part D Senior Savings Model	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less	Not included	Get a 1-month supply of insulin drugs for \$35 or less
Over the counter (OTC) benefit	Not included	\$40 a quarter in credits for over-the-counter products for home delivery	\$120 a quarter in credits for over-the-counter products for home delivery	Not included
Gym membership	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost

The UnitedHealthcare plans listed on this document are available in the following counties:

AARP® Medicare Advantage Value (HMO-POS) H5253-033-000

Milwaukee, Ozaukee, Racine, Washington, Waukesha

AARP® Medicare Advantage (HMO-POS) H5253-004-000

Milwaukee, Ozaukee, Racine, Washington, Waukesha

AARP® Medicare Advantage Patriot Plan 2 (HMO-POS) H5253-021-000

Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

AARP® Medicare Advantage Open Plan 1 (Local PPO) H0294-004-000

Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

Get help finding the right plan for you. Contact me today.



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**Wisconsin
Healthcare
Advisors**

If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. [§]Limitations may apply. ^{††}The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Network size varies by market and exclusions may apply. Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D sponsor members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Part B rebate will appear as a credit on your monthly Social Security check. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help"). Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. \$0 cost-share for in-network dental care, specified services only. If your plan offers out of network dental coverage and you see an out-of-network dentist you might be billed more, even for services listed as \$0 copay. Network size varies by market. OTC and Healthy Food benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information. Renew Active® includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. ©2021 United Healthcare Services, Inc. All rights reserved.