

2023 Medicare Advantage Plan Year Information

| AARP® Medicare Advantage Premier Value (HMO-POS) | AARP® Medicare Advantage Plus (HMO-POS) | AARP® Medicare Advantage Patriot Plan 2 (HMO-POS) | AARP® Medicare Advantage Open Plan 3 (PPO) |
|--|---|---|--|
| H5253-033-000 | H5253-004-000 | H5253-021-000 | H0294-026-000 |

| Plan Benefits | | | | |
|---|--|--|--|--|
| Monthly plan premium* | \$0 | \$27 | \$0 | \$0 |
| Annual medical deductible | \$0 | \$0 | \$0 | \$0 |
| Primary care provider visit | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Specialist visit | \$40 copay | \$35 copay | \$40 copay | \$45 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 | \$350 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 /\$196 copay per day for days 21-43 /\$0 copay per day for days 44-100 | \$0 copay per day for days 1-20 /\$196 copay per day for days 21-40 /\$0 copay per day for days 41-100 | \$0 copay per day for days 1-20 /\$196 copay per day for days 21-45 /\$0 copay per day for days 46-100 | \$0 copay per day for days 1-20 /\$196 copay per day for days 21-45 /\$0 copay per day for days 46-100 |
| Outpatient surgery | \$0 copay - \$280 copay | \$0 copay - \$260 copay | \$0 copay - \$275 copay | \$0 copay - \$325 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 - \$150 copay | \$0 copay - \$115 copay | \$0 copay - \$100 copay | \$0 copay - \$115 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: \$250 copay; Air: \$250 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; Copays are not waived if admitted | Contracted: \$40 copay; Copays are not waived if admitted | 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** | \$4,500 | \$3,900 | \$4,900 | \$4,900 |

| Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day) | | | | |
|---|---|---|--------------|---|
| Tier 1 – Preferred generic drugs | 30-day: \$0 copay; 100-day: \$0 copay | 30-day: \$0 copay; 100-day: \$0 copay | Not included | 30-day: \$0 copay; 100-day: \$0 copay |
| Tier 2 – Generic drugs | 30-day: \$12 copay; 100-day: \$0 copay | 30-day: \$10 copay; 100-day: \$0 copay | Not included | 30-day: \$14 copay; 100-day: \$0 copay |
| Tier 3 – Preferred brand drugs | 30-day: \$47 copay; 100-day: \$131 copay | 30-day: \$47 copay; 100-day: \$131 copay | Not included | 30-day: \$47 copay; 100-day: \$131 copay |
| Tier 4 – Non-preferred drugs | 30-day: \$100 copay; 100-day: \$290 copay | 30-day: \$100 copay; 100-day: \$290 copay | Not included | 30-day: \$100 copay; 100-day: \$290 copay |
| Tier 5 – Specialty tier drugs | 30-day: 33% coinsurance | 30-day: 33% coinsurance | Not included | 30-day: 33% coinsurance |
| Annual prescription deductible | \$0 deductible for all Tiers | \$0 deductible for all Tiers | Not included | \$0 deductible for all Tiers |

See reverse for additional details. Ask for a plan's Enrollment Guide if you'd like to see a full explanation of copayments or coinsurance. If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

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|--|---|---|--|
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Extra Benefits and Features

| | | | | |
|---------------------------------|---|---|---|---|
| Part B Premium Giveback | Not included | Not included | Up to \$600 giveback yearly on your Medicare Part B premium | Not included |
| Dental benefits | Up to \$1,000 for covered types of preventive and comprehensive dental | Up to \$1,500 for covered types of preventive and comprehensive dental | Up to \$3,500 for covered types of preventive and comprehensive dental | Up to \$500 for covered types of preventive and comprehensive dental |
| OTC Credit | Up to \$40 a quarter for OTC products in-store or home delivery | Up to \$50 a quarter for OTC products in-store or home delivery | Up to \$120 a quarter for OTC products in-store or home delivery | Up to \$40 a quarter for OTC products in-store or home delivery |
| Routine vision benefits | \$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses | \$0 copay on yearly routine eye exam and \$200 eyewear allowance with free lenses | \$0 copay on yearly routine eye exam and \$300 eyewear allowance with free lenses | \$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses |
| Routine hearing benefits | Copays as low as \$175 for a broad selection of brand-name hearing aids | Copays as low as \$175 for a broad selection of brand-name hearing aids | Copays as low as \$175 for a broad selection of brand-name hearing aids | Copays as low as \$175 for a broad selection of brand-name hearing aids |
| Fitness | Free gym membership through Renew Active® and free Fitbit® | Free gym membership through Renew Active® and free Fitbit® | 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 AARP plans from UnitedHealthcare listed on this document are available in the following counties:

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

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

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

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

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

Brown, Calumet, Dodge, Door, Eau Claire, 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 3 (Local PPO) H0294-026-000

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

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



Jonathan Mantes

Wisconsin Healthcare Advisors

Licensed Sales Agent

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*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. 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. 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. AARP does not employ or endorse agents, producers or brokers. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. 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. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. 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. Gym network may vary in local market. Renew Active® includes a standard fitness membership. Choose one Fitbit device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. The Giveback benefit is a reduction on your Medicare Part B premium. ©2022 United HealthCare Services, Inc. All Rights Reserved.