Summary of Benefits

January 1, 2010 — December 31, 2010

AARP® MedicareComplete Choice® (Regional PPO)

R7444-001

Connecticut, Massachusetts, Rhode Island, and Vermont

AARP® | MedicareComplete®
from SecureHorizons

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Section I - Introduction to Summary of Benefits

Thank you for your interest in AARP® MedicareComplete Choice® (Regional PPO). Our plan is offered by UNITEDHEALTHCARE INSURANCE COMPANY/AARP® MedicareComplete® from SecureHorizons, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AARP MedicareComplete Choice (Regional PPO) and ask for the "Evidence of Coverage".

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like AARP MedicareComplete Choice (Regional PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call AARP MedicareComplete Choice (Regional PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I Compare my Options?

You can compare AARP MedicareComplete Choice (Regional PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is AARP MedicareComplete Choice (Regional PPO) Available?

The service area for this plan includes: Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont). You must live in this area to join the plan.

Who is Eligible to Join AARP MedicareComplete Choice (Regional PPO)?

You can join AARP MedicareComplete Choice (Regional PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in AARP MedicareComplete Choice (Regional PPO) unless they are members of our organization and have been since their dialysis began.

Can I Choose my Doctors?

AARP MedicareComplete Choice (Regional PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at https://www.AARPMedicareComplete.com/ourplans/findaphysician.html.

Our customer service number is listed at the end of this introduction.

What Happens if I Go to a Doctor Who's not in Your Network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Does my Plan Cover Medicare Part B or Part D Drugs?

AARP MedicareComplete Choice (Regional PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I Get my Prescriptions if I Join This Plan?

AARP MedicareComplete Choice (Regional PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.AARPMedicareComplete.com. Our customer service number is listed at the end of this introduction.

AARP MedicareComplete Choice (Regional PPO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What is a Prescription Drug Formulary?

AARP MedicareComplete Choice (Regional PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.AARPMedicareComplete.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I Get Extra Help With my Prescription Drug Plan Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

- Your State Medicaid Office.

What are my Protections in This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AARP MedicareComplete Choice (Regional PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, CT: Qualidigm, 1-800-553-7590. MA: MassPRO, 1-800-252-5533. RI: Quality Partners of Rhode Island, 1-800-662-5028. VT: Northeast Health Care Quality Foundation, 1-800-772-0151.

As a member of AARP MedicareComplete Choice (Regional PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, CT: Qualidigm, 1-800-553-7590. MA: MassPRO, 1-800-252-5533. RI: Quality Partners of Rhode Island, 1-800-662-5028. VT: Northeast Health Care Quality Foundation, 1-800-772-0151.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact AARP MedicareComplete Choice (Regional PPO) for more details.

What Types of Drugs may be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact AARP MedicareComplete Choice (Regional PPO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-800-547-5514 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-832-8671.

Please call AARP® MedicareComplete® from SecureHorizons for more information about **AARP MedicareComplete Choice (Regional PPO)**.

Visit us at **www.AARPMedicareComplete.com** or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m - 8:00 p.m

Current members should call toll-free 1-800-643-4845 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug program.

TTY/TDD: 711

Prospective members should call toll-free 1-800-547-5514 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Program.

TTY/TDD: 1-866-832-8671

For more information about **Medicare**, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AARP® MedicareComplete® from SecureHorizons for details.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Important Information		
1 **Premium and Other Important Information**	In 2009 the monthly Part B Premium was $96.40 and will change for 2010 and the yearly Part B deductible amount was $135 and will change for 2010. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was $85,000 for singles, $170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	**General** $0 monthly plan premium in addition to your monthly Medicare Part B premium. **In-Network** $3,800 out-of-pocket limit. This limit includes only Medicare-covered services. **In and Out-of-Network** $7,600 combined out-of-pocket limit. In-Network: This limit includes only Medicare-covered services. Out-Of-Network: This limit includes only Medicare-covered services.
2 **Doctor and Hospital Choice** (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	**In-Network** No referral required for network doctors, specialists, and hospitals. **Out-of-service area** Plan covers you when you travel in the U.S.
Inpatient Care		
3 **Inpatient Hospital Care** (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were: • Days 1 - 60: $1068 deductible • Days 61 - 90: $267 per day • Days 91 - 150: $534 per lifetime reserve day These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	**In-Network** For Medicare-covered hospital stays: Days 1 - 6: $275 copay per day Days 7 - 90: $0 copay per day $0 copay for each additional hospital day. No limit to the number of days covered by the plan each benefit period.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Inpatient Care (continued)		
	Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**Out-of-Network** For hospital stays: Days 1 - 21: $375 copay per day Days 22 and beyond: $0 copay per day
4 **Inpatient Mental Health Care**	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.	**In-Network** For Medicare-covered hospital stays: Days 1 - 6: $275 copay per day Days 7 - 90: $0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. **Out-of-Network** For hospital stays: Days 1 - 21: $375 copay per day Days 22 - 90: $0 copay per day
5 **Skilled Nursing Facility (SNF)** (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: • Days 1 - 20: $0 per day • Days 21 - 100: $133.50 per day These amounts will change for 2010. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You	**In-Network** For Medicare-covered SNF stays: Days 1 - 28: $90 copay per day Days 29 - 100: $0 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required. **Out-of-Network** For each SNF stay: Days 1 - 44: $175 copay per SNF day Days 45 - 100: $0 copay per SNF day

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Inpatient Care (continued)		
	must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
6 **Home Health Care** (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	$0 copay.	**In-Network** $0 copay for each Medicare-covered home health visit. **Out-of-Network** 30% for home health visits.
7 **Hospice**	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	**General** You must get care from a Medicare-certified hospice.
Outpatient Care		
8 **Doctor Office Visits**	20% coinsurance	**General** See "Physical Exams," for more information. **In-Network** $15 copay for each primary care doctor visit for Medicare-covered benefits. $30 copay for each in-area, network urgent care Medicare-covered visit. $35 copay for each specialist visit for Medicare-covered benefits. **Out-of-Network** $40 copay for each specialist visit. $30 copay for each primary care doctor visit.
9 **Chiropractic Services**	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a	**In-Network** $35 copay for each Medicare-covered visit.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Outpatient Care (continued)		
	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. **Out-of-Network** $40 copay for chiropractic benefits.
10 **Podiatry Services**	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**In-Network** $35 copay for each Medicare-covered visit. $35 copay for up to 6 routine visit(s) every year Medicare-covered podiatry benefits are for medically-necessary foot care. **Out-of-Network** $40 copay for podiatry benefits.
11 **Outpatient Mental Health Care**	45% coinsurance for most outpatient mental health services.	**In-Network** $40 copay for each Medicare-covered individual therapy visit. $30 copay for each Medicare-covered group therapy visit. **Out-of-Network** $35 to $45 copay for Mental Health benefits. $35 to $45 copay for Mental Health benefits with a psychiatrist.
12 **Outpatient Substance Abuse Care**	20% coinsurance	**In-Network** $40 copay for Medicare-covered individual visits. $30 copay for Medicare-covered group visits. **Out-of-Network** $35 to $45 copay for outpatient substance abuse benefits.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Outpatient Care (continued)		
13 **Outpatient Services/Surgery**	20% coinsurance for the doctor 20% of outpatient facility charges	**In-Network** 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit. **Out-of-Network** 30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.
14 **Ambulance Services** (medically necessary ambulance services)	20% coinsurance	**In-Network** $150 copay for Medicare-covered ambulance benefits. **Out-of-Network** $150 copay for ambulance benefits.
15 **Emergency Care** (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	**General** $50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay $0 for the emergency room visit
16 **Urgently Needed Care** (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	**General** $40 copay for Medicare-covered urgently needed care visits.
17 **Outpatient Rehabilitation Services**	20% coinsurance	**In-Network** $35 copay for Medicare-covered Occupational Therapy visits.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Outpatient Care (continued)		
(Occupational Therapy, Physical Therapy, Speech and Language Therapy)		$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. **Out-of-Network** $40 copay for Occupational Therapy benefits. $40 copay for Physical and/or Speech/ Language Therapy visits.
Outpatient Medical Services and Supplies		
18 **Durable Medical Equipment** (includes wheelchairs, oxygen, etc.)	20% coinsurance	**In-Network** 20% of the cost for Medicare-covered items. **Out-of-Network** 30% of the cost for durable medical equipment.
19 **Prosthetic Devices** (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	**In-Network** 20% of the cost for Medicare-covered items. **Out-of-Network** 30% of the cost for prosthetic devices.
20 **Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies** (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**In-Network** $0 copay for Diabetes self-monitoring training. $0 copay for Nutrition Therapy for Diabetes. $0 copay for Diabetes supplies. **Out-of-Network** 30% of the cost for Diabetes self-monitoring training. 30% of the cost for Nutrition Therapy for Diabetes. 30% of the cost for Diabetes supplies.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Outpatient Medical Services and Supplies (continued)		
21 **Diagnostic Tests, X-Rays, Lab Services, and Radiology Services**	20% coinsurance for diagnostic tests and x-rays $0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	**In-Network** $10 copay for Medicare-covered lab services. $0 to $10 copay for Medicare-covered diagnostic procedures and tests. $16 copay for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services. **Out-of-Network** $10 copay [or 30% of the cost] for diagnostic procedures, tests, and lab services. $21 copay for outpatient x-rays. 30% of the cost for diagnostic radiology services. 30% of the cost for therapeutic radiology services.
Preventive Services		
22 **Bone Mass Measurement** (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**In-Network** $0 copay for Medicare-covered bone mass measurement. **Out-of-Network** 30% of the cost for Medicare-covered bone mass measurement.
23 **Colorectal Screening Exams** (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	**In-Network** $0 copay for Medicare-covered colorectal screenings. $0 copay up to 1 additional screening(s) every year. **Out-of-Network** 30% of the cost for colorectal screenings.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
24 **Immunizations** (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	**In-Network** $0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. $0 copay for Hepatitis B vaccine. **Out-of-Network** $0 copay for immunizations.
25 **Mammograms (Annual Screening)** (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	**In-Network** $0 copay for Medicare-covered screening mammograms. **Out-of-Network** 30% of the cost for screening mammograms.
26 **Pap Smears and Pelvic Exams** (for women with Medicare)	$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	**In-Network** $0 copay for Medicare-covered pap smears and pelvic exams $0 copay up to 1 additional pap smear(s) and pelvic exam(s) every year **Out-of-Network** 30% of the cost for pap smears and pelvic exams.
27 **Prostate Cancer Screening Exams** (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. $0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** $0 copay for Medicare-covered prostate cancer screening. **Out-of-Network** 30% of the cost for prostate cancer screening.
28 **End-Stage Renal Disease**	20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on	**In-Network** 20% of the cost for renal dialysis $0 copay for Nutrition Therapy for End-Stage Renal Disease.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
	dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**Out-of-Network** 30% of the cost for Nutrition Therapy for End-Stage Renal Disease. 20% of the cost for renal dialysis.
29 **Prescription Drugs**	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	**Drugs covered under Medicare Part B** **General** 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. 30% of the cost for Part B drugs out-of-network. **Drugs covered under Medicare Part D** **General** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareComplete.com on the web. Different out-of-pocket costs may apply for people who ▪ have limited incomes, ▪ live in long term care facilities, or ▪ have access to Indian/Tribal/Urban (Indian Health Service). The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and the plan.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from AARP MedicareComplete Choice (Regional PPO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. If you request a formulary exception for a drug and AARP MedicareComplete Choice (Regional PPO) approves the exception, you will pay Tier 3 Non-Preferred Generic Non-Preferred Brand cost-sharing for that drug.
In-Network		$0 deductible.
Initial Coverage		You pay the following until total yearly drug costs reach $2,830:
Retail Pharmacy		Tier 1 Preferred Generic Brand ▪ $5 copay for a one-month (31-day) supply of drugs in this tier ▪ $15 copay for a three-month (90-day) supply of drugs in this tier Tier 2 Generic Preferred Brand

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
		▪ $41 copay for a one-month (31-day) supply of drugs in this tier ▪ $123 copay for a three-month (90-day) supply of drugs in this tier Tier 3 Non-Preferred Generic Non-Preferred Brand ▪ $79 copay for a one-month (31-day) supply of drugs in this tier ▪ $237 copay for a three-month (90-day) supply of drugs in this tier Tier 4 Specialty ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier
Long Term Care Pharmacy		Tier 1 Preferred Generic Brand ▪ $5 copay for a one-month (31-day) supply of drugs in this tier Tier 2 Generic Preferred Brand ▪ $41 copay for a one-month (31-day) supply of drugs in this tier Tier 3 Non-Preferred Generic Non-Preferred Brand ▪ $79 copay for a one-month (31-day) supply of drugs in this tier Tier 4 Specialty ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier
Mail Order		Tier 1 Preferred Generic Brand ▪ $10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ $15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. Tier 2 Generic Preferred Brand

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
		▪ $113 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ $123 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. Tier 3 Non-Preferred Generic Non-Preferred Brand ▪ $227 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ $237 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. Tier 4 Specialty ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.
Coverage Gap		After your total yearly drug costs reach $2,830, you pay 100% until your yearly out-of-pocket drug costs reach $4,550.
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach $4,550, you pay the greater of: ▪ A $2.50 copay for generic (including brand drugs treated as generic) and a $6.30 copay for all other drugs, or ▪ 5% coinsurance.
Out-of-Network		Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
		documentation to receive reimbursement from AARP MedicareComplete Choice (Regional PPO).
Out-of-Network Initial Coverage		You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach $2,830: Tier 1 Preferred Generic Brand ▪ $5 copay for a one-month (31-day) supply of drugs in this tier Tier 2 Generic Preferred Brand ▪ $41 copay for a one-month (31-day) supply of drugs in this tier Tier 3 Non-Preferred Generic Non-Preferred Brand ▪ $79 copay for a one-month (31-day) supply of drugs in this tier Tier 4 Specialty ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier
Out-of-Network Coverage Gap		After your total yearly drug costs reach $2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,550. You will not be reimbursed by AARP MedicareComplete Choice (Regional PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareComplete Choice (Regional PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
Out-of-Network Catastrophic Coverage		After your yearly out-of-pocket drug costs reach $4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: ▪ A $2.50 copay for generic (including brand drugs treated as generic) and a $6.30 copay for all other drugs, or ▪ 5% coinsurance.
30 **Dental Services**	Preventive dental services (such as cleaning) not covered.	**In-Network** In general, preventive dental benefits (such as cleaning) not covered. $35 copay for Medicare-covered dental benefits. **Out-of-Network** $40 copay for comprehensive dental benefits.
31 **Hearing Services**	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	**In-Network** ▪ $35 copay for Medicare-covered diagnostic hearing exams ▪ $0 to $35 copay for up to 1 routine hearing test(s) every year ▪ $0 copay per hearing aid $300 limit for hearing aids every two years. **Out-of-Network** $40 copay for hearing exams. 50% of the cost for hearing aids.
32 **Vision Services**	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** ▪ $0 copay for one pair of eyeglasses or contact lenses after cataract surgery. ▪ $35 copay for exams to diagnose and treat diseases and conditions of the eye. ▪ $35 copay for up to 1 routine eye exam(s) every year **Out-of-Network** $40 copay for eye exams. 30% of the cost for eye wear.

Benefit	Original Medicare	AARP MedicareComplete Choice (Regional PPO)
Preventive Services (continued)		
33 **Physical Exams**	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	**In-Network** $0 copay for routine exams. Limited to 1 exam(s) every year. $0 copay for Medicare-covered benefits. **Out-of-Network** $30 copay for routine exams.
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	**In-Network** The plan covers the following health/wellness education benefits: ▪ Written health education materials, including Newsletters ▪ Nursing Hotline $0 copay for each Medicare-covered smoking cessation counseling session. **Out-of-Network** $0 copay for Health and Wellness services.
Transportation (Routine)	Not covered.	**In-Network** This plan does not cover routine transportation.
Acupuncture	Not covered.	**In-Network** This plan does not cover Acupuncture.
Optional Supplemental Package #1		
Premium and Other Important Information		**General** Package: 1 - Fitness Rider: $10 monthly premium, in addition to your $0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: ▪ Health/Wellness Education

Section III - Additional Plan Information

Section III provides additional clarification to the benefit category information included in Section II. You can also reference the Plan Benefits Guide, included in this kit, for additional benefit information.

Benefit Category	AARP MedicareComplete Choice (Regional PPO)
① **Premium and Other Important Information (Out-of-Pocket Maximum)**	**In and Out-of-Network** All Medicare-covered services apply to the out-of-pocket maximums.
② **Doctor and Hospital Choice**	Covered benefits are available from providers that participate in UnitedHealth Passport when you travel outside of your home service area.
⑩ **Podiatry Services**	**In-Network** $35 copayment per visit for up to 6 routine visits per year. Visits are combined in and out-of-network. **Out-of-Network** $40 copayment per visit for up to 6 routine visits per year. Visits are combined in and out-of-network.
㉑ **Diagnostic Tests, X-Rays, Lab Services and Radiology Services**	**In-Network** $0 copayment for each cardiovascular disease test. $10 copayment for Medicare-covered clinical lab services. **Out-of-Network** 30% coinsurance for each cardiovascular disease test. $10 copayment for Medicare-covered clinical lab services.
㉚ **Dental Services**	**Out-of-Network** $40 copayment for Medicare-covered services. Comprehensive dental is not covered.

Benefit Category	AARP MedicareComplete Choice (Regional PPO)
31 **Hearing Services**	**In-Network** **Routine Hearing Exam:** $0 copayment per exam at a preferred hearing center, once every year. $35 copayment for each exam by a specialist, limited to 1 exam every year. **Hearing Aids:** Up to $300 for hearing aids every 2 years. **Out-of-Network** **Routine Hearing Exam:** $40 copayment for each exam, limited to 1 exam every year, combined in and out-of-network. **Hearing Aids:** Plan pays 50% of the first $100 of the cost every 2 years.
32 **Vision Services**	**In-Network** **Routine Eye Exam:** $35 copayment for each exam, limited to 1 eye exam(s) every year, in and out-of-network. **Out-of-Network** **Routine Eye Exam:** $40 copayment limited to 1 eye exam(s) every year, in or out-of-network. **Medicare-Covered Eyewear:** 30% coinsurance for 1 pair of eyeglasses or contact lenses (after cataract surgery) purchased from a non-network provider.

Member Appeals and Grievances Process

Members of our Medicare Advantage health plans have the right to request an organization determination including the right to file an appeal and the right to file a grievance. Medicare Advantage health plan organizations must identify, track, resolve and report all activity related to an appeal or grievance.

Medicare Advantage Member Appeals

What is an Appeal?
An appeal is a type of request you make when you want us to reconsider a decision concerning coverage of a service or the amount your health plan pays or will pay for a service. The initial decision concerning medical care or services is called an "organization determination."

When can an Appeal be filed?
You may file an appeal within 60 calendar days of the date of the initial organization determination. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe.

Who can file an Appeal?
You may file an appeal or someone else may file an appeal on your behalf. You must appoint the individual to act as your representative to file the appeal for you. To learn how to name a representative, contact Customer Service.

How can an Appeal be filed?
An appeal must be filed in writing directly to us. You may call Customer Service for additional information. Refer to Section I of the Summary of Benefits for the Customer Service address and phone number.

Fast Reviews
You have the right to request and receive fast decisions affecting your medical treatment in "time-sensitive" situations. A situation is time-sensitive if waiting for a decision to be made within the standard timeframe could seriously harm your health or your ability to function. If your doctor provides a written or oral statement supporting your need of a fast review we will automatically give you a fast review. A decision will be issued as quickly as possible but no later than 72 hours after receiving the request.

Medicare Advantage Member Grievances

What is a Grievance?
A grievance is a complaint that doesn't involve coverage for an item or service by your health plan or a contracting medical provider. If your grievance involves quality of care, you have the right to file a grievance with the Quality Improvement Organization (QIO) of your state. Refer to Section I of the Summary of Benefits for the name and phone number of the QIO in your state.

When can a Grievance be filed?
You may file a grievance within 60 calendar days of the date of the event causing the grievance. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe. There is no time limit for complaints concerning quality of care.

Who can file a Grievance?
You may file a grievance or someone else may file a grievance on your behalf. You must appoint the individual to act as your representative to file the grievance for you. To learn how to name a representative, contact Customer Service.

How can a Grievance be filed?
A grievance may be filed in writing or verbally by contacting Customer Service. Refer to Section I of the Summary of Benefits for the Customer Service address and phone number.

Fast Grievances
You have the right to file a fast grievance. We will respond to fast grievances within 24 hours of receipt. You may file a fast grievance if you disagree with our decision to deny your request for a fast review. You may also file a fast grievance if we notify you that we are extending our timeframe to make an organization determination or reconsideration decision.

For Members with Medicare Part D Drug Coverage through our Plan

Coverage Determinations
We will make an initial decision as to whether or not we will provide the Part D drug you are requesting or pay for the Part D drug you already received. This initial decision is called a "coverage determination."

Exceptions
You or your doctor may ask us to make an exception to our Part D coverage determination. You may request an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. Generally, we will only approve your request for an exception if the alternative Part D drug is included in your plan's formulary or the Part D drug in the preferred tier would not be as effective in treating your condition and/or would cause you to have adverse medical effects. **Your doctor or other prescriber must submit a statement supporting your exception request.** In order to help us make a decision more quickly, the supporting medical information from your doctor or other prescriber should be sent to us with the exception request. If we approve your exception request for a Part D non-formulary drug, you can't request an exception to the copayment or coinsurance amount we require you to pay for the drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Part D Drug Appeals
If you are getting Medicare prescription Part D drug coverage through our plan you have the right to file an appeal. This includes the right to appeal our decision regarding your exception request. Follow the process outlined above to file an appeal. An appeal concerning coverage determinations must be filed in writing directly to us.

Part D Drug Grievances
If you are getting Medicare prescription Part D drug coverage through our plan, you have the right to file a grievance. Follow the process outlined above to file a grievance concerning your Part D prescription drug coverage.

Enrollment Information:
1-800-547-5514

8 a.m. - 8 p.m. local time, 7 days a week

TTY:
1-866-832-8671

8 a.m. - 8 p.m. local time, 7 days a week

Visit our Web site at:
www.AARPMedicareComplete.com

A UnitedHealthcare® Medicare Solution

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AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact Customer Service at 1-800-547-5514, 7 days a week, between 8:00 a.m. and 8:00 p.m. local time. TTY users can call 711. Members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call-1-800-325-0778; or your State Medicaid Office. The plan's prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through SecureHorizons' pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call 1-800-547-5514, or TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m. local time. Or write us at AARP MedicareComplete, P.O. Box 29675, Hot Springs, AR, 71903-9675, or go to www.AARPMedicareComplete.com. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.

AARP® | MedicareComplete®
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