Benefit Highlights

AARP® Medicare Advantage Plan 2 (HMO-POS)

This is a short description of your 2023 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	$28

Medical benefits

	Your cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$3,000
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$25 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	$0 copay
Inpatient hospital care	$175 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $196 copay per day: days 21-36 $0 copay per day: days 37-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$160 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$80 copay

Medical benefits

	Your cost
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient x-rays	$15 copay
Ambulance	$250 copay for ground or air
Emergency care	$90 copay ($0 copay for emergency care outside the United States) per visit
Urgently needed services	$40 copay ($0 copay for urgently needed services outside the United States) per visit

Benefits and services beyond Original Medicare

	Your cost
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).
Dental - preventive (covered in-network and out-of-network)	$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	$0 copay for comprehensive dental services*
Dental - benefit limit	$2,250 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$175 - $1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.

	Your cost
Routine transportation	$0 copay for 24 one-way trips to or from approved medically related appointments and pharmacies
Personal Emergency Response System	$0 copay for a personal emergency response system (PERS)
Foot care - routine	$25 copay, 6 visits per year
Over-the-counter (OTC) credit	$110 credit every quarter to buy covered OTC products
Meal benefit	$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits combined in and out-of-network

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	$0	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (100-day)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$5 copay	$0 copay
Tier 3: Preferred Brand	$45 copay	$125 copay
Select insulin drugs[2]	$35 copay	$95 copay
Tier 4: Non-Preferred Drug	$95 copay	$275 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
Coverage gap stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,400, you will pay the greater of $4.15 copay for generic (Including brand drugs treated as generic), $10.35 copay for all other drugs, or 5% coinsurance	

[1] Tier includes enhanced drug coverage

[2] For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for each 1-month supply of Part D select insulin drug through all coverage stages.

[3] Limited to a 30-day supply

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This information is not a complete description of benefits. Contact the plan for more information.

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