

# Benefit Highlights

## AARP® Medicare Advantage Choice Plan 2 (Regional PPO)

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

<b>Monthly plan premium</b>	\$0
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### Medical benefits

	In-network	Out-of-network
<b>Annual Medical Deductible</b>	No deductible	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$6,700 In-network	\$10,000 combined in and out-of-network
<b>Doctor's office visit</b>		
Primary care provider (PCP)	\$0 copay	\$40 copay
Specialist	\$50 copay (no referral needed)	\$70 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
<b>Inpatient hospital care</b>	\$395 copay per day: days 1-4 \$0 copay per day: days 5 and beyond	40% coinsurance per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$196 copay per day: days 21-55 \$0 copay per day: days 56-100	\$225 copay per day: days 1-45 \$0 copay per day: days 46-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$395 copay	40% coinsurance
<b>Outpatient mental health</b>		
Group therapy	\$15 copay	\$30 copay
Individual therapy	\$25 copay	\$40 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

## Medical benefits

	In-network	Out-of-network
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$100 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$7 copay
Ambulance	\$250 copay for ground or air	\$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

	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$70 copay, 1 per year*
Hearing - routine exam	\$0 copay, 1 per year*	\$70 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.	
Foot care - routine	\$50 copay, 6 visits per year*	\$70 copay, 6 visits per year*
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 for Tier 1 and Tier 2; \$195 for Tier 3, Tier 4, Tier 5

## Prescription drugs

Initial coverage stage	Your cost	
	Standard Retail (30-day)	Preferred Mail Order (100-day)
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic<sup>1</sup></b>	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$131 copay
<b>Select insulin drugs<sup>2</sup></b>	\$35 copay	\$95 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$290 copay
<b>Tier 5: Specialty Tier</b>	30% coinsurance	N/A <sup>3</sup>
<b>Coverage gap stage</b>	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	
<b>Catastrophic coverage stage</b>	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	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> 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.

<sup>3</sup> Limited to a 30-day supply



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

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