

# Benefit Highlights

## AARP® Medicare Advantage Choice Essential (PPO)

This is a short description of your 2020 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	\$0
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### Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$40 copay
	Specialist: \$50 copay (no referral needed)	Specialist: \$70 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$450 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	40% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100	\$195 copay per day: days 1-52 \$0 copay per day: days 53-100
Outpatient hospital, including surgery	\$0 - \$425 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	40% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$100 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$25 copay	40% coinsurance
Lab services	\$25 copay	\$25 copay
Outpatient x-rays	\$25 copay	\$30 copay
Ambulance	\$225 copay for ground \$225 copay for air	\$225 copay for ground \$225 copay for air

## Medical Benefits

	In-Network	Out-of-Network
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)	

## Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$70 copay; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts*	50% coinsurance every 2 years; up to \$100 for lenses/frames and contacts*
Hearing - routine exam	\$0 copay; 1 per year*	\$70 copay; 1 per year*
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Fitness program through Renew Active™	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Foot care - routine	\$50 copay; 6 visits per year*	\$70 copay; 6 visits per year*
Chiropractic care and Acupuncture	\$10 copay; Combination of 18 chiropractic and acupuncture visits per year*	\$70 copay; Combination of 18 chiropractic and acupuncture visits per year*
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at <a href="http://amwell.com">amwell.com</a>	No coverage

\*Benefits combined in and out-of-network

**Optional riders available – See the Summary of Benefits or Evidence of Coverage for information**



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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Contact the plan for more information.

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