

The UnitedHealthcare plans listed in the chart inside are available in the following counties:

AARP® MedicareComplete® Plan 1 (HMO) H1944-001

Middlesex, Suffolk

AARP® MedicareComplete® Plan 2 (HMO) H1944-004

Middlesex, Suffolk

AARP® MedicareComplete® Plan 3 (HMO) H1944-021

Middlesex, Suffolk

AARP® MedicareComplete Choice® (Regional PPO) R7444-001

Barnstable, Berkshire, Bristol, Dukes, Essex, Franklin, Hampden, Hampshire, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk, Worcester

Looking for more detailed plan information?



Simply ask your licensed sales representative for a copy of the plan's Enrollment Kit. Or call UnitedHealthcare at **1-855-332-0910**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week, and we'll be happy to help.

2018 MEDICARE ADVANTAGE PLAN COMPARISON



Discover the benefits of Medicare Advantage.

Plans available in Greater Boston.

A UnitedHealthcare® Medicare Solution

¹The most you may pay in a year for medical care covered by the plan.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.

*Renew by UnitedHealthcare is not available in all plans.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

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.

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Plans available in Greater Boston.

UnitedHealthcare offers a variety of Medicare Advantage plan options to fit your health care needs. The UnitedHealthcare plans listed below are available in the following counties: Middlesex and Suffolk

| | AARP® MedicareComplete® Plan 1 (HMO) | AARP® MedicareComplete® Plan 2 (HMO) | AARP® MedicareComplete® Plan 3 (HMO) | AARP® MedicareComplete Choice® (Regional PPO) |
|---|--|--|--|--|
| | H1944-001 | H1944-004 | H1944-021 | R7444-001 |
| Plan Benefits | | | | |
| Monthly plan premium | \$0 | \$43 | \$77 | \$48 |
| Primary care provider (PCP) visit | \$15 copay | \$5 copay | \$5 copay | \$20 copay |
| Specialist visit | \$45 copay | \$30 copay | \$20 copay | \$45 copay |
| Inpatient hospital | \$395 copay per day for days 1-4/ \$0 copay per day for days 5-unlimited | \$295 copay per day for days 1-6/ \$0 copay per day for days 7-unlimited | \$275 copay per day for days 1-5/ \$0 copay per day for days 6-unlimited | \$395 copay per day for days 1-4/ \$0 copay per day for days 5-unlimited |
| Outpatient surgery and hospital services | 20% coinsurance | \$275 copay | \$250 copay | 20% coinsurance |
| Medical deductible | \$0 | \$0 | \$0 | \$0 |
| Emergency care | \$80 copay; Copays are waived if admitted within 24 hours | \$80 copay; Copays are waived if admitted within 24 hours | \$80 copay; Copays are waived if admitted within 24 hours | \$80 copay; Copays are waived if admitted within 24 hours |
| Urgent care | Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$30 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$20 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted | Contracted: \$30 copay; Copays are not waived if admitted |
| Lab services | \$2 copay | \$10 copay | \$10 copay | \$10 copay |
| Annual out-of-pocket maximum ¹ | \$6,700 | \$3,900 | \$3,400 | \$5,500 |
| Prescription Drug 30-Day Retail Supplies | | | | |
| Tier 1 – Preferred generic drugs | \$3 copay | \$3 copay | \$3 copay | \$3 copay |
| Tier 2 – Generic drugs | \$12 copay | \$12 copay | \$10 copay | \$12 copay |
| Tier 3 – Preferred brand name drugs | \$45 copay | \$45 copay | \$45 copay | \$47 copay |
| Tier 4 – Non-preferred drugs | \$95 copay | \$95 copay | \$95 copay | \$100 copay |
| Tier 5 – Specialty drugs | 28% coinsurance | 29% coinsurance | 33% coinsurance | 27% coinsurance |
| Prescription drug deductible | \$0 deductible for Tiers 1 and 2; \$235 deductible for Tiers 3, 4 and 5 | \$0 deductible for Tiers 1 and 2; \$205 deductible for Tiers 3, 4 and 5 | \$0 deductible for all Tiers | \$0 deductible for Tiers 1 and 2; \$295 deductible for Tiers 3, 4 and 5 |

Ask for a plan's 2018 Enrollment Guide if you'd like to see a full explanation of a plan's drug categories, copayments or coinsurance costs.

| | AARP® MedicareComplete® Plan 1 (HMO) | AARP® MedicareComplete® Plan 2 (HMO) | AARP® MedicareComplete® Plan 3 (HMO) | AARP® MedicareComplete Choice® (Regional PPO) |
|---|--------------------------------------|--------------------------------------|--------------------------------------|---|
| | H1944-001 | H1944-004 | H1944-021 | R7444-001 |
| Additional Benefits, Services and Programs | | | | |
| \$0 copay on Tier 1 and Tier 2 drugs during initial coverage with home delivery | ✓ | ✓ | ✓ | ✓ |
| Annual in-home clinical visit at no additional cost with HouseCalls | ✓ | ✓ | ✓ | ✓ |
| Routine hearing and vision coverage | ✓ | ✓ | ✓ | ✓ |
| Fixed copays for outpatient hospital services | | ✓ | ✓ | |
| Renew – our Health & Wellness Experience to help you live your best life* | ✓ | ✓ | ✓ | ✓ |
| Ability to see any out-of-network provider who accepts Medicare | | | | ✓ |
| Call a registered nurse 24/7 | ✓ | ✓ | ✓ | ✓ |
| \$0 copay for covered dental exams and cleanings | | | ✓ | |
| Coverage that travels with you in the UnitedHealth Passport® service area | ✓ | ✓ | ✓ | ✓ |
| \$0 prescription drug deductible | | | ✓ | |