

2023 Medicare Advantage Plan Year Information

	AARP® Medicare Advantage Walgreens (HMO-POS) H3805-032-000	AARP® Medicare Advantage Plan 2 (HMO-POS) H3805-017-000	AARP® Medicare Advantage Plan 3 (HMO-POS) H3805-015-000	AARP® Medicare Advantage Plan 1 (HMO-POS) H3805-037-000
Plan Benefits				
Monthly plan premium*	\$0	\$0	\$43	\$86
Annual medical deductible	\$0	\$0	\$0	\$0
Primary care provider visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$30 copay	\$45 copay	\$30 copay	\$25 copay
Specialist referral required?	No	No	No	No
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$390 copay per day for days 1-4 /\$0 copay per day for days 5-unlimited	\$390 copay per day for days 1-5 /\$0 copay per day for days 6-unlimited	\$375 copay per day for days 1-4 /\$0 copay per day for days 5-unlimited	\$250 copay per day for days 1-7 /\$0 copay per day for days 8-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-51 /\$0 copay per day for days 52-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-55 /\$0 copay per day for days 56-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-49 /\$0 copay per day for days 50-100	\$0 copay per day for days 1-20 /\$196 copay per day for days 21-42 /\$0 copay per day for days 43-100
Outpatient surgery	\$0 copay - \$325 copay	\$0 copay - \$385 copay	\$0 copay - \$370 copay	\$0 copay - \$245 copay
Diabetes monitoring supplies [§]	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay - \$150 copay	\$0 copay - \$150 copay	\$0 copay - \$150 copay	\$0 copay - \$150 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Ambulance	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay	Ground: \$250 copay; Air: \$250 copay
Emergency care	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours	\$90 copay; Copays are waived if admitted within 24 hours
Urgent care	Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$5,900	\$6,700	\$5,500	\$4,200
Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (100-day)				
Tier 1 – Preferred generic drugs	30-day: \$0 copay [‡] ; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay	30-day: \$0 copay; 100-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$0 copay [‡] ; 100-day: \$0 copay	30-day: \$12 copay; 100-day: \$0 copay	30-day: \$12 copay; 100-day: \$0 copay	30-day: \$12 copay; 100-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$47 copay [‡] ; 100-day: \$131 copay	30-day: \$47 copay; 100-day: \$131 copay	30-day: \$45 copay; 100-day: \$125 copay	30-day: \$45 copay; 100-day: \$125 copay
Tier 4 – Non-preferred drugs	30-day: \$100 copay [‡] ; 100-day: \$290 copay	30-day: \$100 copay; 100-day: \$290 copay	30-day: \$95 copay; 100-day: \$275 copay	30-day: \$95 copay; 100-day: \$275 copay
Tier 5 – Specialty tier drugs	30-day: 33% coinsurance [‡]	30-day: 33% coinsurance	30-day: 33% coinsurance	30-day: 33% coinsurance
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers	\$0 deductible for all Tiers

See reverse for additional details. Ask for a plan's Enrollment Guide if you'd like to see a full explanation of copayments or coinsurance. If you qualify for Medicaid or if you have a chronic medical condition, we may have additional plans available for you. Ask for details.

AARP® Medicare Advantage Walgreens (HMO-POS)	AARP® Medicare Advantage Plan 2 (HMO-POS)	AARP® Medicare Advantage Plan 3 (HMO-POS)	AARP® Medicare Advantage Plan 1 (HMO-POS)
H3805-032-000	H3805-017-000	H3805-015-000	H3805-037-000

Extra Benefits and Features

Dental benefits	Up to \$1,000 for covered types of preventive and comprehensive dental	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings	\$0 copay for covered network dental such as exams, x-rays, and routine cleanings
OTC Credit	Up to \$40 a quarter for OTC products in-store or home delivery	Up to \$40 a quarter for OTC products in-store or home delivery	Up to \$50 a quarter for OTC products in-store or home delivery	Up to \$50 a quarter for OTC products in-store or home delivery
Routine vision benefits	\$0 copay on yearly routine eye exam and \$200 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$100 eyewear allowance with free lenses	\$0 copay on yearly routine eye exam and \$200 eyewear allowance with free lenses
Routine hearing benefits	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids	Copays as low as \$175 for a broad selection of brand-name hearing aids
Routine naturopathy services	Not included	Not included	\$10 copay for unlimited routine naturopathic visits	\$10 copay for unlimited routine naturopathic visits
Optional dental coverage	Not included	Up to \$1,500 for optional dental coverage for an additional monthly premium	Up to \$1,500 for optional dental coverage for an additional monthly premium	Up to \$1,500 for optional dental coverage for an additional monthly premium

The AARP plans from UnitedHealthcare listed on this document are available in the following counties:

AARP® Medicare Advantage Walgreens (HMO-POS) H3805-032-000

Clark, King, Pierce, Snohomish, Thurston

AARP® Medicare Advantage Plan 2 (HMO-POS) H3805-017-000

Clark, Cowlitz, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Whatcom

AARP® Medicare Advantage Plan 3 (HMO-POS) H3805-015-000

Benton, Clark, Cowlitz, Franklin, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Walla Walla, Whatcom, Yakima

AARP® Medicare Advantage Plan 1 (HMO-POS) H3805-037-000

Benton, Clark, Cowlitz, Franklin, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Walla Walla, Whatcom, Yakima

¹If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. ²Limitations may apply. ³The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. ⁴Copay listed is for Preferred Retail locations only. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market. Annual routine eye exam and \$100-600 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. ©2022 United HealthCare Services, Inc. All Rights Reserved.