

# Benefit Highlights

## AARP Medicare Advantage Lakeshore (PPO)

This is a short description of your 2021 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>	\$49
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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>	\$4,000 In-Network	\$7,000 combined In and Out-of-Network
<b>Doctor's office visit</b>	Primary Care Provider: Tier 1: \$0 copay   Tier 2: \$10 copay	Primary Care Provider: \$10 copay
	Specialist: Tier 1: \$30 copay   Tier 2: \$40 copay (no referral needed)	Specialist: \$40 copay (no referral needed)
	Virtual medical visits: \$0 copay	
<b>Preventive services</b>	\$0 copay	\$0 copay
<b>Inpatient hospital care</b>	Tier 1: \$300 copay per day: for days 1-5 \$0 copay per day for unlimited days after that Tier 2: \$350 copay per day: for days 1-5 \$0 copay per day for unlimited days after that	\$350 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$184 copay per day: days 21-42 \$0 copay per day: days 43-100	\$150 copay per day: days 1-16 \$250 copay per day: days 17-23 \$0 copay per day: days 24-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply.)</b>	\$0 - \$250 copay (Tier 1) \$0 - \$350 copay (Tier 2)	\$0 - \$350 copay
<b>Mental health (outpatient and virtual)</b>	Group therapy: \$10 copay	Group therapy: \$10 copay
	Individual therapy: \$10 copay	Individual therapy: \$10 copay

## Medical Benefits

	In-Network	Out-of-Network
	Virtual visits: \$0 copay	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	20% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 - \$140 copay	\$0 - \$140 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$20 copay	\$20 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 copay
<b>Ambulance</b>	\$250 copay for ground or air	\$250 copay for ground or air
<b>Emergency care</b>	\$90 copay; \$0 copay worldwide	
<b>Urgently needed services</b>	\$30 - \$40 copay; \$0 copay worldwide	

## Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per year*	\$0 copay; 1 per year*
<b>Vision - routine eye exams</b>	\$0 copay; 1 every year*	\$0 copay; 1 every year*
<b>Vision - eyewear</b>	\$0 copay every 2 years; up to \$200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*	\$0 copay; up to \$200 for home-delivered eyewear available nationwide only through UnitedHealthcare Vision. (select products only)*
<b>Dental - preventive</b>	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
<b>Dental - comprehensive</b>	\$0 copay or 50% coinsurance for comprehensive dental services*	\$0 copay or 50% coinsurance for comprehensive dental services*
<b>Dental - benefit limit</b>	\$1,000 limit on all covered dental services*	
<b>Hearing - routine exam</b>	\$0 copay; 1 per year*	\$40 copay; 1 per year*
<b>Hearing aids</b>	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	\$375 copay for home-delivered hearing aids available nationwide through UnitedHealthcare Hearing (select products only)*
<b>Fitness program through Renew Active™</b>	Renew Active fitness membership, classes and online brain exercises at no cost to you.	

	In-Network	Out-of-Network
<b>Personal Emergency Response System</b>	Emergency monitoring device at no cost.	
<b>Foot care - routine</b>	\$40 copay; 6 visits per year*	\$40 copay; 6 visits per year*
<b>Routine Chiropractic care</b>	\$10 copay; 12 chiropractic visits per year*	\$40 copay; 12 chiropractic visits per year*
<b>Routine Acupuncture</b>	\$10 copay; 12 acupuncture visits per year*	\$40 copay; 12 acupuncture visits per year*
<b>Over-the-Counter (OTC) Products Catalog</b>	\$50 credit per quarter to use on approved over-the-counter products.	
<b>NurseLine</b>	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	
<b>Annual prescription (Part D) deductible</b>	\$0 for Tier 1, Tier 2 and Tier 3; \$295 for Tier 4 and Tier 5	
<b>Initial coverage stage</b>	<b>Standard Retail (30-day)</b>	<b>Preferred Mail Order (90-day)</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs<sup>1</sup></b>	\$12 copay	\$0 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$131 copay
<b>Select Insulin Drugs<sup>2</sup></b>	\$35 copay	\$95 copay
<b>Tier 4: Non-Preferred Drugs</b>	\$100 copay	\$290 copay
<b>Tier 5: Specialty Tier Drugs</b>	27% coinsurance	N/A <sup>3</sup>
<b>Coverage gap stage</b>	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
<b>Catastrophic coverage stage</b>	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (Including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

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

<sup>2</sup> For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

<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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