

Benefits at a Glance

This plan is a Preferred Provider Organization (PPO). PPO plans provide care through a network of doctors and hospitals, and give you the option to receive care out-of-network for covered services, generally at a higher cost to you. With a PPO you do not need a referral to see specialists. PPO plans may be a good fit for someone looking for predictable cost shares and benefits above Original Medicare.

**Here are some of the reasons to enroll in AARP® MedicareComplete Choice® Plan 2 (Regional PPO):
R5287-001**

Benefit	In-Network	Out-of-Network
Monthly plan premium	\$0	
Deductible	None	
Medical Coverage		
Annual physical	\$0 copay	\$40 copay
Preventive services (Medicare-covered)	\$0 copay	30% coinsurance
Immunizations (pneumonia and flu)	\$0 copay	\$0 copay
Primary Care Physician (PCP) office visit	\$10 copay	\$40 copay
Specialist office visit	\$30 copay (No Referral Needed)	\$40 copay
Inpatient hospitalization	\$290 copay per day: days 1-5. \$0 thereafter.	\$375 copay per day: days 1-27. \$0 thereafter.
Outpatient surgery and hospital services	20% coinsurance	30% coinsurance
Urgently needed care	\$30 copay	\$40 copay
Emergency care	\$50 copay	\$50 copay
Ambulance services	\$200 copay	\$200 copay
Home health care	\$0 copay	30% coinsurance
Skilled nursing facility (SNF) care	\$50 copay per day: days 1-20.	\$175 copay per day: days 1-58.
Lab services:		
HIV & cardiovascular screenings	\$0 copay	\$0 - \$20 copay
All other lab services	\$20 copay	\$20 copay
Diagnostic testing:		
EKG & AAA screenings	0% - 20% coinsurance	30% coinsurance
All other diagnostic tests	20% coinsurance	30% coinsurance
X-rays	\$16 copay	\$21 copay
Annual out-of-pocket maximum	\$4750	\$10000 combined
Prescription Drugs		
Prescription drug deductible	\$0	
Initial coverage stage	31-day retail supply	90-day mail order supply
■ Tier 1:	\$6	\$12
■ Tier 2:	\$45	\$125
■ Tier 3:	\$85	\$245
■ Tier 4:	33%	33%
Coverage gap stage (after prescription costs paid reach \$2840)	No Coverage	
Catastrophic coverage stage (after you have paid \$4550 out-of-pocket)	The greater of \$2.50 for generic, \$6.30 for brand-name, or 5%	

You may contact 1-800-MEDICARE (1-800-633-4227) and TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week or visit www.medicare.gov for more information about Medicare benefits and services including general information regarding health and Part D benefit.

The AARP® MedicareComplete® plans are SecureHorizons® plans insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage organization with a Medicare contract. AARP MedicareComplete plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited certain times of the year. For more information contact Customer Service at 1-800-547-5514 7 days a week, between 8:00 a.m. and 8:00 p.m. local time. TTY users can call 711 or write us at P.O. Box 29675, Hot Springs, AR 71903-9675, or go to www.AARPMedicarePlans.com. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor AARP MedicareComplete RX plans will be responsible for the costs. For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out-of-network providers. For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network. Out of network services may cost more than in network services. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or your State Medicaid Office. The Medicare Prescription Drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plans. By enrolling in an MA-PD you will automatically be disenrolled from any existing Medicare Prescription Drug coverage. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes, or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Quantity limitations and restrictions may apply. For more information about mail order, names and addresses of network pharmacies or for more information call 1-800-547-5514, or TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m. local times. Or write us at P.O. Box 29675, Hot Springs, AR 71903-9675, or go to www.AARPMedicarePlans.com. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.