

Benefits at a Glance

AARP® MedicareComplete® SecureHorizons®
(HMO)

H4590-012

AARP | **MedicareComplete**
insured through **UnitedHealthcare**

Benefits at a glance



Plan Costs	In-Network	
Monthly plan premium	\$0	
Deductible	None	
Annual out-of-pocket maximum	\$4,900	

Doctor Office Visits		
Primary care physician (PCP)	\$5 copay	
Specialist	\$35 copay (Referral needed)	

Preventive Care		
Annual physical	\$0 copay	
Cardiovascular screening	\$0 copay	
Colorectal cancer screening	\$0 copay	
Prostate cancer screening	\$0 copay	
Breast cancer screening	\$0 copay	

Inpatient Care		
Inpatient hospital	\$175 copay per day: days 1-7. \$0 thereafter	
Skilled nursing facility (SNF) care	\$0 copay per day: days 1-3	

Outpatient Services		
Outpatient surgery and hospital services	\$175 copay	
Diabetes testing supplies	\$0 copay	
Home health care	\$0 copay	

Lab Services		
Laboratory tests	\$14 copay	
Diagnostic testing	20% coinsurance	
X-rays	\$15 copay	

Emergency Services		
Ambulance services	\$200 copay	
Emergency room	\$65 copay	
Urgently needed care	\$30 copay in-area. \$40 copay out-of-area.	

Plan Costs	In-Network
Additional services and programs not covered under Medicare	
Podiatry services	
Foot care	\$35 copay for 6 visits per year
Vision services	
Glaucoma screening	\$0 copay
Routine exams	\$35 copay; 1 per year
Eyewear	\$30 copay for coverage up to \$70 every 2 years for frames (standard lenses included) or \$105 for contact lenses
Hearing services	
Annual hearing test	\$5 copay
Hearing aids	\$110 copay for each UnitedHealthcare Health Innovations Behind-the-Ear aid \$160 copay for each UnitedHealthcare Health Innovations Open-Fit In-the-Canal aid Limit 2 per year See the “Good to Know” section for more information
SilverSneakers® Fitness program	Basic fitness membership at a participating location. Access to fitness classes designed especially for older adults, heated pools, treadmills and free weights varies depending on location. Please visit www.SilverSneakers.com for more information.
Nurseline SM	Speak with a registered nurse (RN) 24 hours a day
Optional additional plan coverage	
Dental 467 Rider	\$15 additional monthly premium See the “Good to Know” section for more information
Deluxe Rider	\$39 additional monthly premium See the “Good to Know” section for more information

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

Preventive care for better health

The saying “an ounce of prevention is worth a pound of cure” is as true today as ever. Staying healthy is much more fun than just getting well. Preventing something before it starts saves time and money for everyone. Your plan includes preventive care coverage. Be sure to schedule a yearly exam and get the screenings you need.

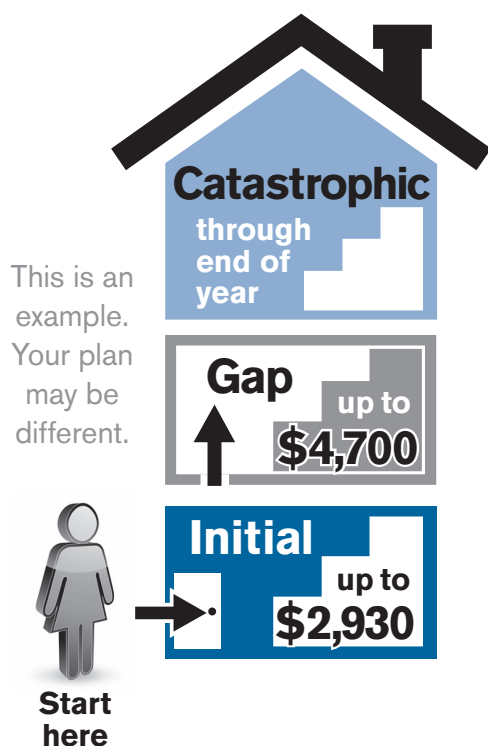
Prescription Drugs	Your Costs	
Prescription drug deductible	\$0	
Initial coverage stage	31-day retail supply	90-day mail order supply
Tier 1	\$3	\$6
Tier 2	\$6	\$12
Tier 3	\$44	\$122
Tier 4	\$88	\$254
Tier 5	33%	33%
Coverage gap stage (after prescription costs reach \$2,930)	Tier 1 and Tier 2 only	
Catastrophic coverage stage (after you have paid \$4,700 out-of-pocket)	The greater of \$2.60 for generics, \$6.50 for brand-name, or 5% .	

Understanding drug payment stages

No matter what stage you're in, we've got you covered.

less than 1 in 9

UnitedHealthcare members without Extra Help enter the coverage gap, but here's how it works.



Catastrophic Coverage Stage

In this stage you pay only a small copay or coinsurance amount for each filled prescription. The plan pays the rest until the end of the calendar year.

Coverage Gap Stage (Doughnut hole)

During this stage you pay 50% of the cost of brand-name drugs and 86% of the cost of generic drugs. Once your out-of-pocket costs reach \$4,700, you move to catastrophic coverage.

Initial Coverage Stage

During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill. The plan pays the rest until you reach \$2,930 in total drug costs.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage Organization with a Medicare contract.

2012 Disclaimers

Your Plan may contain one or more of the following:

NurseLineSM

OptumHealthSM is a health and well-being company that provides information and support as part of your health plan. NurseLineSM nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLineSM services are not an insurance program and may be discontinued at any time.

SilverSneakers[®]

SilverSneakers[®] is a registered trademark of Healthways, Inc. Healthways, Inc., is an independent company. The SilverSneakers[®] program is made available as part of this plan's benefits to those insured through this plan. Neither AARP nor UnitedHealthcare endorse or are responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program.

Silver & Fit

Silver & Fit is provided by American Specialty Health Networks, Inc. and Healthyroads, Inc., subsidiaries of American Specialty Health Incorporated.

General Information

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

The AARP® MedicareComplete® plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Members may enroll in the plan only during specific times of the year. Contact UnitedHealthcare for more information. You must have both Medicare Parts A and B to enroll in the plan.

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For more information contact the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply.

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; the 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 Medicaid Office. You must use contracted network pharmacies to access your prescription drug benefit except under nonroutine circumstances, in which case quantity limitations and restrictions may apply.

HMO members 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 UnitedHealthcare® Medicare Advantage plans will be responsible for the costs.