

Benefit Highlights

AARP Medicare Advantage SecureHorizons® Plan 1 (HMO)

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

Monthly plan premium	\$89
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Medical Benefits

	Your Cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$6,700
Doctor's office visit	Primary Care Provider: \$10 copay Specialist: \$20 copay (referral needed) Virtual medical visits: \$0 copay
Preventive services	\$0 copay
Inpatient hospital care	\$375 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$184 copay per day: days 21-57 \$0 copay per day: days 58-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply.)	\$0 - \$335 copay
Mental health (outpatient)	Group therapy: \$15 copay Individual therapy: \$25 copay
Diabetes monitoring supplies	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$110 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$250 copay for ground or air
Emergency care	\$90 copay; \$0 copay worldwide
Urgently needed services	\$30 copay; \$0 copay worldwide

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$100 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	\$0 for Tier 1 and Tier 2; \$375 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (100-day)
Tier 1: Preferred Generic Drugs	\$4 copay	\$0 copay
Tier 2: Generic Drugs¹	\$12 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Select Insulin Drugs²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	26% coinsurance	N/A ³
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,130, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	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	

¹ Tier includes enhanced drug coverage

² 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.

³ Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information



This information is not a complete description of benefits. Contact the plan for more information.

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