

Benefits at a glance

AARP® MedicareComplete® Mosaic (HMO)

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs	
Monthly plan premium	\$0
Medical Benefits (Medicare-Covered)	Your In-Network Cost (unless otherwise noted)
Primary care physician (PCP)	\$0 copay
Specialist	\$10 copay (No referral needed)
Cardiovascular screening	\$0 copay
Colorectal cancer screening	\$0 copay
Prostate cancer screening (PSA)	\$0 copay
Breast cancer screening	\$0 copay
Inpatient hospital	\$175 copay per day: days 1-7 \$0 copay per day after that
Skilled nursing facility (SNF) care	\$25 copay per day: days 1-20 \$152 copay per day: days 21-43 \$0 copay per day: days 44-100
Outpatient surgery	\$100 copay
Diabetes testing supplies	\$0 copay
Home health care	\$0 copay
Laboratory tests	\$13 copay
Diagnostic testing (Non-Radiological)	\$0 copay
Diagnostic testing (Radiological)	\$0 copay
X-rays	\$0 copay
Ambulance services	\$125 copay
Emergency room (worldwide)	\$65 copay
Urgently needed care	\$10 copay at a contracted Urgent Care Center \$40 copay at a non-contracted Urgent Care Center
Annual out-of-pocket maximum	
Annual out-of-pocket maximum	\$3,900

Medical Benefits	Your In-Network Cost (unless otherwise noted)
Additional benefits and programs not covered under Medicare	
Annual physical	\$0 copay
Foot care	\$10 copay; 6 visits per year
Glaucoma screening	\$0 copay
Routine eye exams	\$0 copay; 1 per year
Eyewear	\$0 - \$40 copay for frames (standard lenses included) up to \$130 every 2 years or \$0 copay for contact lenses up to 4 boxes every 2 years
Oral exams	\$0 copay; 1 every 6 months
Routine teeth cleanings	\$0 copay; 1 every 6 months
Dental X-rays	\$0 copay; frequency is based on dentist recommendation
Annual hearing test	\$0 copay
Hearing aids	\$330 copayment for each hi HealthInnovations™ Behind-the-Ear hearing aid \$380 copayment for each hi HealthInnovations™ Open-Fit In-the-Canal hearing aid Up to 2 hearing aids covered per year Hearing aid accessories and the Power Max model are available for additional fees
Acupuncture	\$5 copay when using network providers 12 visits annually
SilverSneakers® Please visit silversneakers.com for more information	Basic membership in a fitness program at a network location. Access to fitness classes for members at all levels of fitness, heated pools, treadmills and free weights. Amenities vary depending on location.
UnitedHealth Passport®	Your health care coverage travels with you within the UnitedHealth Passport service area
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs	Your Cost	
Annual pharmacy deductible	\$0	
Initial coverage stage	Network Pharmacy (30-day retail supply)	90-day mail order supply from a Preferred Network Mail-order Pharmacy
Tier 1: Preferred Generic Drugs	\$3	\$6
Tier 2: Non-Preferred Generic Drugs	\$6	\$12
Tier 3: Preferred Brand Drugs	\$44	\$122
Tier 4: Non-Preferred Brand Drugs	\$95	\$275
Tier 5: Specialty Tier Drugs	33%	33%
Coverage gap stage (after prescription costs reach \$2,850)	You pay no more than 72% of the total cost for generic drugs or 47.5% of the total cost for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage (after you have paid \$4,550 out-of-pocket)	The greater of \$2.55 copay for generics, \$6.35 copay for brand name drugs, or 5% coinsurance	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in UnitedHealthcare plans depends on contract renewal.

2014 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. Consult a health care professional before beginning any exercise program. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage or Summary of Benefits for more details.

General Information

Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

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.

You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's Preferred Mail Service Pharmacy. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

The benefit information provided is a brief summary, not a complete description of benefits. 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.