

Medicare Advantage plan  
with prescription drugs

# Summary of benefits 2022

**AARP® Medicare Advantage SecureHorizons® (HMO)**  
H0543-029-000

Look inside to take advantage of the health services and drug coverages the plan provides.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-723-6473**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

**AARP** | Medicare Advantage  
from  UnitedHealthcare®

# Summary of benefits

## January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

## About this plan.

AARP® Medicare Advantage SecureHorizons® (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes the following county in:

**California:** Santa Clara.

## Use network providers and pharmacies.

AARP® Medicare Advantage SecureHorizons® (HMO) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

# AARP® Medicare Advantage SecureHorizons® (HMO)

## Premiums and Benefits

	In-Network
<b>Monthly Plan Premium</b>	\$101
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>\$5,900 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

# AARP® Medicare Advantage SecureHorizons® (HMO)

## Benefits

		In-Network
<b>Inpatient Hospital</b> <sup>1,2</sup>		<p>\$390 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>1,2</sup>	\$0 copay for a diagnostic colonoscopy \$325 copay otherwise
	Outpatient Hospital, including surgery <sup>1,2</sup>	\$0 copay for a diagnostic colonoscopy \$325 copay otherwise
	Outpatient Hospital Observation Services <sup>1,2</sup>	\$325 copay
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay
	Specialists <sup>1,2</sup>	\$10 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
<b>Preventive Care</b>	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

## Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay; 1 per year
<b>Emergency Care</b>		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$40 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p>

## Benefits

		In-Network
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1,2</sup>	\$0 copay for each diagnostic mammogram \$105 copay otherwise
	Lab services <sup>1,2</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1,2</sup>	\$0 copay
	Therapeutic Radiology <sup>1,2</sup>	\$60 copay per service
	Outpatient X-rays <sup>1,2</sup>	\$15 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1,2</sup>	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid <sup>2</sup>	\$375 - \$1,425 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.  Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.
<b>Routine Dental Benefits</b>		Additional dental benefits available with a separate premium. Please see optional benefits section below for details.

## Benefits

		In-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1,2</sup>	\$0 copay
	Eyewear after cataract surgery <sup>1</sup>	\$0 copay
	Routine eye exam	\$0 copay; 1 every year
	Routine eyewear	\$0 copay; up to \$100 every 2 years for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.  Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).
<b>Mental Health</b>	Inpatient visit <sup>1,2</sup>	\$390 copay per day: for days 1-4 \$0 copay per day: for days 5-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1,2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$25 copay
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
<b>Skilled Nursing Facility (SNF)<sup>1,2</sup></b>		\$0 copay per day: for days 1-20 \$188 copay per day: for days 21-52 \$0 copay per day: for days 53-100
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit<sup>1,2</sup></b>		\$10 copay

## Benefits

		In-Network
<b>Ambulance</b> <sup>1,2</sup>  Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$270 copay for ground \$270 copay for air
<b>Routine Transportation</b>		Not covered
<b>Medicare Part B Prescription Drugs</b>	Chemotherapy drugs <sup>2</sup>	20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens 20% coinsurance for all others



## Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	\$0 per year for Tier 1 and Tier 2; \$355 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>		<b>Mail Order</b>	
	<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>100-day supply</b>	<b>100-day supply</b>	<b>100-day supply</b>
Tier 1: Preferred Generic	\$3 copay	\$9 copay	\$0 copay	\$9 copay
Tier 2: Generic <sup>3</sup>	\$12 copay	\$36 copay	\$12 copay	\$36 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Select Insulin Drugs <sup>4</sup>	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier	27% coinsurance	N/A <sup>5</sup>	N/A <sup>5</sup>	N/A <sup>5</sup>
<b>Stage 3: Coverage Gap Stage</b>	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,430, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.			
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>			

<sup>3</sup> Tier includes enhanced drug coverage.

<sup>4</sup> For 2022, this plan participates in the Part D Senior Savings Model 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 Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

<sup>5</sup> Limited to a 30-day supply

## Additional Benefits

		In-Network
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1,2</sup>	\$10 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1,2</sup>	\$10 copay
	Routine foot care	\$10 copay; for each visit up to 6 visits every year
<b>Home Health Care</b> <sup>1,2</sup>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
<b>Occupational Therapy Visit</b> <sup>1,2</sup>		\$10 copay
<b>Opioid Treatment Program Services</b> <sup>2</sup>		\$0 copay

## Additional Benefits

		In-Network
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1,2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$25 copay
<b>Renal Dialysis<sup>1,2</sup></b>		20% coinsurance

Services with a 1 may require a referral from your doctor.

Services with a 2 may require your provider to obtain prior authorization from the plan.

## Optional Supplemental Benefits

### Premiums and Benefits

<b>Platinum Dental Rider</b>	Premium	Additional \$45.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. 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. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-808-4553 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-808-4553, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.