Summary of Benefits 2023

AARP® Medicare Advantage Mosaic Choice (PPO)
H3418-001-000

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

AARPMedicarePlans.com

AARP | Medicare Advantage from UnitedHealthcare

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Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at **myAARPMedicare.com** or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

AARP® Medicare Advantage Mosaic Choice (PPO) is a Medicare Advantage PPO 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 these counties in:

New York: Kings, New York, Queens.

Use network providers and pharmacies

AARP® Medicare Advantage Mosaic Choice (PPO) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **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 Mosaic Choice (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	No deductible	Your deductible is $1,000 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$6,900 annually for Medicare-covered services you receive from in-network providers.	$10,000 annually for Medicare-covered services you receive from any provider.
	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. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.	

AARP® Medicare Advantage Mosaic Choice (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care[2]		$360 copay per day: days 1-5 $0 copay per day: days 6 and beyond	50% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $295 copay otherwise	50% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $295 copay otherwise	50% coinsurance
	Outpatient Hospital Observation Services[2]	$295 copay	50% coinsurance
Doctor Visits	Primary Care Provider	Tier 1: $0 copay | Tier 2: $25 copay	50% coinsurance
	Specialists[2]	Tier 1: $25 copay | Tier 2: $50 copay	50% coinsurance
	Virtual Medical Visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive Services	Medicare-covered	$0 copay	$0 copay - 50% coinsurance (depending on the service)
		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	

Benefits

		In-Network	Out-of-Network
		Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 "Welcome to Medicare" preventive visit (one-time)	
		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.	
	Routine physical	$0 copay, 1 per year*	50% coinsurance, 1 per year*
Emergency Care		$90 copay ($0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Urgently Needed Services		$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay for each diagnostic mammogram $60 copay otherwise	50% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$25 copay	50% coinsurance
	Therapeutic radiology[2]	$60 copay per service	50% coinsurance
	Outpatient X-rays[2]	$25 copay per service	$30 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	50% coinsurance
	Routine hearing exam	$0 copay, 1 per year*	50% coinsurance, 1 per year*
	Hearing aids[2]	$175 - $1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Routine Dental Benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	Preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	50% coinsurance
	Eyewear after cataract surgery	$0 copay	50% coinsurance
	Routine eye exam	$0 copay, 1 per year*	50% coinsurance, 1 per year*
	Routine eyewear	$0 copay Plan pays up to $150 every year 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).	
Mental Health	Inpatient visit[2]	$360 copay per day: days 1-5 $0 copay per day: days 6-90	50% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
	Virtual Mental Health Visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled Nursing Facility (SNF)[2]		$0 copay per day: days 1-20 $196 copay per day: days 21-56 $0 copay per day: days 57-100	50% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	

Benefits

		In-Network	Out-of-Network
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit[2]	$20 copay	50% coinsurance
	Occupational Therapy Visit[2]	$20 copay	50% coinsurance
	Virtual Visit	$0 copay	40% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$250 copay for ground $250 copay for air	$250 copay for ground $250 copay for air
Routine Transportation		Not covered	
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[2]	20% coinsurance	50% coinsurance
	Other Part B drugs[2]	$0 copay for allergy antigens 20% coinsurance for all others	$0 copay for allergy antigens 50% 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.

Stage 1: Annual Prescription (Part D) Deductible	$0 per year for Tier 1 and Tier 2; $250 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**100-day supply**	**100-day supply**	**100-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic[3]	$12 copay	$36 copay	$0 copay	$36 copay
Tier 3: Preferred Brand	$47 copay	$141 copay	$131 copay	$141 copay
Select Insulin Drugs[4]	$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	29% coinsurance	N/A[5]	N/A[5]	N/A[5]
Stage 3: Coverage Gap Stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: □ 5% coinsurance, or □ $4.15 copay for generic (including brand drugs treated as generic) and a $10.35 copay for all other drugs.			

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your Part D deductible.

[3] Tier includes enhanced drug coverage.

[4] For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for each 1-month supply of Part D select insulin drug through all coverage stages.

[5] Limited to a 30-day supply

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Routine acupuncture	$5 copay, 12 visits per year*	$10 copay, 12 visits per year*
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$20 copay	50% coinsurance
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	50% coinsurance
	Diabetes self-management training	$0 copay	50% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	50% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	50% coinsurance
Fitness program		$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device.	
Foot Care (podiatry services)	Foot exams and treatment[2]	$25 copay	50% coinsurance
	Routine foot care	$25 copay, 6 visits per year*	50% coinsurance, 6 visits per year*
Meal Benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Home Health Care[2]		$0 copay	50% coinsurance
Hospice		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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Opioid Treatment Program Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay

Additional Benefits

	In-Network	Out-of-Network
Over-the-counter (OTC) credit	$40 credit every quarter to buy covered OTC products. Shop at network retail locations or get home delivery by ordering online, by phone or by mail through your OTC catalog.	
UnitedHealth Passport®	Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.	
Renal Dialysis[2]	20% coinsurance	20% coinsurance

[2] May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits

Platinum Dental Rider	Premium	Additional $52.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

Plan Deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is $1,000 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

Out-of-Network

List of applicable services

Inpatient Services

- ☐ Inpatient hospital
- ☐ Inpatient mental health

Outpatient Hospital

- ☐ Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient Hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient Hospital Observation Services

Diagnostic Tests, Lab and Radiology Services, and X-Rays

- ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- ☐ Lab services
- ☐ Diagnostic tests and procedures
- ☐ Therapeutic radiology
- ☐ Outpatient X-rays

Doctor Visits

- ☐ Primary
- ☐ Specialists

Hearing Services

- ☐ Exam to diagnose and treat hearing and balance issues

Vision Services

- ☐ Exam to diagnose and treat diseases and conditions of the eye
- ☐ Eyewear after cataract surgery

Mental Health

- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Skilled Nursing Facility (SNF)

Physical Therapy and Speech and Language Therapy Visit

Ambulance

Medicare Part B Drugs

- ☐ Chemotherapy drugs
- ☐ Other Part B drugs

Chiropractic Care

- ☐ Manual manipulation of the spine to correct subluxation

Diabetes Management

- ☐ Diabetes monitoring supplies
- ☐ Diabetes self-management training
- ☐ Therapeutic shoes or inserts

Durable Medical Equipment (DME) and Related Supplies

- ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen)
- ☐ Prosthetics (e.g., braces, artificial limbs)

Foot Care (podiatry services)

- ☐ Foot exams and treatment

Home Health Care

Occupational Therapy Visit

Opioid Treatment Program Services

Outpatient Substance Abuse

- ☐ Outpatient group therapy visit
- ☐ Outpatient individual therapy visit

Renal Dialysis

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 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 1-866-870-9604 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 1-866-870-9604, 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.

聯合健康保險提供免費服務以協助您與我們溝通。例如：其他語言版本、盲人點字、大字體、語音內容，或者，您可申請口譯員。如需其他資訊，請聯絡我們的客戶服務部，電話號碼 1-866-870-9604 (聽力語言殘障服務專線 (TTY) 使用者請撥 711)。服務時間每週 7 天，每天 24 小時。

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

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 five 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.

Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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.