



2015 Summary of BENEFITS

AARP® MedicareComplete® Essential (HMO)

NEW YORK

Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, Westchester counties

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

Section 1 - Introduction to Summary of Benefits

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as AARP MedicareComplete Essential (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what AARP MedicareComplete Essential (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <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.

Sections in this booklet

- Things to Know About AARP MedicareComplete Essential (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-643-4845.

Es posible que este documento esté disponible en otro idioma. Para información adicional llame al 1-800-643-4845.

Things to Know About AARP MedicareComplete Essential (HMO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

AARP MedicareComplete Essential (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-643-4845.
- If you are not a member of this plan, call toll-free 1-800-555-5757.
- Our website: www.AARPMedicarePlans.com

Who can join?

To join AARP MedicareComplete Essential (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, and Westchester.

Which doctors and hospitals can I use?

AARP MedicareComplete Essential (HMO) has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory at our website (www.AARPMedicarePlans.com). Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

AARP MedicareComplete Essential (HMO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

Section 2 - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details. AARP® MedicareComplete® Essential (HMO)

Monthly Premium, Deductible, and Limits On How Much You Pay For Covered Services

How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
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How much is the deductible?	This plan does not have a deductible.
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Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$5,200 for services you receive from in-network providers. <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. Please note that you will still need to pay your monthly premiums.</p>
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Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
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Covered Medical and Hospital Benefits

Note:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Acupuncture and Other Alternative Therapies	Not covered
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Ambulance	\$325 copay
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Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
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Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$40 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s) (for up to 1): You pay nothing • Fluoride treatment (for up to 1 every six months): You pay nothing • Oral exam (for up to 1 every six months): You pay nothing
Diabetes Supplies and Services	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>The plan covers the following brands of blood glucose monitors and test strips: OneTouch® Ultra® 2, OneTouch® Verio™, OneTouch® UltraMini™, ACCU-CHEK® Aviva, ACCU-CHEK® Compact, ACCU-CHEK® SmartView</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	<p>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: \$13 copay</p> <p>Outpatient x-rays: \$16 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>
Doctor's Office Visits	<p>Primary care physician visit: \$15 copay</p> <p>Specialist visit: \$40 copay</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>20% of the cost</p>
Emergency Care	<p>\$65 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Foot Care (podiatry services)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay</p> <p>Routine foot care (for up to 6 visit(s) every year): \$40 copay</p>

Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$40 copay</p> <p>Routine hearing exam (for up to 1 every year): \$15 copay</p> <p>Hearing aid: \$330-380 copay for each hearing aid, depending on the type</p>
Home Health Care	You pay nothing
Mental Health Care	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$345 copay per day for days 1 through 4 • You pay nothing per day for days 5 through 90 <p>Outpatient group therapy visit: \$30 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$40 copay</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>
Outpatient Substance Abuse	<p>Group therapy visit: \$30 copay</p> <p>Individual therapy visit: \$40 copay</p>
Outpatient Surgery	<p>Ambulatory surgical center: \$320 copay</p> <p>Outpatient hospital: \$320 copay</p>
Over-the-Counter Items	Not covered
Prosthetic Devices (braces, artificial limbs, etc.)	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>
Renal Dialysis	20% of the cost
Transportation	Not covered
Urgent Care	\$30-40 copay, depending on the service

Vision Services Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-40 copay, depending on the service
Routine eye exam (for up to 1 every year): You pay nothing
Contact lenses: \$25 copay
Our plan pays up to \$65 every two years for contact lenses.
Eyeglasses (frames and lenses) (for up to 1 every two years): \$25 copay
Our plan pays up to \$130 every two years for eyeglasses (frames and lenses).
Eyeglasses or contact lenses after cataract surgery: You pay nothing

Preventive Care You pay nothing
Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Hospice You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient Care

Inpatient Hospital Care

- Our plan covers an unlimited number of days for an inpatient hospital stay.
- \$345 copay per day for days 1 through 5
 - You pay nothing per day for days 6 through 90
 - You pay nothing per day for days 91 and beyond
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Inpatient Mental Health Care

For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)

- Our plan covers up to 100 days in a SNF.
- You pay nothing per day for days 1 through 20
 - \$155 copay per day for days 21 through 54
 - You pay nothing per day for days 55 through 100
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Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs: 20% of the cost
Other Part B drugs: 20% of the cost
Our plan does not cover Part D prescription drug.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-555-5757. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-555-5757. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-555-5757。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-555-5757。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-555-5757. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-555-5757. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-555-5757 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-555-5757. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-555-5757번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-555-5757. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه . سيقوم شخص ما يتحدث العربية 1-800-555-5757 مترجم فوري، ليس عليك سوى الاتصال بنا على خدمة مجانية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-555-5757. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-555-5757. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-555-5757. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-555-5757. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-555-5757 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-555-5757にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。