The UnitedHealthcare plans listed in the chart inside are available in the following counties:

**AARP® MedicareComplete® (HMO) H3379-041**
Monroe, Wayne

**UnitedHealthcare® MedicareComplete Choice® Plan 1 (Regional PPO) RS342-001**

**UnitedHealthcare® MedicareComplete Choice® Plan 2 (Regional PPO) RS342-002**

**UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO) RS342-005**

**UnitedHealthcare® MedicareComplete Choice® Plan 4 (Regional PPO) RS342-006**

Looking for more detailed plan information? Simply ask your licensed sales representative for a copy of the plan’s Enrollment Kit. Or call UnitedHealthcare at 1-855-332-0910, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week, and we’ll be happy to help.

**A UnitedHealthcare® Medicare Solution**

- The most you may pay in a year for medical care covered by the plan.
- You must continue to pay your Medicare Part B premium.
- 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 90-day supply of your maintenance medication. $0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.
- Renew by UnitedHealthcare is not available in all plans.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

2018 MEDICARE ADVANTAGE PLAN COMPARISON

Discover the benefits of Medicare Advantage.
### Plan Benefits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly plan premium</th>
<th>Primary care provider (PCP) visit</th>
<th>Specialist visit</th>
<th>Inpatient hospital</th>
<th>Outpatient surgery and hospital services</th>
<th>Medical deductible</th>
<th>Emergency care</th>
<th>Urgent care</th>
<th>Lab services</th>
<th>Annual out-of-pocket maximum1</th>
<th>Prescription Drug 30-Day Retail Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP® MedicareComplete® (HMO)</td>
<td>$0</td>
<td>$10 copay</td>
<td>$35 copay</td>
<td>$345 copay per day for days 1-5; $0 copay per day for days 6-unlimited</td>
<td>$345 copay</td>
<td>$0</td>
<td>$80 copay; Copays are waived if admitted within 24 hours</td>
<td>Contracted: $30 copay / Non-Contracted: $40 copay</td>
<td>$2 copay</td>
<td>$6,700</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare® MedicareComplete Choice® Plan 1 (Regional PPO)</td>
<td>$17</td>
<td>$10 copay</td>
<td>$45 copay</td>
<td>$395 copay per day for days 1-4; $0 copay per day for days 5-unlimited</td>
<td>$345 copay</td>
<td>$0</td>
<td>$80 copay; Copays are waived if admitted within 24 hours</td>
<td>Contracted: $30 copay / Non-Contracted: $40 copay</td>
<td>$10 copay</td>
<td>$6,700</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare® MedicareComplete Choice® Plan 2 (Regional PPO)</td>
<td>$47</td>
<td>$10 copay</td>
<td>$35 copay</td>
<td>$360 copay per day for days 1-4; $0 copay per day for days 5-unlimited</td>
<td>$295 copay</td>
<td>$0</td>
<td>$80 copay; Copays are waived if admitted within 24 hours</td>
<td>Contracted: $30 copay / Non-Contracted: $40 copay</td>
<td>$10 copay</td>
<td>$6,700</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)</td>
<td>$77</td>
<td>$10 copay</td>
<td>$25 copay</td>
<td>$295 copay per day for days 1-4; $0 copay per day for days 5-unlimited</td>
<td>$250 copay</td>
<td>$0</td>
<td>$80 copay; Copays are waived if admitted within 24 hours</td>
<td>Contracted: $25 copay / Non-Contracted: $30 copay</td>
<td>$10 copay</td>
<td>$5,400</td>
<td></td>
</tr>
</tbody>
</table>

| Tier 1 – Preferred generic drugs | $3 copay | $3 copay | $3 copay | $3 copay | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 |
| Tier 2 – Generic drugs | $12 copay | $12 copay | $12 copay | $12 copay | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 |
| Tier 3 – Preferred brand name drugs | $47 copay | $47 copay | $47 copay | $47 copay | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 |
| Tier 4 – Non-preferred drugs | $100 copay | $100 copay | $100 copay | $100 copay | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 | $0 deductible for Tiers 1 and 2; $330 deductible for Tiers 3, 4 and 5 |
| Tier 5 – Specialty drugs | 26% coinsurance | 26% coinsurance | 26% coinsurance | 26% coinsurance | 26% coinsurance | 26% coinsurance |


### Additional Benefits, Services and Programs

- Visit doctors without a referral
- Fitness membership at no additional cost to you
- Fixed copays for outpatient hospital services
- Annual in-home clinical visit at no additional cost with HouseCalls
- $0 copay on Tier 1 and Tier 2 drugs during initial coverage with home delivery
- $0 copay for covered dental exams and cleanings
- Renew – our Health & Wellness Experience to help you live your best life*
- Routine hearing exam and low copay for hearing aids
- Ability to see any out-of-network provider who accepts Medicare
- $0 copay for preventive care, including many health screenings

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1. Annual out-of-pocket maximum

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*Ask for a plan’s 2018 Enrollment Guide if you’d like to see a full explanation of a plan’s drug categories, copayments or coinsurance costs.