



- The only Medicare Advantage plan that carries the AARP[®] name.
- Serving Clackamas, Marion, Multnomah, Polk and Washington Counties for over 20 years.
- Extensive network of doctors, specialists and hospitals.
- No-cost Silver&Fit fitness club membership.

Oregon: Clackamas, Marion, Multnomah, Polk and Washington Counties

Benefit	Effective January 1, 2008	
	AARP MedicareComplete H3805 PBP 001	AARP MedicareComplete Essential H3805 PBP 011
Monthly Health Plan Premium ①		\$49
Monthly Health Plan and Part D Premium ①	\$60	
Primary Care Physician/Specialist Office Visit Copay	\$15/\$30	\$15/\$30
Inpatient Hospitalization Copay (Medicare-covered)	\$200 per day for days 1-5; \$0 thereafter	\$200 per day for days 1-5; \$0 thereafter
Outpatient Surgery and Hospital Services Copay (per Medicare-covered benefit)	\$200	\$200
Ambulance Copay (per Medicare-covered service)	\$100	\$100



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	AARP MedicareComplete H3805 PBP 001	AARP MedicareComplete Essential H3805 PBP 011
Emergency Copay – Worldwide Coverage (per Medicare-covered service)	\$50	\$50
Diabetes Monitoring Supplies Copay (lancets, test strips, monitor)	\$0	\$0
Prescription Drugs ② (for 30-day supply) <ul style="list-style-type: none"> • Tier 1 – Preferred Generic • Tier 2 – Preferred Brand • Tier 3 – Non-Preferred Generic/Brand • Tier 4 – Specialty 	<ul style="list-style-type: none"> \$5 \$29 \$60 33% 	Not Available
Outpatient Rehabilitation Services Copay (physical, occupational, speech and language therapy)	\$0 visits 1–12; \$30 visits 13 or more	\$0 visits 1–12; \$30 visits 13 or more
Lab Services Copay ③	\$8	\$0



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Preventive Services <i>(office visit copayment may apply)</i> <ul style="list-style-type: none"> • Bone Mass Measurement Exam every 24 months • Colorectal Screening Exam • Annual Mammogram Screening Exam • Annual Pap Smear and Pelvic Exam • Annual Prostate Cancer Screening Exam 	\$0	\$0
Immunizations (Includes Pneumococcal Pneumonia, Flu and Hepatitis B Vaccines) <i>(office visit copayment may apply)</i>	\$0	\$0
Annual Routine Physical Copay	\$15	\$15
Home Health Copay	\$0	\$0
Vision Services <ul style="list-style-type: none"> • Routine Exam every 24 months • Eyeglasses copay • Allowance frames every 24 months 	\$30 \$30 \$70	\$30 \$30 \$70



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Hearing Services Copay (Medicare-covered)	\$30	\$30
Podiatry Services Copay (Medicare-covered)		
• Primary Care Physician	\$15	\$15
• Another Provider	\$30	\$30
Additional:		
• Silver&Fit (Free gym membership) ④	Available	Available
Optional:		
• Plus Plan ⑤	\$13	\$13
• Dental 469	\$5	\$5
• Dental 466	\$12	\$12

- ① You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- ② Separate copayments apply for a 90-day supply. Copayments represent the amount paid before yearly drug costs paid by you and the plan reach \$2,510. At that point, you pay 100% of your drug costs. After your total yearly out-of-pocket costs reach \$4,050, you pay a different copayment depending on the drug tier. For details on Prescription Drug benefits, refer to the Summary of Benefits.
- ③ Other copayments may apply.
- ④ Fitness club memberships at selected health clubs.
- ⑤ Plus Plan includes our exclusive *Advance to Wellness*SM program which offers a dedicated Support Line to meet individual member's care access needs in key dimensions of vitality such as physical, nutrition and independence; respite and/or personal care services, enhanced routine hearing exam and hearing aid benefit, chiropractic, acupuncture and massage benefits; and more.



For More Information, Contact:

Members: If you are a current member and would like more information, please call:
1-800-950-9355 (For the hearing impaired: **1-888-685-8480**)

Sales: If you would like more information about signing up, please call:
1-800-547-5514 (For the hearing impaired: **1-866-832-8671**)

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

www.aarpmedicarecomplete.com

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AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.

You may be able to get extra help to pay for your prescription drug premium and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your State Medicaid Office. Medicare beneficiaries may enroll in the plan through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov. The plan's Prescription Drug Benefit is only available to enrollees of the MA-PD plan. If you are already enrolled in a Medicare Advantage Prescription Drug Plan you must receive your Medicare Prescription Drug benefit through that plan.

You must have Medicare Parts A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. Enrollees must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis. Benefits may vary by county and plan.

This is not a complete description of benefits.