



- The only Medicare Advantage plan that carries the AARP[®] name.
- \$0 premium plan.
- Prescription drug coverage with no additional monthly premium.
- Open access — no referrals necessary for network providers.
- Extensive formulary (almost 1,200 drugs).

Oregon: Clackamas, Multnomah and Washington Counties

Benefit	Effective January 1, 2008	
	AARP MedicareComplete Choice Plan 1 H3812 PBP 001	
	In-Network	Out-of-Network
Monthly Health Plan and Part D Premium ①	\$0	
Annual Out-of-Pocket Maximum	\$2,900	\$3,600
Primary Care Physician/Specialist Office Visit Copay	\$13/\$28	\$20/\$35
Inpatient Hospitalization Copay (Medicare-covered)	\$275 per day for days 1-11; \$0 thereafter	\$375 per day for days 1-10; \$0 thereafter
Outpatient Surgery and Hospital Services Coinsurance (per Medicare-covered benefit)	30%	40%
Ambulance Copay (per Medicare-covered service)	\$175	\$175
Emergency Copay – Worldwide Coverage (per Medicare-covered service)	\$50	\$50



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Diabetes Monitoring Supplies Coinsurance (lancets, test strips, monitor)	30%	30%
Prescription Drugs (for 30-day supply) ②		
• Tier 1 – Preferred Generic	\$4	
• Tier 2 – Preferred Brand	\$28	
• Tier 3 – Non-Preferred Brand	\$58	
• Tier 4 – Specialty	33%	
Outpatient Rehabilitation Services Coinsurance (physical, occupational, speech and language therapy)	30%	40%
Diagnostic Tests/Lab Services Coinsurance/Copay ③	30%/\$20	40%/\$20



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Preventive Services Copay/Coinsurance <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	40%
Immunizations Copay/Coinsurance (Includes Pneumococcal Pneumonia, Flu and Hepatitis B Vaccines) <i>(office visit copayment may apply)</i>	\$0	40%
Annual Routine Physical Copay	\$13	\$20
Home Health Copay/Coinsurance	\$0	40%
Vision Services <ul style="list-style-type: none"> • Routine Exam every 12 months 	\$28	\$35
Annual Routine Hearing Exam Copay	\$28	\$35
Routine Podiatry Services Copay (6 visits per year)	\$28	\$35



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Additional: <ul style="list-style-type: none"> • Passport ④ • Open Access ⑤ 	Available	Not Applicable
	Available	Not Applicable

- 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. For out-of-network drugs, you will pay the applicable copayments and the difference in cost between the in-network contracted rate and the out-of-network charge.
- ③ Other copayments may apply.
- ④ UnitedHealth Passport[®] offers coverage for up to nine consecutive months to members traveling to a service area of an affiliated health plan.
- ⑤ Open Access means you do NOT need a referral to go to network doctors, specialists, and hospitals.



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.

The above Medicare Advantage plans are offered by any of the following: United Healthcare Insurance Company, or United Healthcare Insurance Company of New York for New York residents, Medicare Advantage Organizations with a Medicare contract. These contracts are renewed annually and the availability of coverage beyond the end of the current year is not guaranteed. With the exception of emergency or urgent care, it may cost more to get care from out of network providers. Reimbursement is provided for all covered benefits regardless of whether they are received in network.

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. Benefits may vary by county and plan.

This is not a complete description of benefits.