Compare Medicare Advantage Plans for 55024

Showing 2 of 7 plans available	**UHC Complete Care MN-7 (PPO C-SNP)**	**UHC Complete Care Support MN-8 (PPO C-SNP)**	
	$0 Monthly premium	**$16.80** Monthly premium	
Annual medical deductible This is the amount you have to pay before your plan starts paying its share of your medical costs	**$0** In-network | **$0** Out-of-network	**$0** In-network | **$0** Out-of-network	
Out-of-pocket maximum This is the most you pay for covered services from network providers during the year	**$6,700** In-network | **$10,100** combined in and out-of-network	**$6,700** In-network | **$10,100** combined in and out-of-network	
Part B premium reduction A reduction to your Medicare Part B premium each month	✗ **No**	✗ **No**	
Care while traveling Get network costs when you travel across the country	✓ **Covered** with the UnitedHealthcare Medicare National Network	✓ **Covered** with the UnitedHealthcare Medicare National Network	
Special eligibility requirement	Must be diagnosed with diabetes, chronic heart failure and/or a cardiovascular disorder.	Must be diagnosed with diabetes, chronic heart failure and/or a cardiovascular disorder. With Extra Help, your drug costs are lower, plus your premium and prescription drug deductible are **$0** .	

Doctor visits

Your doctors	Add your doctors	Add your doctors	
Primary care provider (PCP) A doctor or other health care professional you select to be your main health care provider	**$0** copay In-network | **$15** copay Out-of-network	**$0** copay In-network | **$15** copay Out-of-network	
Specialist A doctor who provides health care services for a specific disease or part of the body	**$50** copay In-network | **$80** copay Out-of-network	**$50** copay In-network | **$85** copay Out-of-network	
Virtual visits An online visit with a health care provider using your computer, smartphone or tablet	**$0** copay for network providers	**$0** copay for network providers	
Annual routine physical A visit to review your medical history and check your health and fitness	**$0** copay, 1 per year In-network | **40%** of the cost, combined visits in and out-of-network	**$0** copay, 1 per year In-network | **40%** of the cost, combined visits in and out-of-network	
Preventive services (such as covered screenings, vaccinations, etc.) Services that may help find health problems early, when treatment works best, and can help keep you from getting certain diseases	**$0** copay for covered services In-network | **$0 - 40%** of the cost (depending on the service) Out-of-network	**$0** copay for covered services In-network | **$0 - 40%** of the cost (depending on the service) Out-of-network	
Group therapy visit A mental health visit where one or more licensed therapists or psychologists meet with a group of patients	**$15** copay In-network | **$15** copay Out-of-network	**$15** copay In-network | **$15** copay Out-of-network	
Individual therapy			

visit A one-on-one mental health visit with a licensed therapist or psychologist	**$15** copay In-network | **$15** copay Out-of-network	**$15** copay In-network | **$15** copay Out-of-network	
Opioid treatment services Services that help make sure you know how to safely use your prescription opioid drugs and other prescription drugs that are frequently misused	**$0** copay In-network | **$0** copay Out-of-network	**$0** copay In-network | **$0** copay Out-of-network	

Want an easier way to see differences between plans?

Prescription drug benefits

Your drugs	Add your drugs	Add your drugs	

Annual prescription deductible	**$0** for Tiers 1-2 **$520** for Tiers 3-5	**$0** if you qualify for Extra Help **$615** if you do not qualify for Extra Help	

Retail network pharmacy (30-day supply)

Tier 1: Preferred Generic Drugs	Standard network **$0** copay	**25%** of the cost	
Tier 2: Generic Drugs	Standard network **$12** copay	**25%** of the cost	
Tier 3: Preferred Brand Drugs	Standard network **18%** of the cost	**25%** of the cost	

Tier 3: Insulin	Standard network Up to **$25** copay	Up to **$35** copay	
Tier 4: Non-Preferred Drugs	Standard network **40%** of the cost	**25%** of the cost	
Tier 5: Specialty Drugs	Standard network **27%** of the cost	**25%** of the cost	

Mail order pharmacy

Tier 1: Preferred Generic Drugs	**$0** copay	**25%** of the cost	
Tier 2: Generic Drugs	**$0** copay	**25%** of the cost	
Tier 3: Preferred Brand Drugs	**18%** of the cost	**25%** of the cost	
Tier 3: Insulin	Up to **$75** copay	Up to **$105** copay	

Cost shares if you receive Extra Help

Brand Drugs	Up to **$12.65** copay	Up to **$12.65** copay	
Generic Drugs	Up to **$5.10** copay	Up to **$5.10** copay	

Dental coverage

Your dentists	Add your dentists	Add your dentists	

Preventive dental Oral exams, routine cleanings, X-rays, and fluoride	**$0** copay	**$0** copay	
Comprehensive dental Dental services not covered by Original Medicare	✕ **No**	**50%** of the cost for all covered comprehensive services, such as fillings, crowns, root canals, extractions, bridges and dentures	
Annual maximum The most your plan will pay for covered dental services during the plan year	✕ **No**	**$1,000**	
Optional rider Get additional dental coverage for an extra monthly fee	Add **$44** to your monthly premium **$1,500** per year for covered dental services **50%** of the cost for fillings, crowns, root canals and extractions Platinum Dental (PDF) Plan Dental Platinum (Espanol) (PDF)	✕ **No**	

Medical benefit information

Urgent care Immediate treatment for minor injuries or illnesses such as sprains, fractures, minor burns or infections, earaches and strep throat	**$50** copay per visit ($0 copay when outside of the United States)	**$50** copay per visit ($0 copay when outside of the United States)	
Emergency care Immediate treatment for life-threatening injuries or illnesses and other serious conditions	**$130** copay per visit ($0 copay when outside of the United States)	**$130** copay per visit ($0 copay when outside of the United States)	
Ambulance services			

Ground or air transportation to a nearby hospital or skilled nursing facility when you need emergency care	**$275** copay for ground or air	**$275** copay for ground or air	
Inpatient hospital care Medical services and care provided when your doctor admits you to a hospital or other inpatient facility for at least one night	**$455** copay per day: days 1-6 In-network **$0** copay per day: days 7 and beyond for unlimited days In-network **$555** copay per day: days 1-6 Out-of-network **$0** copay per day: days 7 and beyond for unlimited days Out-of-network	**$455** copay per day: days 1-6 In-network **$0** copay per day: days 7 and beyond for unlimited days In-network **$555** copay per day: days 1-19 Out-of-network **$0** copay per day: days 20 and beyond for unlimited days Out-of-network	
Ambulatory surgical center A medical facility that specializes in same-day outpatient surgeries and procedures	**$355** copay In-network **$555** copay Out-of-network	**$355** copay In-network **$555** copay Out-of-network	
Outpatient hospital services (including surgery and observation) Medical services and care that don't require an overnight hospital stay	**$455** copay In-network **$555** copay Out-of-network	**$455** copay In-network **$555** copay Out-of-network	
Diagnostic radiology services (such as MRIs, CT scans, etc.) Tests and scans used by your doctor to see inside your body and diagnose health conditions	**$260** copay In-network **$360** copay Out-of-network	**$260** copay In-network **$360** copay Out-of-network	
Diagnostic tests and procedures, non-radiological (such as EKG/ECG tests, etc.) Tests and procedures that look for changes in your health to help your doctor diagnose potential conditions and illnesses	**$55** copay In-network **$75** copay Out-of-network	**$55** copay In-network **$75** copay Out-of-network	

Lab services Blood, urine or tissue tests used by your doctor to diagnose and treat minor medical conditions	**$0** copay In-network	**$0** copay Out-of-network	**$0** copay In-network	**$0** copay Out-of-network	
Outpatient X-rays Scans of your body mainly used to look at broken bones but may also be used to diagnose problems with your joints and internal organs	**$20** copay In-network	**$50** copay Out-of-network	**$25** copay In-network	**$50** copay Out-of-network	
Diabetes monitoring supplies Supplies used to check your blood glucose level	**$0** copay In-network	**50%** of the cost Out-of-network	**$0** copay In-network	**50%** of the cost Out-of-network	
Occupational therapy Treatments and services that can help improve your every day life	**$45** copay In-network	**$80** copay Out-of-network	**$50** copay In-network	**$85** copay Out-of-network	
Physical and speech therapy Treatments and services that can help improve your every day life	**$45** copay In-network	**$80** copay Out-of-network	**$50** copay In-network	**$85** copay Out-of-network	
Home health care Health care services and supplies you get in your home under your doctor's orders	**$0** copay In-network	**50%** of the cost Out-of-network	**$0** copay In-network	**50%** of the cost Out-of-network	
Skilled nursing facility Health care services you get in a nursing home from licensed nurses and therapists	**$0** copay per day: days 1-20 **$218** copay per day: days 21-100 In-network	**$250** copay per day: days 1-100 Out-of-network	**$0** copay per day: days 1-20 **$218** copay per day: days 21-100 In-network	**$250** copay per day: days 1-100 Out-of-network	

Extra benefits and programs

Routine eye exam One eye exam per year					

to help monitor and maintain your overall eye health	**$0** copay, 1 per year In-network | **$80** copay, combined visits in and out-of-network	**$0** copay, 1 per year In-network | **$85** copay, combined visits in and out-of-network	
Routine eyewear Use this allowance to buy frames or contacts	**$150** every 2 years	**$200** every 2 years	
Routine hearing exam One hearing exam per year to help monitor and maintain your overall hearing health	**$0** copay, 1 per year In-network | **$80** copay, combined visits in and out-of-network	**$0** copay, 1 per year In-network | **$85** copay, combined visits in and out-of-network	
Hearing aids Prescription or OTC hearing aids every 2 years	**$199 - $1,249** copay per device	**$199 - $1,249** copay per device	
OTC credit Use this credit to buy OTC products like vitamins and supplements, first aid items and more	**$40** credit every month ✓ OTC products ✓ Healthy food for qualifying members	**$60** credit every month ✓ OTC products ✓ Healthy food for qualifying members	
Rewards Earn rewards for completing certain health activities like an annual wellness visit, physical activity and more	Up to **$165** every year	Up to **$165** every year	
Fitness program Stay active, focused and connected either at a gym or from home	**$0** ✓ Free membership at core and premium gyms ✓ Online fitness classes ✓ Brain health challenges	**$0** ✓ Free membership at core and premium gyms ✓ Online fitness classes ✓ Brain health challenges	
Routine foot care Covered services include preventive treatment of the foot like cutting or removal of corns, warts, calluses or nails	**$45** copay, 6 visits per year In-network | **$80** copay, combined visits in and out-of-network	**$45** copay, 6 visits per year In-network | **$85** copay, combined visits in and out-of-network	

Meal benefit Fresh healthy meals after you're discharged from the hospital or a skilled nursing facility	**$0** copay for 28 meals	**$0** copay for 28 meals	

Disclaimer information

Enrollment Disclaimer Information:
Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage a
Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sp
For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Me
Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

AARP-related Disclaimer:
UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used fo
general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll in a Me
Advantage or Prescription Drug Plan. AARP encourages you to consider your needs when selecting products and does not m
specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers.

Extra Help:
If you are receiving Extra Help from Medicare, your copays may be lower or you may have no copays.

Featured Benefits:
- Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

- Optum HouseCalls may not be available in all areas.

- OTC, food, and/or utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.
healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrolles with a qualifying con
such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol
who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

- The Giveback benefit is a reduction in your Medicare Part B premium.

- A 50% coinsurance applies to covered dental comprehensive services. If your plan offers out-of-network dental coverage and
see an out-of-network dentist, you might be billed more. Network size varies by local market.

- Reward offerings may vary by plan. Reward program Terms of Service apply.

- If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network s
varies by local market.

- Routine transportation not for use in emergencies. A trip is one-way and roundtrip is two trips.

- Annual routine eye exam and an allowance for contacts or one pair of frames, with standard (single, bi-focal, tri-focal or stand
progressive) lenses covered in full every one or two years. Review your Evidence of Coverage (EOC) for more information.

- CareFlex benefit credits can only be used by members of AARP Medicare Advantage CareFlex plans for cost-shares for cert
Medicare Parts A and B covered items and services. CareFlex credits are loaded on a Visa debit card. Unused credits will roll
each quarter and expire Dec. 31. Credits not redeemable for cash.

- The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes
standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor p
beginning an exercise program or making changes to your lifestyle or health care routine.

- The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are avai

the UnitedHealthcare network.

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

State-level Medicaid, D-SNP Disclaimer:
D-SNP and C-SNP: The values shown in-network represent a range based upon the amount of the Medicare Parts A and B pl sharing covered by the state. Depending on your Medicaid eligibility, your Medicaid program may have cost sharing. For comp information, and for costs for those without Medicare Parts A and B plan cost sharing covered by the state, and applicable Me cost sharing, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may

Other Languages:
This information is available for free in other languages. Please **contact** Customer Service for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información **comuníquese** con nuestro Servi Cliente.

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