

AARP MedicareComplete SecureHorizons Plan 1 (HMO)  
AARP MedicarePlans  
PO Box 29675  
Hot Springs AR 71903-9675

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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.

This information is available for free in other languages. Please contact Customer Service toll-free at 1-800-950-9355, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con el servicio al cliente al número indicado arriba. El servicio al cliente también ofrece servicios gratuitos de intérpretes de idiomas para personas que no hablan inglés.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, provider network, premium, copayments, and coinsurance may change each year.

## Your Explanation of Benefits

### Medical and Hospital Claims Processed in September 2017

For [REDACTED]

Date: October 9, 2017

Member ID: [REDACTED]

Plan: AARP MedicareComplete SecureHorizons Plan 1 (HMO)

#### **This is not a bill:**

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed). It is called your Explanation of Benefits (EOB).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.

#### **Your plan's Customer Service**

Call us with any questions or concerns about:

- Claims or benefits
- Finding providers near you
- Suspicious claims or billing
- Information in this document
- Any issues with your plan

Toll-free: 1-800-950-9355

TTY: 711

We are here 8 a.m. - 8 p.m. local time, 7 days a week.

[www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)

In addition to our Customer Service, you can report suspicious or dishonest billing to Medicare at 1-800-633-4227, 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048)

<b>TOTALS</b> for medical and hospital claims	<b>Amount providers have billed the plan</b>	<b>Total cost</b> (amount the plan has approved)	<b>Plan's share</b>	<b>Your share</b>
<b>Totals for this month</b> (for claims processed from September 1 to September 30, 2017)	\$524.29	\$290.99	\$265.99	\$25.00
<b>Totals for 2017</b> (all claims processed through September 30, 2017)	\$39,024.48	\$7,112.47	\$6,406.92	\$705.55

SAMPLE

**YEARLY LIMIT - this limit gives you financial protection**

This limit tells the most you will have to pay in “out-of-pocket” costs (copayments, coinsurance, and your deductible) for medical and hospital services covered by the plan.

This yearly limit is called your “out-of-pocket maximum.” It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get. Some items and services will not count toward that maximum. To learn more, please see Chapter 4 of your Evidence of Coverage (EOC).

- Once you have reached your limit in out-of-pocket costs, you stop paying out of pocket for all services
- You keep getting your covered medical and hospital services as usual, and the plan will pay the full cost for the rest of the year.

2017 In-network limit

For claims with dates of service in 2017, \$3,400.00 is the most you will have to pay for covered services you get from in-network providers.

With claims processed through September 30, 2017, you now have \$723.54 in out-of-pocket costs that count toward your \$3,400.00 out-of-pocket maximum for covered in-network services.



SAMPLE

## Details for claims processed in September 2017

### Look over the information about your claims - does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Customer Service toll-free at 1-800-950-9355, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

### You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to **change our decision** about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Customer Service toll-free at 1-800-950-9355, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

### Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," **wait until you get a bill** from the provider.
- If you get a bill that is **higher** than the amount shown for "your share," call us at Customer Service toll-free at 1-800-950-9355, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

SAMPLE

**Provider Name: SUZETTE M PLACE**

Claim Number:

00000000000000000000  
00000000000000000000  
(In-Network Provider)

Date of service

Amount the provider billed the plan

Total cost (amount the plan approved)

Plan's share

Your share

Established patient office or other outpatient, visit typically 25 minutes (billing code 99214)

09/12/17 - 09/12/17

\$128.50

\$107.65

\$102.65

\$5.00

NOTE: Sequestration - reduction in federal payment.

You pay a \$20.00 copayment for services from an In-Network provider.

NOTE: The amount listed as your share is your copayment or coinsurance.

NOTE: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

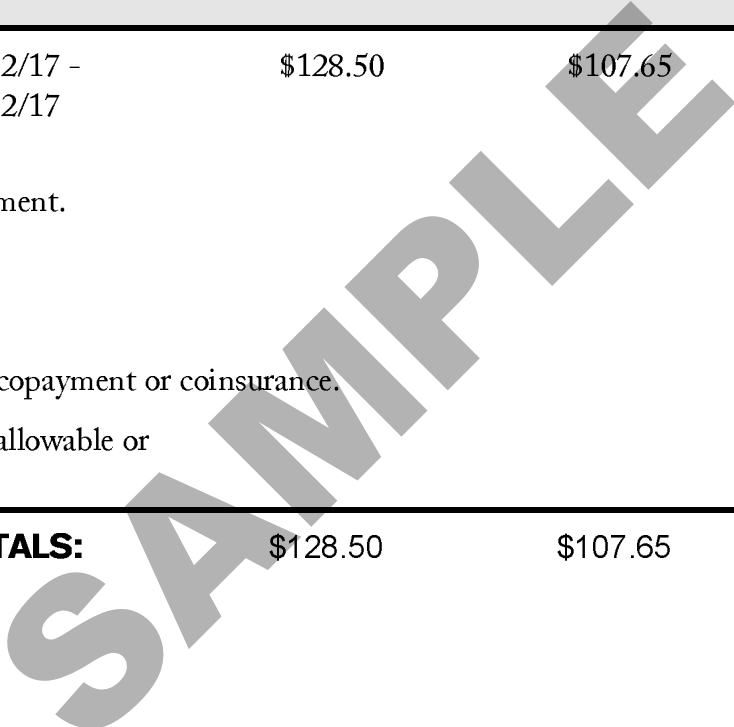
**TOTALS:**

\$128.50

\$107.65

\$102.65

\$5.00



**Provider Name: MICHAEL J PTASNIK****Claim Number:**

00000000000000000000  
 00000000000000000000  
 (In-Network Provider)

**Date of service****Amount the provider billed the plan****Total cost**  
(amount the plan approved)**Plan's share****Your share**

Claim Number:	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
00000000000000000000 00000000000000000000 (In-Network Provider)	08/29/17 - 08/29/17	\$249.00	\$164.03	\$144.03	\$20.00

NOTE: Sequestration - reduction in federal payment.

You pay a \$20.00 copayment for services from an In-Network provider.

NOTE: The amount listed as your share is your copayment or coinsurance.

NOTE: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

Routine EKG using at least 12 leads including interpretation and report (billing code 93000)	08/29/17 - 08/29/17	\$60.00	\$19.31	\$19.31	\$0.00
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NOTE: Sequestration - reduction in federal payment.

NOTE: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

**TOTALS:**

\$309.00

\$183.34

\$163.34

\$20.00

**Provider Name: LABCORP DENVER**

Claim Number: [REDACTED]-0000000 000000000000000000000000 (In-Network Provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Blood test, comprehensive group of blood chemicals (billing code 80053)	08/24/17 - 08/24/17	\$14.20	\$0.00	\$0.00	\$0.00
Blood test, lipids (cholesterol and triglycerides) (billing code 80061)	08/24/17 - 08/24/17	\$18.02	\$0.00	\$0.00	\$0.00
Iron level (billing code 83540)	08/24/17 - 08/24/17	\$8.70	\$0.00	\$0.00	\$0.00
LDL cholesterol level (billing code 83721)	08/24/17 - 08/24/17	\$12.83	\$0.00	\$0.00	\$0.00
Blood test, thyroid stimulating hormone (TSH) (billing code 84443)	08/24/17 - 08/24/17	\$22.59	\$0.00	\$0.00	\$0.00
Complete blood cell count (red cells, white blood cell, platelets), automated test (billing code 85025)	08/24/17 - 08/24/17	\$10.45	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		\$86.79	\$0.00	\$0.00	\$0.00



**The company does not treat members differently because of sex, age, race, color, disability or national origin.**

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

o **Online:** UHC\_Civil\_Rights@uhc.com

o **Mail:** Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

o **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

o **Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

o **Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會  
員電話號碼。

XIN LUYI: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makikukha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa Iyong Identification card.

ВНИМАНИЕ: Бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (Arabic)، يمكنك الاستفادة من خدمات المساعدة اللغوية المجانية للأعضاء على رقم الهاتف  
المساعد المجاني للعضوات على معرفتك الشخصية

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: In caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語（Japanese）を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توضیحات: اگر زبان شما فارسی (Farsi) است، خدمات رایگان مترجم را در دسترس شما قرار داده ایم. لطفاً شماره رایگان موجود بر روی کارت شناسایی خود را تماس بگیرید.

एयान दै: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवारं, नि:शुल्क उपलब्ध हैं। कृपया अपने परचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEER TOOM: Yog koj hais Lus Hmooob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ស្ទើរសំនួរអ្នកនិយាយភាសាខ្មែរ (Khmer) សូមពិនិត្យយកសំណើបញ្ជាក់ពីមុនសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតេឡេភ័នី ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaern ti llocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'AKONINIZIN: Diné (Navajo) bizaad bee yáanítigo, saad bee ák'a'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i. T'áá shqodí ninaaltsos nít'i'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodilnih.

OGOW: Haddi aad ku hadasho Soomaali (Somali), adeegyada taageerada lugadda, oo bilaash ah, ayaaad hell kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.