

# Oklahoma

## 2021 Medicare Advantage Plans

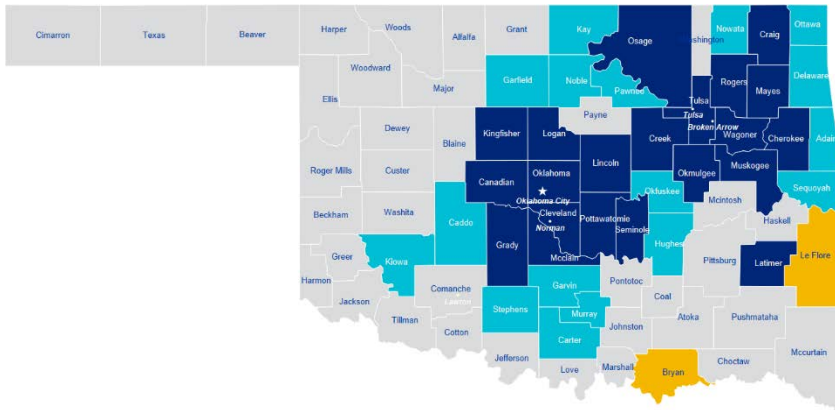
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

**For final 2021 plan details, refer to the 2021 Summary of Benefits.**

© 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint  
 ● Footprint Expansion  
 ● Dual Only Expansion  
 ● No Footprint

2021 Medicare Advantage Service Area



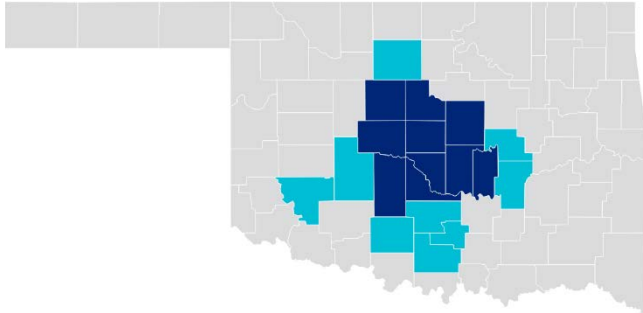
State Landscape<sup>1</sup>

Eligibles (as of May 2020)	680,469
Estimated Dual Eligibles <sup>2</sup>	87,997
YOY Eligible Growth	6.0%
MA Penetration	25.2%
YOY MA Enrollment Growth	16.6%
UHC Market Share	40.0%

<sup>1</sup> May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.  
<sup>2</sup> UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 16,981 partial duals who may or may not be eligible).

● Current Footprint   ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
---------	-----------

H8768-016-000	AARP® Medicare Advantage Choice Plan 2 (PPO)
H8768-008-000	AARP® Medicare Advantage Choice Plan 1 (PPO)
H3749-001-000	AARP® Medicare Advantage Plan 1 (HMO-POS)
H3749-018-000	AARP® Medicare Advantage Plan 2 (HMO-POS)

**Oklahoma:** Caddo, Canadian, Carter, Cleveland, Garfield, Garvin, Grady, Hughes, Kingfisher, Kiowa, Lincoln, Logan, McClain, Murray, Okfuskee, Oklahoma, Pottawatomie, Seminole, Stephens

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	348,695
YOY Eligible Growth	5.9%
MA Non-SNP Penetration	18.7%
YOY MA Non-SNP Enrollment Growth	15.9%
UHC Non-SNP Market Share	49.7%

<sup>1</sup> May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

# 2021 PRODUCT BENEFIT GRID

## OKLAHOMA CITY



Plan Name	AARP® Medicare Advantage Choice Plan 2 (PPO)	AARP® Medicare Advantage Choice Plan 1 (PPO)	AARP® Medicare Advantage Plan 1 (HMO-POS)
Plan ID	H8768-016-000	H8768-008-000	H3749-001-000
Plan Highlights	\$0 premium plan with popular ancillaries. Members can see network and out-of-network providers for the same costs (non-differentiated plan). Broad pharmacy access	Open access plan with low out-of-pocket costs and additional ancillaries	Low premium plan with low out-of-pocket costs and rich ancillaries. POS for dental only
Premium	\$0	\$32	\$23
Medical Ded.	\$0	\$0	\$0
Max OOP	\$5,900	\$4,400	\$5,400
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$35; No Referral Required	\$0 / \$40; No Referral Required
Inpatient Hospital	\$350 Days 1-5	\$245 Days 1-5	\$245 Days 1-5
ASC/Outpatient	\$0 or \$300 / \$0 or \$350	\$0 or \$150 / \$0 or \$245	\$0 or \$195 / \$0 or \$245
Telehealth	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$175 Tiers 3-5; \$4/\$14/\$47/\$100/30%	\$0; \$3/\$12/\$47/\$95/33%	\$95 Tiers 4-5; \$4/\$14/\$47/\$95/31%
Dental	<a href="#">\$500 Dental Level 2 (no cost sharing)</a> ; Platinum Dental Rider Available	\$1,500 Dental Level 4 (no cost sharing)	\$1,000 Dental Level 3 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Up to \$250 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program & Fitbit	Renew Active Fitness Program
OTC	<a href="#">\$40/quarter catalog</a>	\$50/quarter catalog	\$50/quarter catalog
Hearing Aid	<a href="#">\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years</a>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline, <a href="#">PERS</a>	Nurseline, PERS	Nurseline, PERS

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



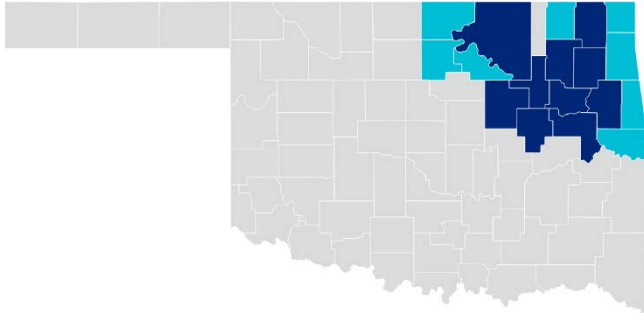
<b>Plan Name</b>	AARP® Medicare Advantage Plan 2 (HMO-POS)
<b>Plan ID</b>	H3749-018-000
<b>Plan Highlights</b>	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. POS for dental only
<b>Premium</b>	\$0
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$5,900
<b>PCP/Specialist</b>	\$5 / \$45; No Referral Required
<b>Inpatient Hospital</b>	\$310 Days 1-6
<b>ASC/Outpatient</b>	\$0 or \$260 / \$0 or \$310
<b>Telehealth</b>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
<b>Lab Copay</b>	\$0
<b>Rx Ded./Copays</b>	\$150 Tiers 3-5; \$4/\$14/\$47/\$95/30%
<b>Dental</b>	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available
<b>Eyewear</b>	Up to \$200 every 2 years, standard lenses at no cost
<b>Fitness</b>	Renew Active Fitness Program
<b>OTC</b>	\$40/quarter catalog
<b>Hearing Aid</b>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
<b>Other Benefits</b>	Nurseline, PERS

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID      Plan Name

H3749-020-000	AARP® Medicare Advantage Plan 2 (HMO-POS)
H3749-017-000	AARP® Medicare Advantage Plan 1 (HMO-POS)
H8768-009-000	AARP® Medicare Advantage Choice (PPO)

**Oklahoma:** Adair, Cherokee, Craig, Creek, Delaware, Kay, Mayes, Muskogee, Noble, Nowata, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Sequoyah, Tulsa, Wagoner

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	306,109
YOY Eligible Growth	6.0%
MA Non-SNP Penetration	23.6%
YOY MA Non-SNP Enrollment Growth	16.2%
UHC Non-SNP Market Share	26.2%

<sup>1</sup> May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

# 2021 PRODUCT BENEFIT GRID

## TULSA



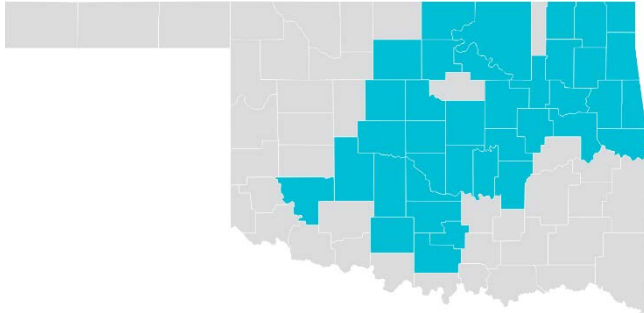
Plan Name	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Plan 2 (HMO-POS)	AARP® Medicare Advantage Plan 1 (HMO-POS)
<b>Plan ID</b>	H8768-009-000 	H3749-020-000	H3749-017-000
<b>Plan Highlights</b>	\$0 premium plan with popular ancillaries. Members can see network and out-of-network providers for the same costs (non-differentiated plan)	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. POS for dental only	Low premium plan with low out-of-pocket costs and rich ancillaries. POS for dental only
<b>Premium</b>	\$0	\$0	\$19
<b>Medical Ded.</b>	\$0	\$0	\$0
<b>Max OOP</b>	\$4,900	\$5,500	\$3,900
<b>PCP/Specialist</b>	\$0 / \$40; No Referral Required	\$5 / \$45; No Referral Required	\$0 / \$35; No Referral Required
<b>Inpatient Hospital</b>	\$295 Days 1-5	\$310 Days 1-5	\$245 Days 1-5
<b>ASC/Outpatient</b>	\$0 or \$295 / \$0 or \$295	\$0 or \$295 / \$0 or \$295	\$0 or \$245 / \$0 or \$245
<b>Telehealth</b>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
<b>Lab Copay</b>	\$0	\$0	\$0
<b>Rx Ded./Copays</b>	\$0; \$3/\$12/\$47/\$95/33%	\$100 Tiers 4-5; \$3/\$10/\$45/\$95/31%	\$0; \$2/\$10/\$45/\$95/33%
<b>Dental</b>	\$1,500 Dental Level 4 (no cost sharing)	\$1,000 Dental Level 3 (no cost sharing)	\$2,000 Dental Level 4 (no cost sharing)
<b>Eyewear</b>	Up to \$200 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost
<b>Fitness</b>	Renew Active Fitness Program & <a href="#">Fitbit</a>	Renew Active Fitness Program & <a href="#">Fitbit</a>	Renew Active Fitness Program & Fitbit
<b>OTC</b>	\$40/quarter catalog	\$50/quarter catalog	\$80/quarter catalog
<b>Hearing Aid</b>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
<b>Other Benefits</b>	Nurseline, PERS	Nurseline, PERS	Nurseline, PERS

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



● Current Footprint   ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID      Plan Name

H8768-028-000    AARP® Medicare Advantage Patriot (PPO)

**Oklahoma:** Adair, Caddo, Canadian, Carter, Cherokee, Cleveland, Craig, Creek, Delaware, Garfield, Garvin, Grady, Hughes, Kay, Kingfisher, Kiowa, Lincoln, Logan, Mayes, McClain, Murray, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Pottawatomie, Rogers, Seminole, Sequoyah, Stephens, Tulsa, Wagoner

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	654,804
YOY Eligible Growth	6.0%
MA Non-SNP Penetration	21.0%
YOY MA Non-SNP Enrollment Growth	16.1%
UHC Non-SNP Market Share	37.4%

<sup>1</sup> May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.





NEW PLAN

<b>Plan Name</b>	AARP® Medicare Advantage Patriot (PPO)
<b>Plan ID</b>	H8768-028-000 
<b>Plan Highlights</b>	<b>New!</b> Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
<b>Premium</b>	\$0; Part B Rebate: \$50
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$4,400
<b>PCP/Specialist</b>	\$0 / \$30; No Referral Required
<b>Inpatient Hospital</b>	\$295 Days 1-5
<b>ASC/Outpatient</b>	\$0 or \$295 / \$0 or \$295
<b>Telehealth</b>	\$0 Virtual Medical & Mental Health Visits
<b>Lab Copay</b>	\$0
<b>Rx Ded./Copays</b>	Not Covered
<b>Dental</b>	\$1,500 Dental Level 3 (no cost sharing)
<b>Eyewear</b>	Up to \$200 every 2 years, standard lenses at no cost
<b>Fitness</b>	Renew Active Fitness Program & Fitbit
<b>OTC</b>	\$50/quarter catalog
<b>Hearing Aid</b>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
<b>Other Benefits</b>	Nurseline, PERS

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID      Plan Name

**H5435-024-000    UnitedHealthcare® MedicareDirect Rx (PFFS)**

**Kansas:** Chase, Cheyenne, Clay, **Cloud**, Decatur, Ellis, Geary, Graham, Lane, Logan, Marshall, Nemaha, Phillips, Rawlins, Republic, Riley, Rooks, Saline, Scott, Sheridan, Thomas, Washington;  
**Kentucky:** Christian; **Missouri:** Adair, Clark, Daviess, Grundy, Mercer, New Madrid, Putnam, Schuyler, Scotland, Sullivan; **Montana:** Carter, Daniels, Dawson, Fallon, Garfield, Petroleum, Phillips, Powder River, Prairie, Roosevelt, Sheridan, **Valley**; **Nebraska:** Arthur, Banner, Blaine, **Box Butte**, Buffalo, Cheyenne, Dawson, Gosper, Hall, **Hamilton**, Hooker, **Kearney**, Keith, Keya Paha, Logan, Loup, McPherson, Merrick, Morrill, Nance, Perkins, Scotts Bluff, Sheridan, Sherman, Stanton, Thomas, Wheeler; **Oklahoma:** Latimer; **Wyoming:** Albany, Crook, Fremont, Natrona, Sheridan, Teton, Weston

**H5435-001-000    UnitedHealthcare® MedicareDirect Patriot (PFFS)**

**Kansas:** Chase, Cheyenne, Clay, Cloud, Decatur, Ellis, Geary, Graham, Lane, Logan, Marshall, Nemaha, Phillips, Rawlins, Republic, Riley, Rooks, Saline, Scott, Sheridan, Thomas, Washington;  
**Kentucky:** Christian; **Missouri:** Adair, Clark, Daviess, Grundy, Mercer, New Madrid, Putnam, Schuyler, Scotland, Sullivan; **Montana:** Carter, Daniels, Dawson, Fallon, Garfield, Petroleum, Phillips, Powder River, Prairie, Roosevelt, Sheridan, Valley; **Nebraska:** Arthur, Banner, Blaine, Box Butte, Buffalo, Cheyenne, Dawson, Gosper, Hall, Hamilton, Hooker, Kearney, Keith, Keya Paha, Logan, Loup, McPherson, Merrick, Morrill, Nance, Perkins, Scotts Bluff, Sheridan, Sherman, Stanton, Thomas, Wheeler; **Oklahoma:** Latimer; **Wyoming:** Albany, Crook, Fremont, Natrona, Sheridan, Teton, Weston

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	3,145
YOY Eligible Growth	12.2%
MA Non-SNP Penetration	8.6%
YOY MA Non-SNP Enrollment Growth	28.9%
UHC Non-SNP Market Share	11.0%

<sup>1</sup> May 2020 CMS.gov MA Ind State/County Enrollment within UHC 2021 MA Ind Footprint.

OKLAHOMA PFFS



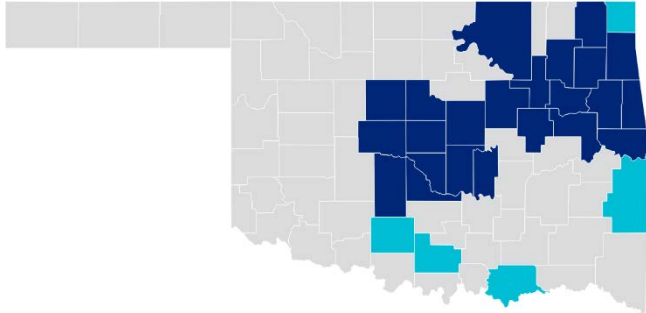
Plan Name	UnitedHealthcare® MedicareDirect Patriot (PFFS)	UnitedHealthcare® MedicareDirect Rx (PFFS)
Plan ID	H5435-001-000	H5435-024-000
Plan Highlights	Non-network PFFS plan allows you to see any doctor who accepts Medicare. Designed for those who want affordable coverage beyond Original Medicare, but don't need prescription drug coverage - works well with VA coverage	Non-network PFFS plan allows you to see any doctor who accepts Medicare with built in Part D coverage
Premium	\$40	\$64
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$25 / \$50; No Referral Required	\$25 / \$50; No Referral Required
Inpatient Hospital	\$395 Days 1-4	\$395 Days 1-4
ASC/Outpatient	\$0 or \$395 / \$0 or \$395	\$0 or \$395 / \$0 or \$395
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	Not Covered	\$295 Tiers 3-5; \$4/\$14/\$47/\$100/27%
Dental	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered
Fitness	Not Covered	Not Covered
OTC	Not Covered	Not Covered
Hearing Aid	Not Covered	Not Covered
Other Benefits	Nurseline	Nurseline

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
---------	-----------

H5322-031-000	UnitedHealthcare Dual Complete® LP (HMO D-SNP)
H8125-003-000	UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)

**Oklahoma:** Adair, Bryan, Canadian, Carter, Cherokee, Cleveland, Craig, Creek, Delaware, Grady, Kingfisher, Le Flore, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Ottawa, Pottawatomie, Rogers, Seminole, Sequoyah, Stephens, Tulsa, Wagoner

Market Landscape<sup>1</sup>

Est. Dual Eligibles	87,997
D-SNP Enrollees	8,667
D-SNP Penetration (All Plans)	9.8%
Total UHC D-SNP Enrollees	8,667
UHC D-SNP Market Share	9.8%

<sup>1</sup> UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 16,981 partial duals who may or may not be eligible).

# 2021 PRODUCT BENEFIT GRID

## OKLAHOMA DUAL



Plan Name	UnitedHealthcare Dual Complete® LP (HMO D-SNP)	UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)
Plan ID	H5322-031-000 	H8125-003-000 
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+	Full: FBDE, QMB, QMB+, SLMB+
Premium	\$0	\$0
Acupuncture	Not Covered	Not Covered
Chiro	\$0, 12 visits per year	\$0, 12 visits per year
Dental	\$3,000 Dental Level 4 (no cost sharing)	\$3,000 Dental Level 4 (no cost sharing)
Eyewear	Up to \$300 per year	Up to \$300 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
Foot Care	\$0, 4 visits per year	\$0, 4 visits per year
Hearing Aid	\$2,000 allowance for hearing aids every 2 years	\$2,000 allowance for hearing aids every 2 years
Meal Program	\$0, Up to 14 meals for 7 days, three times per year	Not Covered
Healthy Foods	\$50 per month food allowance, amount expires monthly	Not Covered
OTC	\$250/quarter debit card	\$225/quarter debit card
PERS	\$0	Not Covered
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	24 one-way trips to or from approved locations	24 one-way trips to or from approved locations
Other Benefits	Nurseline	Nurseline

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and Dual eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.