

Connecticut

2021 Medicare Advantage Plans

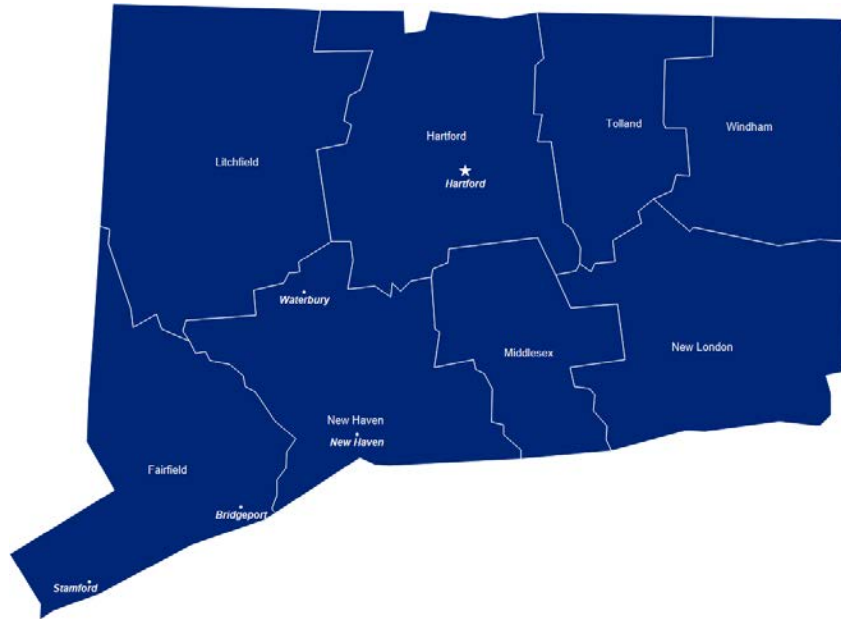
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

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

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● Current Footprint

2021 Medicare Advantage Service Area



State Landscape¹

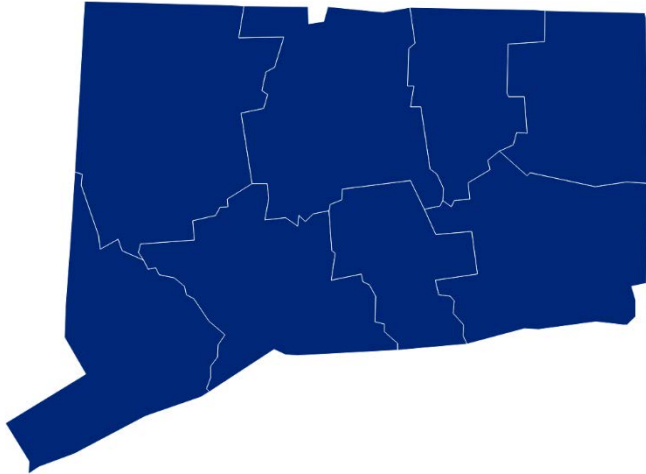
Eligibles (as of May 2020)	743,316
Estimated Dual Eligibles ²	185,460
YOY Eligible Growth	3.9%
MA Penetration	41.3%
YOY MA Enrollment Growth	10.5%
UHC Market Share	40.3%

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

² UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 12,531 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area







Plan ID	Plan Name
H3442-001-000	AARP® Medicare Advantage Walgreens (PPO)
H0755-030-000	UnitedHealthcare® Medicare Advantage Plan 1 (HMO)
H0755-031-000	UnitedHealthcare® Medicare Advantage Plan 2 (HMO)
H0755-033-000	UnitedHealthcare® Medicare Advantage Plan 3 (HMO)
Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	
R7444-001-000	AARP® Medicare Advantage Choice (Regional PPO)
All counties in state	

Market Landscape¹

Eligibles (as of May 2020)	743,316
YOY Eligible Growth	3.9%
MA Non-SNP Penetration	23.5%
YOY MA Non-SNP Enrollment Growth	7.2%
UHC Non-SNP Market Share	35.8%



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



Plan Name	AARP® Medicare Advantage Walgreens (PPO)	UnitedHealthcare® Medicare Advantage Plan 3 (HMO)	UnitedHealthcare® Medicare Advantage Plan 2 (HMO)
Plan ID	H3442-001-000  	H0755-033-000 	H0755-031-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Low premium plan for those shopping on value and lower out-of-pocket costs
Premium	\$0	\$0	\$29
Medical Ded.	\$1000	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,000
PCP/Specialist	\$0 / \$35; No Referral Required	\$15 / \$45; No Referral Required	\$10 / \$40; No Referral Required
Inpatient Hospital	\$750 per admit	\$450 Days 1-4	\$395 Days 1-4
ASC/Outpatient	\$0 or \$200 / \$0 or \$300	\$0 or \$350 / \$0 or \$400	\$0 or \$250 / \$0 or \$350
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$47/\$100/33% (Preferred); Tiers 1-2 Full Gap Coverage	\$175 Tiers 4-5; \$3/\$12/\$47/\$100/30%	\$150 Tiers 4-5; \$3/\$12/\$47/\$100/30%
Dental	\$1,000 Dental Level 4 (\$0 - 50% cost sharing)	Not Covered; Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$50/quarter catalog	\$40/quarter catalog	\$50/quarter catalog
Hearing Aid	\$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
Other Benefits	Nurseline	Nurseline	Nurseline

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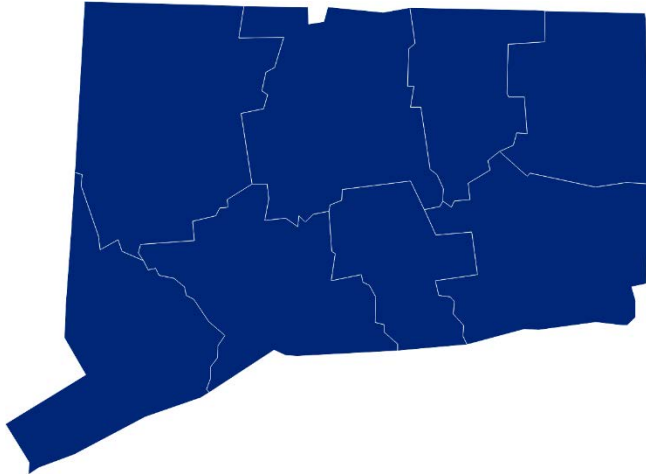
Plan Name	UnitedHealthcare® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Choice (Regional PPO)
Plan ID	H0755-030-000 	R7444-001-000 
Plan Highlights	Higher premium plan with low out-of-pocket costs and rich ancillaries	Open access plan for those seeking statewide provider choice
Premium	\$94	\$49
Medical Ded.	\$0	\$0
Max OOP	\$4,700	\$6,700
PCP/Specialist	\$5 / \$30; No Referral Required	\$15 / \$45; No Referral Required
Inpatient Hospital	\$345 Days 1-5	\$395 Days 1-5
ASC/Outpatient	\$0 or \$200 / \$0 or \$300	\$0 or \$295 / \$0 or \$395
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$100 Tiers 4-5; \$3/\$12/\$47/\$100/31%	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Not Covered
OTC	\$60/quarter catalog	Not Covered
Hearing Aid	\$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	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID Plan Name

H0755-032-000 UnitedHealthcare® Medicare Advantage Patriot (HMO)


Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

Market Landscape¹

Eligibles (as of May 2020)	743,316
YOY Eligible Growth	3.9%
MA Non-SNP Penetration	23.5%
YOY MA Non-SNP Enrollment Growth	7.2%
UHC Non-SNP Market Share	35.8%

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



Plan Name	UnitedHealthcare® Medicare Advantage Patriot (HMO)
Plan ID	H0755-032-000 
Plan Highlights	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
Premium	\$0; Part B Rebate: \$30
Medical Ded.	\$0
Max OOP	\$6,000
PCP/Specialist	\$5 / \$35; No Referral Required
Inpatient Hospital	\$395 Days 1-4
ASC/Outpatient	\$0 or \$200 / \$0 or \$250
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	Not Covered
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
OTC	\$50/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline

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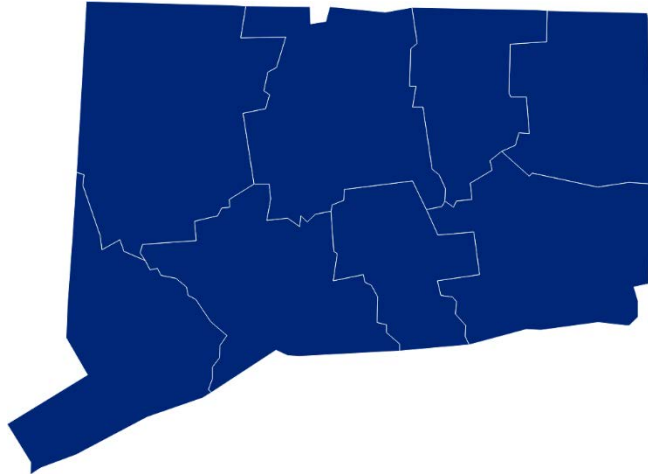
2021 MARKET LANDSCAPE

CONNECTICUT DUAL



● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H0271-014-000	UnitedHealthcare Dual Complete® (PPO D-SNP)
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Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

Market Landscape¹

Est. Dual Eligibles	185,460
D-SNP Enrollees	41,491
D-SNP Penetration (All Plans)	22.4%
Total UHC D-SNP Enrollees	22,424
UHC D-SNP Market Share	22.4%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 12,531 partial duals who may or may not be eligible).

CONNECTICUT DUAL



Plan Name	UnitedHealthcare Dual Complete® (PPO D-SNP)
Plan ID	H0271-014-000
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+
Premium	\$0
Acupuncture	Not Covered
Chiro	Not Covered
Dental	\$2,000 Dental Level 4 (no cost sharing)
Eyewear	Up to \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
Foot Care	\$0, 4 visits per year
Hearing Aid	\$2,000 allowance for hearing aids every 2 years
Meal Program	Not Covered
Healthy Foods	Not Covered
OTC	\$100/quarter catalog
PERS	Not Covered
Telehealth	\$0 Virtual Medical & Mental Health Visits
Transportation	24 one-way trips to or from approved locations
Other Benefits	Nurseline

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