

Massachusetts

2021 Medicare Advantage Plans

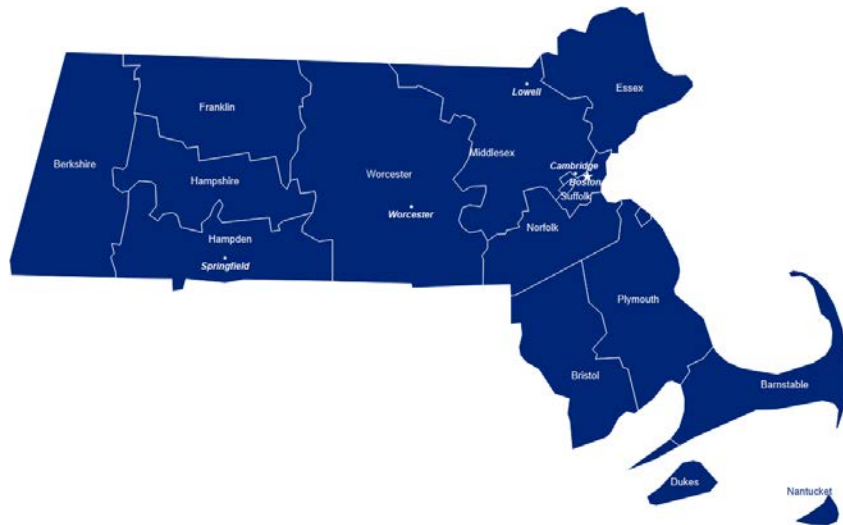
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

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

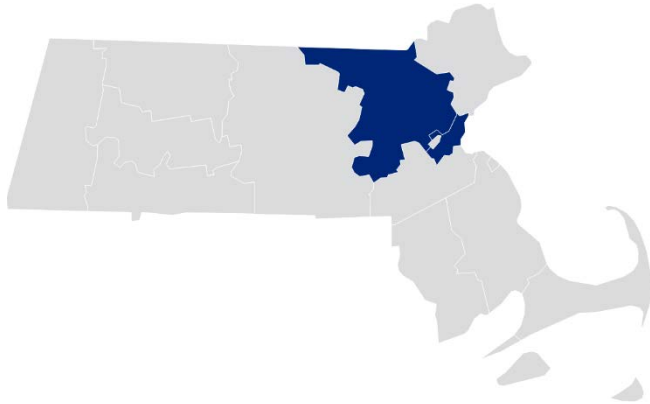
Eligibles (as of May 2020)	1,453,794
Estimated Dual Eligibles ²	298,171
YOY Eligible Growth	3.9%
MA Penetration	24.8%
YOY MA Enrollment Growth	9.0%
UHC Market Share	18.9%

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. 18,349 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID Plan Name

H3442-003-000	AARP® Medicare Advantage Walgreens (PPO)
H1944-001-000	AARP® Medicare Advantage Plan 1 (HMO)
H1944-004-000	AARP® Medicare Advantage Plan 2 (HMO)

Massachusetts: Middlesex, Suffolk

Market Landscape¹

Eligibles (as of May 2020)	415,746
YOY Eligible Growth	3.6%
MA Non-SNP Penetration	15.8%
YOY MA Non-SNP Enrollment Growth	9.4%
UHC Non-SNP Market Share	19.2%

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

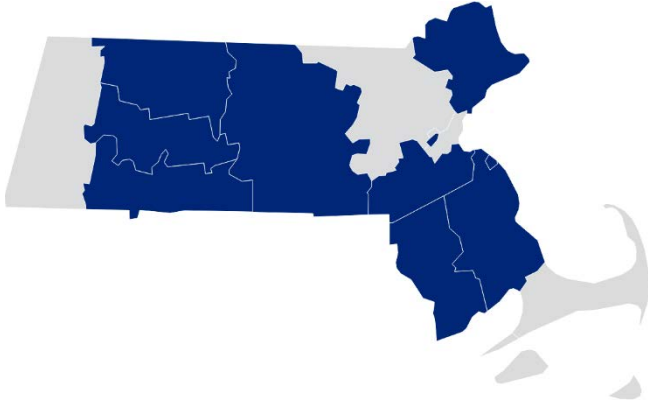


Plan Name	AARP® Medicare Advantage Walgreens (PPO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H3442-003-000  	H1944-001-000 	H1944-004-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. No referral required. Plan offers coverage outside of the network for certain services	Mid premium plan for those shopping on value and lower out-of-pocket costs. No referral required. POS for dental only
Premium	\$0	\$0	\$45
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$5,700	\$4,500
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$45; No Referral Required	\$10 / \$40; No Referral Required
Inpatient Hospital	\$370 Days 1-5	\$350 Days 1-5	\$295 Days 1-6
ASC/Outpatient	\$0 or \$270 / \$0 or \$370	\$0 or \$250 / \$0 or \$350	\$0 or \$195 / \$0 or \$295
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	\$195 Tiers 3-5; \$0/\$5/\$47/\$100/29% (Preferred)	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%
Dental	\$1,000 Dental Level 4 (\$0 - 50% cost sharing)	Not Covered; Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Not Covered	Not Covered
OTC	\$50/quarter catalog	\$50/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	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H3442-004-000	AARP® Medicare Advantage Walgreens (PPO)
H1944-005-000	AARP® Medicare Advantage Plan 1 (HMO)
H1944-006-000	AARP® Medicare Advantage Plan 2 (HMO)

Massachusetts: Bristol, Essex, [Franklin](#), Hampden, [Hampshire](#), [Norfolk](#), Plymouth, Worcester





Market Landscape¹

Eligibles (as of May 2020)	909,542
YOY Eligible Growth	4.0%
MA Non-SNP Penetration	16.5%
YOY MA Non-SNP Enrollment Growth	10.3%
UHC Non-SNP Market Share	16.9%

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

OUTSIDE OF GREATER BOSTON

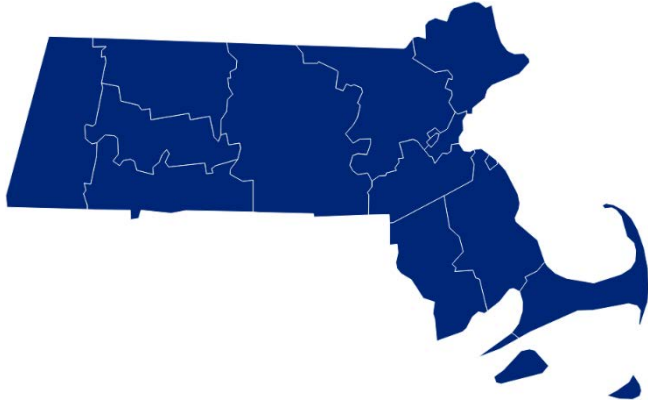


Plan Name	AARP® Medicare Advantage Walgreens (PPO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H3442-004-000  	H1944-005-000 	H1944-006-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. No referral required. POS for dental only	Mid premium plan for those shopping on value and lower out-of-pocket costs. No referral required. POS for dental only
Premium	\$0	\$0	\$49
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$5,700	\$4,900
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$45; No Referral Required	\$10 / \$40; No Referral Required
Inpatient Hospital	\$370 Days 1-5	\$350 Days 1-5	\$325 Days 1-5
ASC/Outpatient	\$0 or \$270 / \$0 or \$370	\$0 or \$250 / \$0 or \$350	\$0 or \$225 / \$0 or \$325
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	\$195 Tiers 3-5; \$0/\$5/\$47/\$100/29% (Preferred)	\$250 Tiers 3-5; \$3/\$12/\$47/\$100/28%	\$225 Tiers 3-5; \$3/\$12/\$47/\$100/29%
Dental	\$1,000 Dental Level 4 (\$0 - 50% cost sharing)	Not Covered; Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Up to \$200 every 2 years, standard lenses at no cost	Up to \$200 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	\$100/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	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID Plan Name

R7444-001-000 AARP® Medicare Advantage Choice (Regional PPO)

All counties in state

Market Landscape¹

Eligibles (as of May 2020)	1,453,794
YOY Eligible Growth	3.9%
MA Non-SNP Penetration	15.6%
YOY MA Non-SNP Enrollment Growth	10.2%
UHC Non-SNP Market Share	17.7%

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

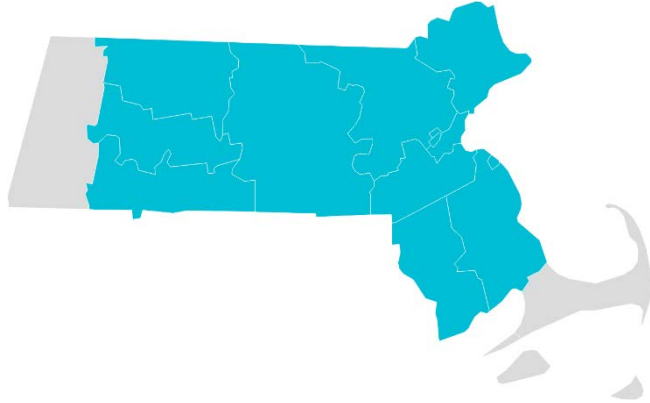


Plan Name	AARP® Medicare Advantage Choice (Regional PPO)
Plan ID	R7444-001-000 
Plan Highlights	Open access plan for those seeking statewide provider choice
Premium	\$49
Medical Ded.	\$0
Max OOP	\$6,700
PCP/Specialist	\$15 / \$45; No Referral Required
Inpatient Hospital	\$395 Days 1-5
ASC/Outpatient	\$0 or \$295 / \$0 or \$395
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Not Covered
OTC	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H3442-005-000	AARP® Medicare Advantage Patriot (PPO)
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Massachusetts: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Market Landscape¹

Eligibles (as of May 2020)	1,325,288
YOY Eligible Growth	3.9%
MA Non-SNP Penetration	16.3%
YOY MA Non-SNP Enrollment Growth	10.0%
UHC Non-SNP Market Share	17.6%

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



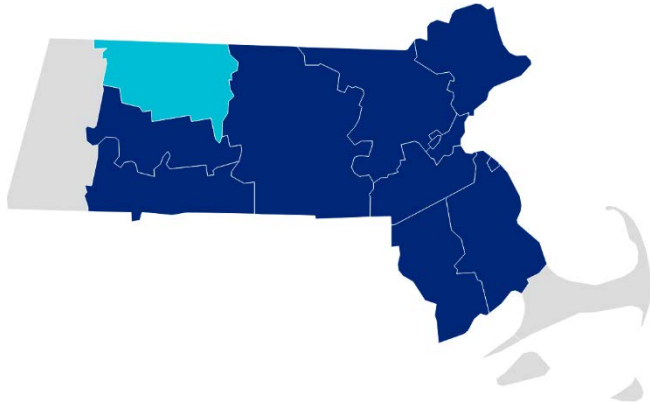
NEW PLAN

Plan Name	AARP® Medicare Advantage Patriot (PPO)
Plan ID	H3442-005-000 
Plan Highlights	New! 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
Medical Ded.	\$0
Max OOP	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required
Inpatient Hospital	\$370 Days 1-5
ASC/Outpatient	\$0 or \$270 / \$0 or \$370
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	Not Covered
Dental	\$1,500 Dental Level 4 (\$0 - 50% cost sharing)
Eyewear	Up to \$200 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 Medicare Advantage Service Area



Plan ID	Plan Name
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H2226-001-000	UnitedHealthcare® Senior Care Options (HMO D-SNP)
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Massachusetts: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Market Landscape¹

Est. Dual Eligibles	298,171
D-SNP Enrollees	57,990
D-SNP Penetration (All Plans)	19.4%
Total UHC D-SNP Enrollees	19,206
UHC D-SNP Market Share	19.4%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 18,349 partial duals who may or may not be eligible).



Plan Name	UnitedHealthcare® Senior Care Options (HMO D-SNP)
Plan ID	H2226-001-000
Medicaid Eligibility	Full: QMB+, SLMB+
Premium	\$0
Acupuncture	Not Covered
Chiro	Not Covered
Dental	Not Covered
Eyewear	Up to \$200 per year, standard lenses at no cost
Fitness	Renew Active Fitness Program
Foot Care	Not Covered
Hearing Aid	Not Covered
Meal Program	Not Covered
Healthy Foods	\$25 per month food allowance, amount expires monthly
OTC	\$150/quarter debit card
PERS	Not Covered
Telehealth	\$0 Virtual Medical & Mental Health Visits
Transportation	Not Covered
Other Benefits	Not Covered

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