

# New Jersey

## 2021 Medicare Advantage Plans

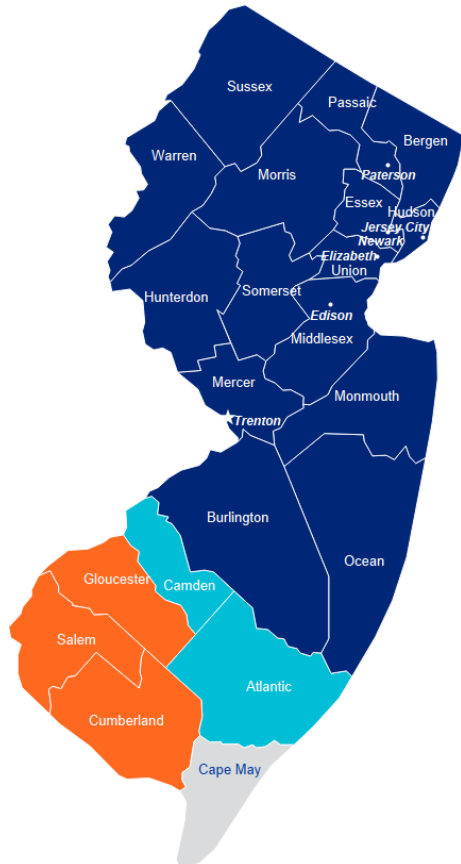
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**For final 2021 plan details, refer to the 2021 Summary of Benefits.**

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

2021 Medicare Advantage Service Area



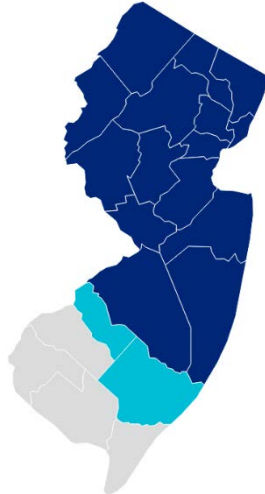
State Landscape<sup>1</sup>

Eligibles (as of May 2020)	1,758,331
Estimated Dual Eligibles <sup>2</sup>	225,858
YOY Eligible Growth	4.2%
MA Penetration	29.5%
YOY MA Enrollment Growth	10.1%
UHC Market Share	41.1%

<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. 27,476 partial duals who may or may not be eligible).

● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area




Plan ID	Plan Name
H8768-022-000	AARP® Medicare Advantage Choice (PPO)
<i>New Jersey:</i> Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren	
H0755-040-001	AARP® Medicare Advantage Plan 1 (HMO)
H0755-041-001	AARP® Medicare Advantage Plan 3 (HMO)
H0755-042-001	AARP® Medicare Advantage Plan 4 (HMO)
<i>New Jersey:</i> Atlantic, Bergen, Camden, Essex, Hudson, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren	
H0755-042-002	AARP® Medicare Advantage Plan 4 (HMO)
H0755-041-002	AARP® Medicare Advantage Plan 3 (HMO)
H0755-040-002	AARP® Medicare Advantage Plan 1 (HMO)
<i>New Jersey:</i> Burlington, Hunterdon, Mercer	
H0755-038-000	AARP® Medicare Advantage Plan 2 (HMO)
<i>New Jersey:</i> Essex, Ocean	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	1,649,846
YOY Eligible Growth	4.1%
MA Non-SNP Penetration	14.6%
YOY MA Non-SNP Enrollment Growth	14.0%
UHC Non-SNP Market Share	41.0%

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



NEW PLAN

Plan Name	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H8768-022-000 	H0755-038-000 
Plan Highlights	<b>New!</b> \$0 premium plan for those who are cost-conscious, but want provider choice	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$0 / \$40; No Referral Required	\$5 / \$25; No Referral Required
Inpatient Hospital	\$390 Days 1-5	\$345 Days 1-5
ASC/Outpatient	\$0 or \$345 / \$0 or \$345	\$0 or \$295 / \$0 or \$295
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
Lab Copay	\$0	<a href="#">\$0</a>
Rx Ded./Copays	\$240 Tiers 3-5; \$0/\$12/\$45/\$95/28%	\$200 Tiers 3-5; \$2/\$12/\$47/\$100/29%
Dental	\$500 Dental Level 2 (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 \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	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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# 2021 PRODUCT BENEFIT GRID

## NEW JERSEY



Plan Name	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 3 (HMO)	AARP® Medicare Advantage Plan 4 (HMO)
Plan ID	H0755-040-001 	H0755-041-001 	H0755-042-001 
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Mid premium plan for those shopping on value and lower out-of-pocket costs	Higher premium plan with low out-of-pocket costs and rich ancillaries
Premium	\$0	\$39	\$81
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$5 / \$45; No Referral Required	\$0 / \$25; No Referral Required	\$0 / \$20; No Referral Required
Inpatient Hospital	\$335 Days 1-6	\$295 Days 1-5	\$225 Days 1-5
ASC/Outpatient	\$0 or \$295 / \$0 or \$295	\$0 or \$250 / \$0 or \$250	\$0 or \$225 / \$0 or \$225
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	\$240 Tiers 3-5; \$2/\$12/\$45/\$95/28%	\$200 Tiers 3-5; \$2/\$10/\$47/\$95/29%	\$150 Tiers 3-5; \$2/\$10/\$47/\$95/30%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing); 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	Not Covered	Not Covered	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 PRODUCT BENEFIT GRID

## NEW JERSEY

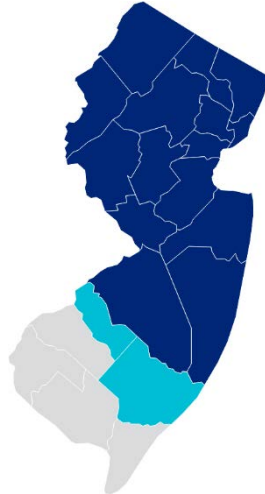


Plan Name	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 3 (HMO)	AARP® Medicare Advantage Plan 4 (HMO)
Plan ID	H0755-040-002 	H0755-041-002 	H0755-042-002 
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Mid premium plan for those shopping on value and lower out-of-pocket costs	Higher premium plan with low out-of-pocket costs and rich ancillaries
Premium	\$0	\$39	\$81
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$6,700	\$6,700
PCP/Specialist	\$10 / \$50; No Referral Required	\$5 / \$25; No Referral Required	\$0 / \$25; No Referral Required
Inpatient Hospital	\$390 Days 1-5	\$295 Days 1-6	\$250 Days 1-5
ASC/Outpatient	\$0 or \$295 / \$0 or \$295	\$0 or \$250 / \$0 or \$250	\$0 or \$225 / \$0 or \$225
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	\$240 Tiers 3-5; \$2/\$12/\$45/\$95/28%	\$200 Tiers 3-5; \$2/\$10/\$47/\$95/29%	\$150 Tiers 3-5; \$2/\$10/\$47/\$95/30%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing); 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	Not Covered	Not Covered	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

H0755-037-000    AARP® Medicare Advantage Patriot (HMO)

**New Jersey:** Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

Market Landscape<sup>1</sup>


Eligibles (as of May 2020)	1,649,846
YOY Eligible Growth	4.1%
MA Non-SNP Penetration	14.6%
YOY MA Non-SNP Enrollment Growth	14.0%
UHC Non-SNP Market Share	41.0%

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

## 2021 PRODUCT BENEFIT GRID

# NEW JERSEY MA ONLY



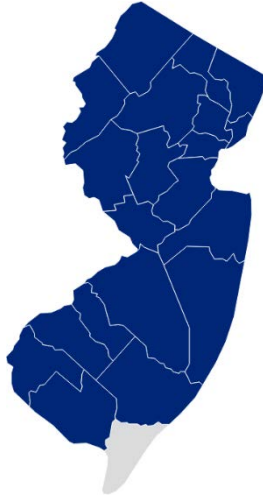
<b>Plan Name</b>	AARP® Medicare Advantage Patriot (HMO)
<b>Plan ID</b>	H0755-037-000 
<b>Plan Highlights</b>	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
<b>Premium</b>	\$0; Part B Rebate: \$30
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$6,700
<b>PCP/Specialist</b>	\$5 / \$30; No Referral Required
<b>Inpatient Hospital</b>	\$390 Days 1-5
<b>ASC/Outpatient</b>	\$0 or \$325 / \$0 or \$325
<b>Telehealth</b>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
<b>Lab Copay</b>	\$0
<b>Rx Ded./Copays</b>	Not Covered
<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>	Not Covered
<b>Hearing Aid</b>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
<b>Other Benefits</b>	Nurseline

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● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H3113-005-000	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)
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**New Jersey:** Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren

Market Landscape<sup>1</sup>

Est. Dual Eligibles	225,858
D-SNP Enrollees	52,687
D-SNP Penetration (All Plans)	23.3%
Total UHC D-SNP Enrollees	24,952
UHC D-SNP Market Share	23.3%

<sup>1</sup> UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 27,476 partial duals who may or may not be eligible).

NEW JERSEY DUAL



<b>Plan Name</b>	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)
<b>Plan ID</b>	H3113-005-000
<b>Medicaid Eligibility</b>	Full: FBDE, QMB+
<b>Premium</b>	\$0
<b>Acupuncture</b>	Not Covered
<b>Chiro</b>	Not Covered
<b>Dental</b>	Not Covered
<b>Eyewear</b>	Not Covered
<b>Fitness</b>	Renew Active Fitness Program
<b>Foot Care</b>	Not Covered
<b>Hearing Aid</b>	Not Covered
<b>Meal Program</b>	\$0, Up to 42 meals for 21 days, two times per year
<b>Healthy Foods</b>	\$50 per month food allowance, amount expires monthly
<b>OTC</b>	\$450/quarter debit card
<b>PERS</b>	\$0
<b>Telehealth</b>	\$0 Virtual Medical & Mental Health Visits
<b>Transportation</b>	Not Covered
<b>Other Benefits</b>	Nurseline

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