

# Rhode Island

## 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 Landscape<sup>1</sup>

|                                       |         |
|---------------------------------------|---------|
| Eligibles (as of May 2020)            | 241,105 |
| Estimated Dual Eligibles <sup>2</sup> | 45,835  |
| YOY Eligible Growth                   | 3.9%    |
| MA Penetration                        | 44.3%   |
| YOY MA Enrollment Growth              | 6.4%    |
| UHC Market Share                      | 30.4%   |

<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. 6,114 partial duals who may or may not be eligible).

● 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

|               |  |
|---------------|--|
| H3442-006-000 | AARP® Medicare Advantage Choice Plan 1 (PPO) |
|---------------|--|

*Rhode Island:* Bristol, Kent, Newport, Providence, Washington

|               |   |
|---------------|---|
| H1944-016-000 | AARP® Medicare Advantage Plan 1 (HMO-POS) |
|---------------|---|

|               |   |
|---------------|---|
| H1944-014-000 | AARP® Medicare Advantage Plan 2 (HMO-POS) |
|---------------|---|

*Rhode Island:* Bristol, Kent, Newport, Providence, Washington

Market Landscape<sup>1</sup>

|                                  |         |
|----------------------------------|---------|
| Eligibles (as of May 2020)       | 241,105 |
| YOY Eligible Growth              | 3.9%    |
| MA Non-SNP Penetration           | 32.9%   |
| YOY MA Non-SNP Enrollment Growth | 9.4%    |
| UHC Non-SNP Market Share         | 29.9%   |

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

# 2021 PRODUCT BENEFIT GRID

## RHODE ISLAND



### NEW PLAN

| Plan Name          | AARP® Medicare Advantage Plan 1 (HMO-POS)  | AARP® Medicare Advantage Plan 2 (HMO-POS)   | AARP® Medicare Advantage Choice Plan 1 (PPO)  |
|--------------------|--|---|---|
| Plan ID            | H1944-016-000  | H1944-014-000   | H3442-006-000   |
| Plan Highlights    | \$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. No referral required. POS for dental only | Low premium plan for those shopping on value and lower out-of-pocket costs. No referral required. POS for dental only | <b>New!</b> \$0 premium plan for those who are cost-conscious, but want provider choice |
| Premium            | \$0  | \$19  | \$0   |
| Medical Ded.       | \$0  | \$0   | \$0   |
| Max OOP            | \$5,100  | \$4,500   | \$5,900   |
| PCP/Specialist     | \$0 / \$40; No Referral Required   | \$0 / \$35; No Referral Required  | \$0 / \$40; No Referral Required  |
| Inpatient Hospital | \$345 Days 1-5   | \$310 Days 1-5  | \$350 Days 1-5  |
| ASC/Outpatient     | \$0 or \$245 / \$0 or \$345  | \$0 or \$210 / \$0 or \$310   | \$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     | \$150 Tiers 4-5; \$2/\$9/\$47/\$100/30%  | \$75 Tiers 4-5; \$2/\$9/\$47/\$100/31%  | \$0; \$0/\$9/\$47/\$100/33%   |
| Dental             | \$1,500 Dental Level 4 (\$0 - 50% cost sharing)  | \$2,000 Dental Level 4 (no cost sharing)  | \$1,000 Dental Level 4 (\$0 - 50% cost sharing)   |
| 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                | \$40/quarter catalog   | \$60/quarter catalog  | \$40/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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|                           |   |
|---------------------------|---|
| <b>Plan Name</b>          | AARP® Medicare Advantage Choice (Regional PPO)  |
| <b>Plan ID</b>            | R7444-001-000  |
| <b>Plan Highlights</b>    | Open access plan for those seeking statewide provider choice                                    |
| <b>Premium</b>            | \$49  |
| <b>Medical Ded.</b>       | \$0   |
| <b>Max OOP</b>            | \$6,700   |
| <b>PCP/Specialist</b>     | \$15 / \$45; No Referral Required   |
| <b>Inpatient Hospital</b> | \$395 Days 1-5  |
| <b>ASC/Outpatient</b>     | \$0 or \$295 / \$0 or \$395   |
| <b>Telehealth</b>         | \$0 Virtual Medical & Mental Health Visits  |
| <b>Lab Copay</b>          | \$0   |
| <b>Rx Ded./Copays</b>     | \$295 Tiers 3-5; \$3/\$12/\$47/\$100/27%  |
| <b>Dental</b>             | Dental Level 1 (no cost sharing); Platinum Dental Rider Available                               |
| <b>Eyewear</b>            | Up to \$100 every 2 years, standard lenses at no cost   |
| <b>Fitness</b>            | Not Covered   |
| <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

H1944-015-000    AARP® Medicare Advantage Patriot (HMO-POS)

*Rhode Island:* Bristol, Kent, Newport, Providence, Washington

Market Landscape<sup>1</sup>

|                                  |         |
|----------------------------------|---------|
| Eligibles (as of May 2020)       | 241,105 |
| YOY Eligible Growth              | 3.9%    |
| MA Non-SNP Penetration           | 32.9%   |
| YOY MA Non-SNP Enrollment Growth | 9.4%    |
| UHC Non-SNP Market Share         | 29.9%   |

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



|                           |   |
|---------------------------|---|
| <b>Plan Name</b>          | AARP® Medicare Advantage Patriot (HMO-POS)  |
| <b>Plan ID</b>            | H1944-015-000    |
| <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. No referral required. POS for dental only |
| <b>Premium</b>            | \$0; Part B Rebate: \$30  |
| <b>Medical Ded.</b>       | \$0   |
| <b>Max OOP</b>            | \$4,500   |
| <b>PCP/Specialist</b>     | \$0 / \$40; No Referral Required  |
| <b>Inpatient Hospital</b> | \$310 Days 1-5  |
| <b>ASC/Outpatient</b>     | \$0 or \$210 / \$0 or \$310   |
| <b>Telehealth</b>         | \$0 Virtual Medical & Mental Health Visits  |
| <b>Lab Copay</b>          | \$0   |
| <b>Rx Ded./Copays</b>     | Not Covered   |
| <b>Dental</b>             | \$2,000 Dental Level 4 (no cost sharing)  |
| <b>Eyewear</b>            | Up to \$200 every 2 years, standard lenses at no cost   |
| <b>Fitness</b>            | Renew Active Fitness Program  |
| <b>OTC</b>                | \$60/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   |

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# 2021 MARKET LANDSCAPE

## RHODE ISLAND DUAL



● Current Footprint
 ● Footprint Expansion

### 2021 Medicare Advantage Service Area



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

|               |   |
|---------------|---|
| H3113-010-000 | UnitedHealthcare Dual Complete® (HMO D-SNP) |
|---------------|---|

*Rhode Island:* Bristol, Kent, Newport, Providence, Washington

#### Market Landscape<sup>1</sup>

|                               |        |
|-------------------------------|--------|
| Est. Dual Eligibles           | 45,835 |
| D-SNP Enrollees               | 4,417  |
| D-SNP Penetration (All Plans) | 9.6%   |
| Total UHC D-SNP Enrollees     | 4,417  |
| UHC D-SNP Market Share        | 9.6%   |

<sup>1</sup> UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 6,114 partial duals who may or may not be eligible).



RHODE ISLAND DUAL



|                             |   |
|-----------------------------|---|
| <b>Plan Name</b>            | UnitedHealthcare Dual Complete® (HMO D-SNP)           |
| <b>Plan ID</b>              | H3113-010-000 <b>\$0 Rx</b>                           |
| <b>Medicaid Eligibility</b> | Full: FBDE, QMB, QMB+, SLMB+                          |
| <b>Premium</b>              | \$0   |
| <b>Acupuncture</b>          | \$0, 12 visits per year                               |
| <b>Chiro</b>                | \$0, 12 visits per year                               |
| <b>Dental</b>               | \$3,000 Dental Level 4 (no cost sharing)              |
| <b>Eyewear</b>              | Up to \$150 every 2 years, standard lenses at no cost |
| <b>Fitness</b>              | Renew Active Fitness Program & Fitbit                 |
| <b>Foot Care</b>            | \$0, 4 visits per year                                |
| <b>Hearing Aid</b>          | \$2,500 allowance for hearing aids every 2 years      |
| <b>Meal Program</b>         | \$0, Up to 14 meals for 7 days, one time per year     |
| <b>Healthy Foods</b>        | \$25 per month food allowance, amount expires monthly |
| <b>OTC</b>                  | \$205/quarter debit card                              |
| <b>PERS</b>                 | \$0   |
| <b>Telehealth</b>           | \$0 Virtual Medical & Mental Health Visits            |
| <b>Transportation</b>       | 48 one-way trips to or from approved locations        |
| <b>Other Benefits</b>       | Nurseline   |

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