

Vermont

2021 Medicare Advantage Plans

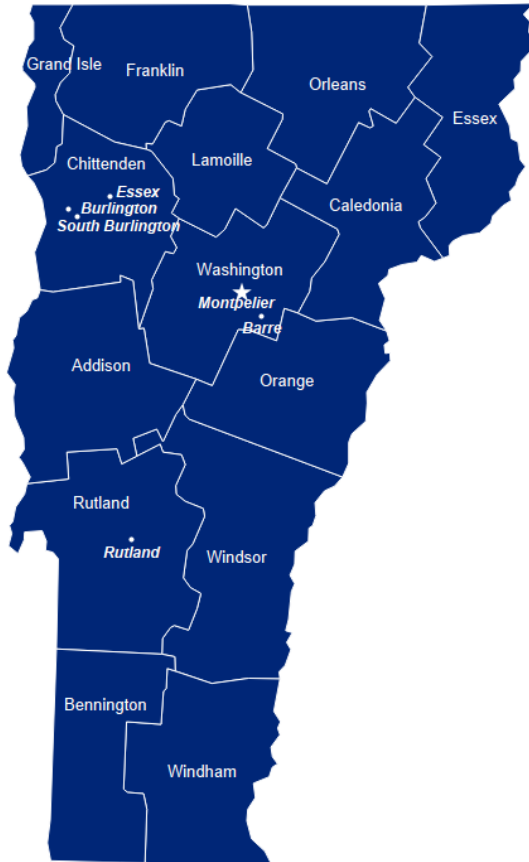
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

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

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● Current Footprint

2021 Medicare Advantage Service Area



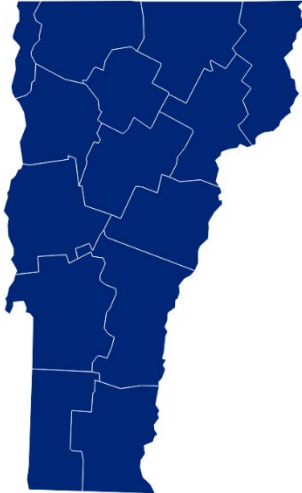
State Landscape¹

Eligibles (as of May 2020)	165,473
YOY Eligible Growth	6.3%
MA Penetration	12.7%
YOY MA Enrollment Growth	21.7%
UHC Market Share	82.6%

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

● 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

H1944-018-000 AARP® Medicare Advantage Plan 1 (HMO)

H1944-028-000 AARP® Medicare Advantage Plan 2 (HMO)

H1944-032-000 AARP® Medicare Advantage Plan 3 (HMO)

H0271-012-000 UnitedHealthcare® Medicare Advantage Assure (PPO)

Vermont: Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor

Market Landscape¹

Eligibles (as of May 2020) 165,473

YOY Eligible Growth 6.3%

MA Non-SNP Penetration 10.6%

YOY MA Non-SNP Enrollment Growth 25.9%

UHC Non-SNP Market Share 82.6%

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

2021 PRODUCT BENEFIT GRID

VERMONT



Plan Name	AARP® Medicare Advantage Plan 3 (HMO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H1944-032-000 	H1944-018-000 	H1944-028-000 
Plan Highlights	\$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	Higher premium plan with low out-of-pocket costs and rich ancillaries
Premium	\$0	\$20	\$62
Medical Ded.	\$950	\$0	\$0
Max OOP	\$6,700	\$6,700	\$5,900
PCP/Specialist	\$0 / \$35; No Referral Required	\$10 / \$45; No Referral Required	\$0 / \$40; No Referral Required
Inpatient Hospital	\$450 Days 1-2	\$450 Days 1-4	\$390 Days 1-5
ASC/Outpatient	\$0 or \$295 / \$0 or \$395	\$0 or \$350 / \$0 or \$450	\$0 or \$295 / \$0 or \$395
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/\$10/\$47/\$100/33%	\$250 Tiers 3-5; \$3/\$12/\$47/\$100/28%	\$150 Tiers 3-5; \$3/\$12/\$47/\$100/30%
Dental	\$1,000 Dental Level 3 (\$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	Not Covered	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Not Covered	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, Transportation: 12 one-way trips to or from approved locations

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2021 PRODUCT BENEFIT GRID

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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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Plan Name	UnitedHealthcare® Medicare Advantage Assure (PPO)
Plan ID	H0271-012-000
Plan Highlights	Plan designed for those with both Medicare and Medicaid - best for Full Duals
Premium	\$0 for Full Duals
Medical Ded.	\$0
Max OOP	\$0 for Full Duals
PCP/Specialist	\$0 for Full Duals / \$0 for Full Duals; No Referral Required
Inpatient Hospital	\$0 for Full Duals
ASC/Outpatient	\$0 for Full Duals
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0 for Full Duals
Rx Ded./Copays	Varies by LIS Level
Dental	\$2,000 Dental Level 4 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
OTC	\$75/quarter catalog
Hearing Aid	\$1,100 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, PERS

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