

Florida

2021 Medicare Advantage Plans

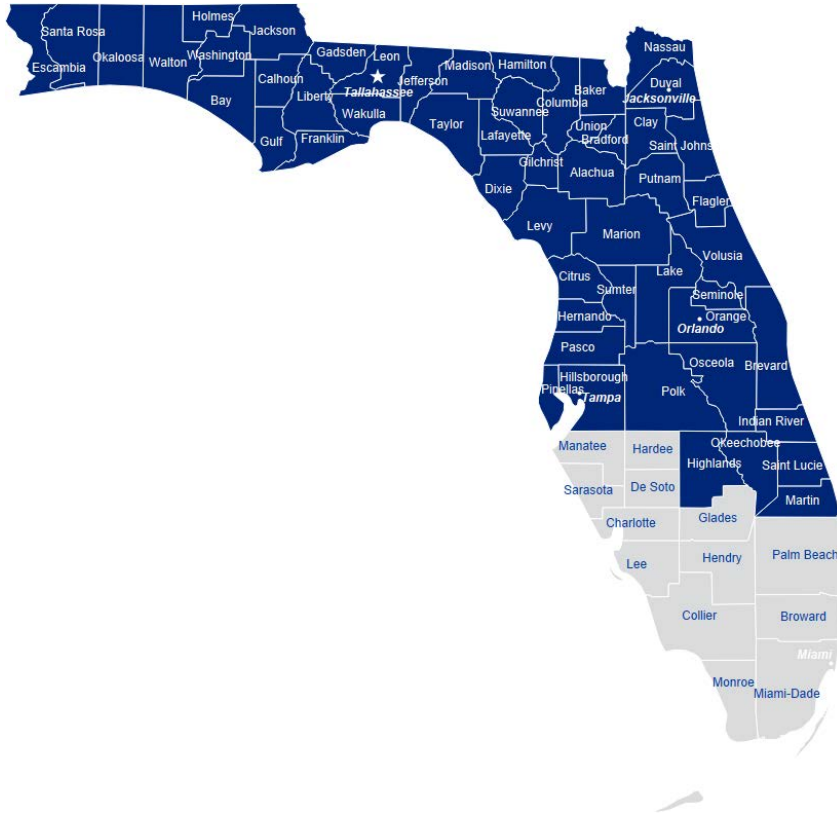
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

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

© 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint

2021 Medicare Advantage Service Area



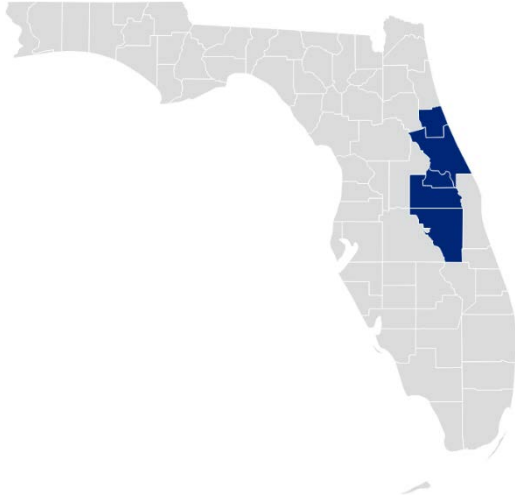
State Landscape¹

Eligibles (as of May 2020)	3,190,052
Estimated Dual Eligibles ²	476,740
YOY Eligible Growth	6.2%
MA Penetration	42.2%
YOY MA Enrollment Growth	9.0%
UHC Market Share	27.4%

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. 126,099 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-010-000	AARP® Medicare Advantage Choice (PPO)
H1045-030-000	AARP® Medicare Advantage (HMO-POS)
<i>Florida:</i> Brevard, Orange, Osceola, Seminole	
H1045-048-001	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
<i>Florida:</i> Brevard, Orange, Osceola, Seminole, Volusia	
H1045-026-000	AARP® Medicare Advantage (HMO-POS)
H2406-013-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Clay, Duval, Flagler, Nassau, Putnam, St. Johns, Volusia	


Market Landscape ¹	
Eligibles (as of May 2020)	597,795
YOY Eligible Growth	6.7%
MA Non-SNP Penetration	31.5%
YOY MA Non-SNP Enrollment Growth	7.7%
UHC Non-SNP Market Share	19.8%

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

2021 PRODUCT BENEFIT GRID



FLORIDA CENTRAL



Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-030-000	H1045-026-000	H1045-048-001 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,900	\$3,700	\$3,900
PCP/Specialist	\$0 / \$20; Referral Required	\$0 / \$25; Referral Required	\$0 / \$25; Referral Required
Inpatient Hospital	\$195 Days 1-6	\$280 Days 1-6	\$175 Days 1-6
ASC/Outpatient	\$0 or \$100 / \$0 or \$195	\$0 or \$150 / \$0 or \$250	\$0 or \$75 / \$0 or \$175
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; \$3/\$10/\$45/\$95/33%	\$0; \$3/\$12/\$47/\$100/33%	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no 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	\$100/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, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

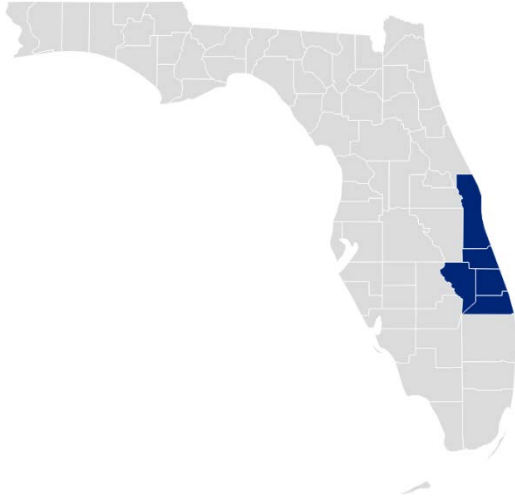


Plan Name	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H2406-010-000 	H2406-013-000 
Plan Highlights	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$5,900	\$5,900
PCP/Specialist	\$5 / \$35; No Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$295 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$150 / \$0 or \$270	\$0 or \$150 / \$0 or \$270
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/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
Other Benefits	Nurseline	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1045-030-000	AARP® Medicare Advantage (HMO-POS)
H2406-010-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Brevard, Orange, Osceola, Seminole	
H1045-048-001	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
<i>Florida:</i> Brevard, Orange, Osceola, Seminole, Volusia	
H1045-028-000	AARP® Medicare Advantage (HMO-POS)
<i>Florida:</i> Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie	
H2406-017-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Indian River, Martin, Okeechobee, St. Lucie	
H1045-036-000	AARP® Medicare Advantage Focus (HMO-POS)
<i>Florida:</i> Indian River, Martin, St. Lucie	

Market Landscape ¹	
Eligibles (as of May 2020)	388,157
YOY Eligible Growth	5.9%
MA Non-SNP Penetration	28.0%
YOY MA Non-SNP Enrollment Growth	9.0%
UHC Non-SNP Market Share	23.3%

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

2021 PRODUCT BENEFIT GRID

FLORIDA EAST



Plan Name	AARP® Medicare Advantage Focus (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage (HMO-POS)
Plan ID	H1045-036-000	H1045-028-000	H1045-030-000
Plan Highlights	\$0 premium plan designed around St. Lucie for coordinated care, low out-of-pocket costs, access to statewide network of hospitals and specialists. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$4,900	\$3,900
PCP/Specialist	\$0 / \$25; Referral Required	\$0 / \$35; Referral Required	\$0 / \$20; Referral Required
Inpatient Hospital	\$280 Days 1-6	\$280 Days 1-6	\$195 Days 1-6
ASC/Outpatient	\$0 or \$150 / \$0 or \$250	\$0 or \$195 / \$0 or \$250	\$0 or \$100 / \$0 or \$195
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; \$3/\$12/\$47/\$100/33%	\$0; \$3/\$10/\$45/\$95/33%	\$0; \$3/\$10/\$45/\$95/33%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)
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	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/quarter catalog	\$80/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

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



Plan Name	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-048-001 
Plan Highlights	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0
Medical Ded.	\$0
Max OOP	\$3,900
PCP/Specialist	\$0 / \$25; Referral Required
Inpatient Hospital	\$175 Days 1-6
ASC/Outpatient	\$0 or \$75 / \$0 or \$175
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	Dental Level 1 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
OTC	\$100/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

2021 PRODUCT BENEFIT GRID

FLORIDA EAST

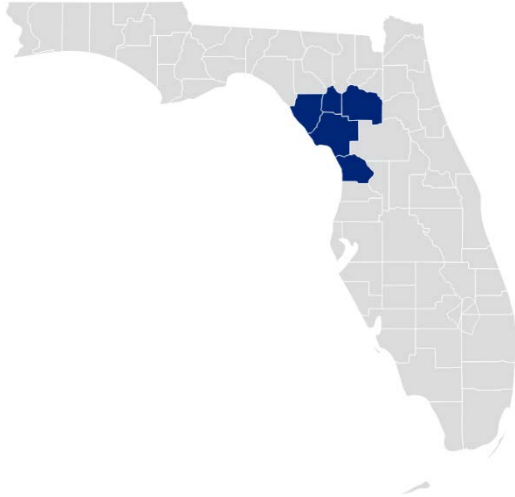


Plan Name	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H2406-017-000 	H2406-010-000 
Plan Highlights	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$4,900	\$5,900
PCP/Specialist	\$5 / \$35; No Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$295 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$150 / \$0 or \$270	\$0 or \$150 / \$0 or \$270
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/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
Other Benefits	Nurseline	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-014-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Alachua, Baker, Bradford, Columbia, Hamilton , Lafayette , Suwannee, Union	
H1045-033-000	AARP® Medicare Advantage (HMO)
<i>Florida:</i> Alachua, Columbia, Gilchrist, Hamilton , Lafayette , Suwannee	
H1045-043-000	AARP® Medicare Advantage (HMO-POS)
H2406-015-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Citrus, Levy	


Market Landscape ¹	
Eligibles (as of May 2020)	140,205
YOY Eligible Growth	6.0%
MA Non-SNP Penetration	22.8%
YOY MA Non-SNP Enrollment Growth	10.0%
UHC Non-SNP Market Share	29.8%

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

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (GULF)




Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-043-000	H2406-015-000 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$3,900	\$4,900
PCP/Specialist	\$0 / \$25; Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$195 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$125 / \$0 or \$195	\$0 or \$150 / \$0 or \$270
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$3/\$10/\$45/\$95/33%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$80/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
Other Benefits	Nurseline	Nurseline

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (GULF)

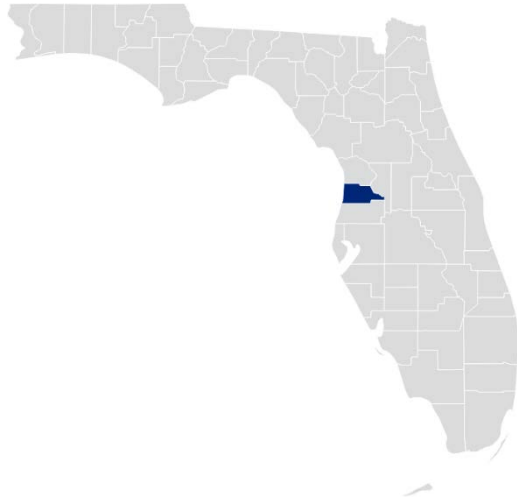


Plan Name	AARP® Medicare Advantage (HMO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-033-000	H2406-014-000 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$4,900	\$4,900
PCP/Specialist	\$0 / \$20; Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$250 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$125 / \$0 or \$225	\$0 or \$150 / \$0 or \$270
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$3/\$10/\$45/\$95/33%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/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
Other Benefits	Nurseline	Nurseline



● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1045-048-003	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP) <i>Florida:</i> Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
H1045-028-000	AARP® Medicare Advantage (HMO-POS) <i>Florida:</i> Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie
H2406-011-000	AARP® Medicare Advantage Choice (PPO) <i>Florida:</i> Hernando, Hillsborough, Pasco, Pinellas, Polk



Market Landscape ¹	
Eligibles (as of May 2020)	67,850
YOY Eligible Growth	5.4%
MA Non-SNP Penetration	33.7%
YOY MA Non-SNP Enrollment Growth	0.4%
UHC Non-SNP Market Share	11.4%

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

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (HERNANDO)

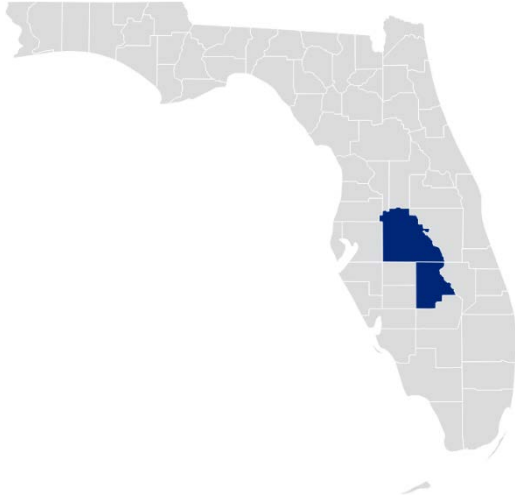


Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (PPO)	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-028-000	H2406-011-000 	H1045-048-003 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,900	\$5,500	\$3,900
PCP/Specialist	\$0 / \$35; Referral Required	\$5 / \$35; No Referral Required	\$0 / \$20; Referral Required
Inpatient Hospital	\$280 Days 1-6	\$295 Days 1-5	\$175 Days 1-6
ASC/Outpatient	\$0 or \$195 / \$0 or \$250	\$0 or \$150 / \$0 or \$270	\$0 or \$50 / \$0 or \$175
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; \$3/\$10/\$45/\$95/33%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered	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	\$80/quarter catalog	\$40/quarter catalog	\$80/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, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1045-048-003	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
<i>Florida:</i> Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	
H1045-042-000	AARP® Medicare Advantage (HMO-POS)
H2406-019-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> DeSoto, Hardee, Highlands	
H2406-011-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Hernando, Hillsborough, Pasco, Pinellas, Polk	
H1045-045-000	AARP® Medicare Advantage Focus (HMO-POS)
<i>Florida:</i> Hillsborough, Pasco, Pinellas, Polk	

Market Landscape ¹	
Eligibles (as of May 2020)	216,485
YOY Eligible Growth	5.9%
MA Non-SNP Penetration	32.7%
YOY MA Non-SNP Enrollment Growth	11.8%
UHC Non-SNP Market Share	28.2%

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

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (POLK/HIGHLANDS)




Plan Name	AARP® Medicare Advantage Focus (HMO-POS)	AARP® Medicare Advantage Choice (PPO)	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-045-000	H2406-011-000 	H1045-048-003 
Plan Highlights	\$0 premium plan designed around a select provider network for coordinated care, low out-of-pocket costs, access to statewide network of hospitals and specialists. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$5,500	\$3,900
PCP/Specialist	\$0 / \$20; Referral Required	\$5 / \$35; No Referral Required	\$0 / \$20; Referral Required
Inpatient Hospital	\$195 Days 1-5	\$295 Days 1-5	\$175 Days 1-6
ASC/Outpatient	\$0 or \$145 / \$0 or \$175	\$0 or \$150 / \$0 or \$270	\$0 or \$50 / \$0 or \$175
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; \$3/\$10/\$45/\$95/33%; Tiers 1-2 Full Gap Coverage	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
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	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$80/quarter catalog	\$40/quarter catalog	\$80/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, PERS	Nurseline	Nurseline, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (POLK/HIGHLANDS)

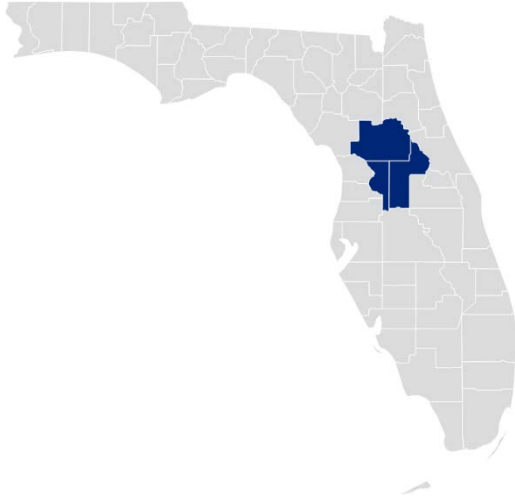


Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-042-000	H2406-019-000 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$3,900	\$5,900
PCP/Specialist	\$0 / \$20; Referral Required	\$10 / \$35; No Referral Required
Inpatient Hospital	\$250 Days 1-6	\$280 Days 1-6
ASC/Outpatient	\$0 or \$125 / \$0 or \$225	\$0 or \$175 / \$0 or \$250
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$3/\$10/\$45/\$95/33%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/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
Other Benefits	Nurseline	Nurseline



● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1045-048-004	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
H1045-025-000	UnitedHealthcare® The Villages® Medicare Advantage (HMO)
H2406-016-000	AARP® Medicare Advantage Choice (PPO)

Florida: Lake, Marion, Sumter



Market Landscape ¹	
Eligibles (as of May 2020)	338,739
YOY Eligible Growth	7.1%
MA Non-SNP Penetration	27.5%
YOY MA Non-SNP Enrollment Growth	10.8%
UHC Non-SNP Market Share	50.5%

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

2021 PRODUCT BENEFIT GRID

FLORIDA MID STATE (VILLAGES)

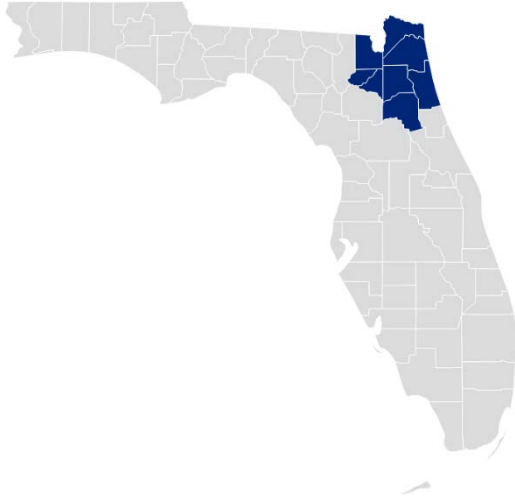


Plan Name	UnitedHealthcare® The Villages® Medicare Advantage (HMO)	AARP® Medicare Advantage Choice (PPO)	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-025-000	H2406-016-000 	H1045-048-004 
Plan Highlights	\$0 premium plan with no referral required, access to the statewide network, passport and rich ancillary benefits. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$2,900	\$5,900	\$3,400
PCP/Specialist	\$0 / \$40; No Referral Required	\$5 / \$40; No Referral Required	\$0 / \$35; Referral Required
Inpatient Hospital	\$250 Days 1-6	\$295 Days 1-6	\$225 Days 1-6
ASC/Outpatient	\$0 or \$150 / \$0 or \$250	\$0 or \$125 / \$0 or \$270	\$0 or \$50 / \$0 or \$225
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; \$3/\$7/\$45/\$95/33%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
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	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$40/quarter catalog	\$40/quarter catalog	\$60/quarter catalog
Hearing Aid	\$175 - \$1,875 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

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2406-014-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Alachua, Baker, Bradford, Columbia, Hamilton , Lafayette , Suwannee, Union	
H2406-013-000	AARP® Medicare Advantage Choice (PPO)
H1045-026-000	AARP® Medicare Advantage (HMO-POS)
<i>Florida:</i> Clay, Duval, Flagler, Nassau, Putnam, St. Johns, Volusia	

Market Landscape ¹	
Eligibles (as of May 2020)	359,548
YOY Eligible Growth	6.7%
MA Non-SNP Penetration	25.1%
YOY MA Non-SNP Enrollment Growth	11.8%
UHC Non-SNP Market Share	34.0%

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



Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-026-000	H2406-013-000 	H2406-014-000 
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,700	\$5,900	\$4,900
PCP/Specialist	\$0 / \$25; Referral Required	\$5 / \$35; No Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$280 Days 1-6	\$295 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$150 / \$0 or \$250	\$0 or \$150 / \$0 or \$270	\$0 or \$150 / \$0 or \$270
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; \$3/\$12/\$47/\$100/33%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$60/quarter catalog	\$40/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

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

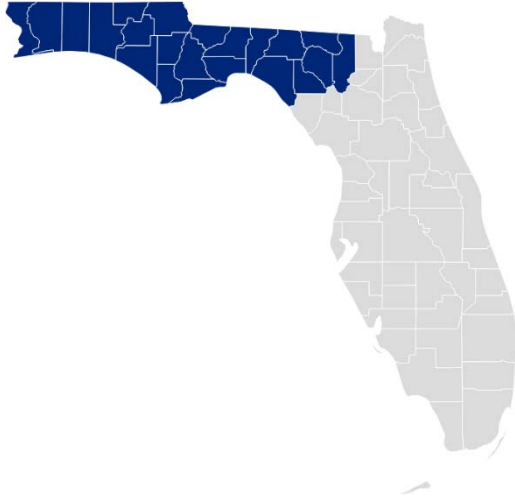
2021 MARKET LANDSCAPE

FLORIDA NORTHWEST



● Current Footprint
 ● Footprint Expansion

2021 Medicare Advantage Service Area



Market Landscape¹

Eligibles (as of May 2020)	384,875
YOY Eligible Growth	5.9%
MA Non-SNP Penetration	23.0%
YOY MA Non-SNP Enrollment Growth	11.8%
UHC Non-SNP Market Share	33.2%

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

Plan ID	Plan Name
H1045-041-000	AARP® Medicare Advantage (HMO-POS)
H2406-012-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington	
H2406-014-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Alachua, Baker, Bradford, Columbia, Hamilton, Lafayette, Suwannee, Union	
H1045-033-000	AARP® Medicare Advantage (HMO)
<i>Florida:</i> Alachua, Columbia, Gilchrist, Hamilton, Lafayette, Suwannee	
H2406-008-000	AARP® Medicare Advantage Choice (PPO)
<i>Florida:</i> Bay, Escambia, Okaloosa, Santa Rosa, Walton	
H1045-032-000	AARP® Medicare Advantage (HMO-POS)
<i>Florida:</i> Bay, Walton	
H1045-031-000	AARP® Medicare Advantage (HMO-POS)
<i>Florida:</i> Escambia, Okaloosa, Santa Rosa	

2021 PRODUCT BENEFIT GRID

FLORIDA NORTHWEST



Plan Name	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage (HMO-POS)
Plan ID	H1045-031-000	H1045-032-000	H1045-041-000
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,900	\$4,900	\$3,500
PCP/Specialist	\$0 / \$25; No Referral Required	\$0 / \$30; No Referral Required	\$0 / \$25; No Referral Required
Inpatient Hospital	\$240 Days 1-6	\$240 Days 1-6	\$195 Days 1-6
ASC/Outpatient	\$0 or \$125 / \$0 or \$200	\$0 or \$125 / \$0 or \$200	\$0 or \$125 / \$0 or \$195
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; \$3/\$10/\$45/\$95/33%	\$0; \$3/\$10/\$45/\$95/33%	\$0; \$3/\$10/\$45/\$95/33%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)
Eyewear	Not Covered	Not Covered	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	\$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, Transportation: 24 one-way trips to or from approved locations, PERS	Nurseline	Nurseline, Transportation: 24 one-way trips to or from approved locations, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



Plan Name	AARP® Medicare Advantage (HMO)
Plan ID	H1045-033-000
Plan Highlights	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. Passport included
Premium	\$0
Medical Ded.	\$0
Max OOP	\$4,900
PCP/Specialist	\$0 / \$20; Referral Required
Inpatient Hospital	\$250 Days 1-6
ASC/Outpatient	\$0 or \$125 / \$0 or \$225
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$0; \$3/\$10/\$45/\$95/33%
Dental	Dental Level 1 (no cost sharing)
Eyewear	Not Covered
Fitness	Renew Active Fitness Program
OTC	\$40/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



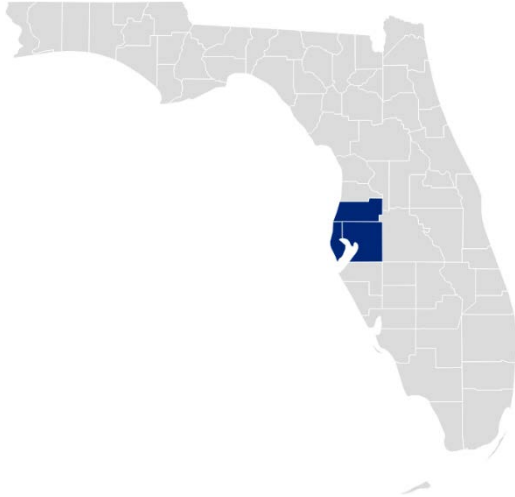
Plan Name	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H2406-008-000	H2406-012-000	H2406-014-000
Plan Highlights	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,900	\$4,900	\$4,900
PCP/Specialist	\$5 / \$40; No Referral Required	\$5 / \$35; No Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$275 Days 1-6	\$295 Days 1-6	\$295 Days 1-6
ASC/Outpatient	\$0 or \$145 / \$0 or \$250	\$0 or \$150 / \$0 or \$250	\$0 or \$150 / \$0 or \$270
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 3-5; \$3/\$10/\$45/\$95/30%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	Dental Level 1 (no cost sharing)	\$1,500 Dental Level 4 (no cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Not Covered	Not Covered	Not Covered
Fitness	Renew Active Fitness Program & Fitbit	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$60/quarter catalog	\$50/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

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.



● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area




Plan ID	Plan Name
H1045-048-003	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP) <i>Florida:</i> Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
H1045-028-000	AARP® Medicare Advantage (HMO-POS) <i>Florida:</i> Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie
H2406-011-000	AARP® Medicare Advantage Choice (PPO) <i>Florida:</i> Hernando, Hillsborough, Pasco, Pinellas, Polk
H1045-045-000	AARP® Medicare Advantage Focus (HMO-POS) <i>Florida:</i> Hillsborough, Pasco, Pinellas, Polk

Market Landscape ¹	
Eligibles (as of May 2020)	696,398
YOY Eligible Growth	5.8%
MA Non-SNP Penetration	33.3%
YOY MA Non-SNP Enrollment Growth	6.6%
UHC Non-SNP Market Share	23.6%


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



Plan Name	AARP® Medicare Advantage Focus (HMO-POS)	AARP® Medicare Advantage (HMO-POS)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H1045-045-000	H1045-028-000	H2406-011-000 
Plan Highlights	\$0 premium plan designed around a select provider network for coordinated care, low out-of-pocket costs, access to statewide network of hospitals and specialists. POS for dental only. Passport included	\$0 premium plan with \$0 Rx deductible and rich ancillary benefits. POS for dental only. Passport included	\$0 premium, open access plan for those who are cost-conscious, but want provider choice and additional ancillary benefits
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$4,900	\$5,500
PCP/Specialist	\$0 / \$20; Referral Required	\$0 / \$35; Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$195 Days 1-5	\$280 Days 1-6	\$295 Days 1-5
ASC/Outpatient	\$0 or \$145 / \$0 or \$175	\$0 or \$195 / \$0 or \$250	\$0 or \$150 / \$0 or \$270
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; \$3/\$10/\$45/\$95/33%; Tiers 1-2 Full Gap Coverage	\$0; \$3/\$10/\$45/\$95/33%	\$150 Tiers 3-5; \$3/\$10/\$45/\$95/30%
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	Dental Level 1 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$80/quarter catalog	\$80/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, PERS	Nurseline	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

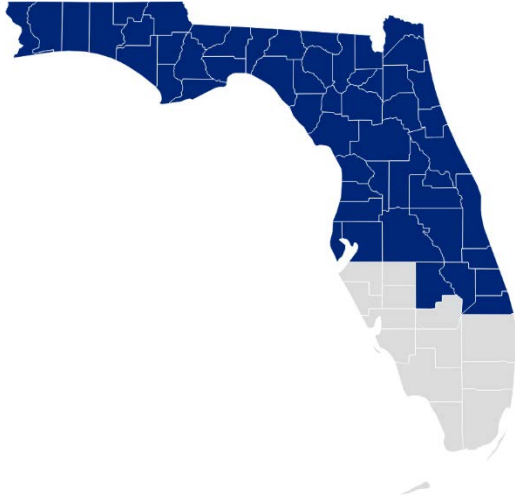


Plan Name	UnitedHealthcare® Medicare Advantage Walgreens (HMO C-SNP)
Plan ID	H1045-048-003 
Plan Highlights	\$0 premium plan designed to help individuals manage chronic conditions with \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$0
Medical Ded.	\$0
Max OOP	\$3,900
PCP/Specialist	\$0 / \$20; Referral Required
Inpatient Hospital	\$175 Days 1-6
ASC/Outpatient	\$0 or \$50 / \$0 or \$175
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$150 Tiers 4-5; \$0/\$0/\$47/\$100/30% (Preferred)
Dental	Dental Level 1 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
OTC	\$80/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline, PERS

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID Plan Name

R0759-002-000	AARP® Medicare Advantage Patriot (Regional PPO)
R0759-001-000	AARP® Medicare Advantage Choice Plan 2 (Regional PPO)



All counties in state

Market Landscape¹

Eligibles (as of May 2020)	3,190,052
YOY Eligible Growth	6.2%
MA Non-SNP Penetration	29.0%
YOY MA Non-SNP Enrollment Growth	8.8%
UHC Non-SNP Market Share	27.7%

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

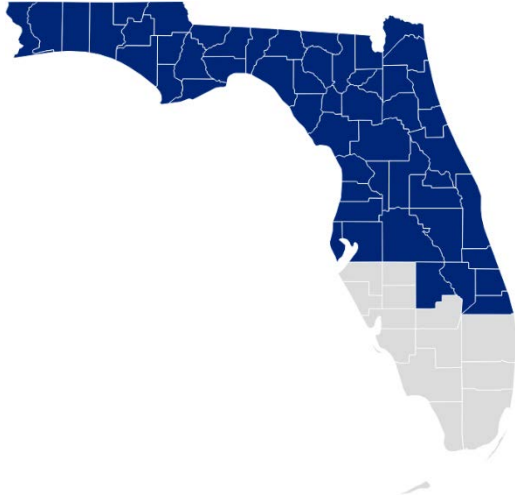


Plan Name	AARP® Medicare Advantage Choice Plan 2 (Regional PPO)	AARP® Medicare Advantage Patriot (Regional PPO)
Plan ID	R0759-001-000 	R0759-002-000 
Plan Highlights	\$0 premium plan with open-access for those seeking statewide provider choice	Plan designed for those who want affordable coverage beyond Original Medicare, but don't need Prescription Drug coverage - works well with VA coverage
Premium	\$0	\$0; Part B Rebate: \$50
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$6,700
PCP/Specialist	\$10 / \$50; No Referral Required	\$10 / \$50; No Referral Required
Inpatient Hospital	\$395 Days 1-4	\$395 Days 1-4
ASC/Outpatient	\$0 or \$395 / \$0 or \$395	\$0 or \$395 / \$0 or \$395
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$395 Tiers 3-5; \$3/\$14/\$47/\$100/25%	Not Covered
Dental	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$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
Other Benefits	Nurseline	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID Plan Name

H1889-002-001 UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

Florida: Alachua, Baker, Bay, Bradford, Brevard, Calhoun, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

R0759-003-000 UnitedHealthcare Dual Complete® RP (Regional PPO D-SNP)

All counties in state

H1045-039-000 UnitedHealthcare Dual Complete® LP (HMO D-SNP)

Florida: Brevard, Charlotte, Clay, Duval, Flagler, Hernando, Hillsborough, Indian River, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns

Market Landscape¹

Est. Dual Eligibles	476,740
D-SNP Enrollees	218,167
D-SNP Penetration (All Plans)	45.8%
Total UHC D-SNP Enrollees	70,355
UHC D-SNP Market Share	45.8%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 126,099 partial duals who may or may not be eligible).

2021 PRODUCT BENEFIT GRID

FLORIDA DUAL



Plan Name	UnitedHealthcare Dual Complete® LP (HMO D-SNP)	UnitedHealthcare Dual Complete® Choice (PPO D-SNP)	UnitedHealthcare Dual Complete® RP (Regional PPO D-SNP)
Plan ID	H1045-039-000	H1889-002-001 (previously H1889-001-000)	R0759-003-000
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB	Full: FBDE, QMB, QMB+, SLMB+; Partial: QDWI, QI, SLMB
Premium	\$0	\$0	\$0
Acupuncture	\$0, 12 visits per year	\$0, 12 visits per year	\$0, 12 visits per year
Chiro	\$0, 12 visits per year	\$0, 12 visits per year	\$0, 12 visits per year
Dental	\$3,500 Preventive & Comprehensive Dental (no cost sharing)	\$3,000 Preventive & Comprehensive Dental (no cost sharing)	\$2,000 Preventive & Comprehensive Dental (no cost sharing)
Eyewear	\$0 for up to two pairs of select lenses and frames, or one pair of contacts (if medically necessary), every year	\$250 credit for up to two pairs of lenses and frames, or one pair of contacts (if medically necessary), every year	\$200 credit for up to two pairs of select lenses and frames, or one pair of contacts (if medically necessary), every year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Not Covered
Foot Care	\$0, 12 visits per year	\$0, 12 visits per year	\$0, 8 visits per year
Hearing Aid	\$2,500 allowance for hearing aids every 2 years	\$2,500 allowance for hearing aids every 2 years	\$2,500 allowance for hearing aids every 2 years
Meal Program	\$0, Up to 28 meals for 14 days, three times per year	\$0, Up to 28 meals for 14 days, two times per year	\$0, Up to 28 meals for 14 days, two times per year
Healthy Foods	\$50 per month food allowance, amount expires monthly	\$25 per month food allowance, amount expires monthly	Not Covered
OTC	\$265/quarter debit card	\$265/quarter debit card	\$160/quarter catalog
PERS	\$0	\$0	\$0
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	60 one-way trips to or from approved locations	60 one-way trips to or from approved locations	60 one-way trips to or from approved locations
Other Benefits	Nurseline	Nurseline	Nurseline

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 eligible benefits represent Full Duals and QMBs. Benefits and features vary by plan. Limitations and exclusions apply. © 2020 United HealthCare Services, Inc. All rights reserved. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of UnitedHealth Group.