

# Tennessee

## 2021 Medicare Advantage Plans

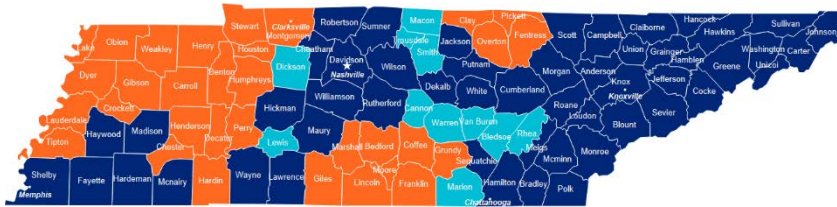
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

**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 
 ● Footprint Expansion 
 ● Dual Only Footprint

2021 Medicare Advantage Service Area



State Landscape<sup>1</sup>

Eligibles (as of May 2020)	1,513,133
Estimated Dual Eligibles <sup>2</sup>	279,640
YOY Eligible Growth	5.3%
MA Penetration	38.7%
YOY MA Enrollment Growth	8.1%
UHC Market Share	23.4%

<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. 59,213 partial duals who may or may not be eligible).



● Current Footprint    ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID      Plan Name

H5253-081-000	AARP® Medicare Advantage Plan 1 (HMO)
H5253-082-000	AARP® Medicare Advantage Plan 2 (HMO)
H2577-008-000	AARP® Medicare Advantage Walgreens (PPO)

*Tennessee:* Fayette, Hardeman, Haywood, Madison, McNairy, Shelby

Market Landscape<sup>1</sup>





Eligibles (as of May 2020)	218,546
YOY Eligible Growth	4.3%
MA Non-SNP Penetration	19.5%
YOY MA Non-SNP Enrollment Growth	13.9%
UHC Non-SNP Market Share	9.1%

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

# 2021 PRODUCT BENEFIT GRID

## MEMPHIS

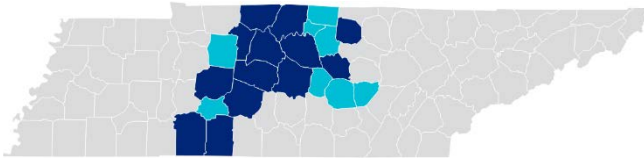


Plan Name	AARP® Medicare Advantage Walgreens (PPO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H2577-008-000  	H5253-081-000 	H5253-082-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan with rich ancillary benefits	Mid premium plan for those shopping on value and lower out-of-pocket costs
Premium	\$0	\$0	\$38
Medical Ded.	\$0	\$0	\$0
Max OOP	\$5,900	\$5,900	\$4,900
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$40; No Referral Required	\$0 / \$35; No Referral Required
Inpatient Hospital	\$295 Days 1-5	\$295 Days 1-5	\$250 Days 1-5
ASC/Outpatient	\$0 or \$200 / \$0 or \$250	\$0 or \$225 / \$0 or \$275	\$0 or \$175 / \$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; \$0/\$5/\$47/\$100/33% (Preferred)	\$0; \$3/\$12/\$45/\$95/33%	\$0; \$3/\$12/\$45/\$95/33%
Dental	\$1,000 Dental Level 4 (\$0 - 50% cost sharing)	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	\$1,000 Dental Level 4 (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 \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$40/quarter catalog	\$60/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, Meal Benefit: 14 meals over 7 days	Nurseline, PERS, Meal Benefit: 14 meals over 7 days

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
---------	-----------

H2577-007-000	AARP® Medicare Advantage Walgreens (PPO)
H5253-083-000	AARP® Medicare Advantage Plan 1 (HMO)
H5253-084-000	AARP® Medicare Advantage Plan 2 (HMO)

**Tennessee:** Cannon, Cheatham, Davidson, DeKalb, Dickson, Hickman, Jackson, Lawrence, Lewis, Macon, Maury, Robertson, Rutherford, Smith, Sumner, Trousdale, Wayne, Williamson, Wilson

Market Landscape<sup>1</sup>





Eligibles (as of May 2020)	388,895
YOY Eligible Growth	6.5%
MA Non-SNP Penetration	28.3%
YOY MA Non-SNP Enrollment Growth	7.9%
UHC Non-SNP Market Share	7.1%

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

# 2021 PRODUCT BENEFIT GRID

## NASHVILLE



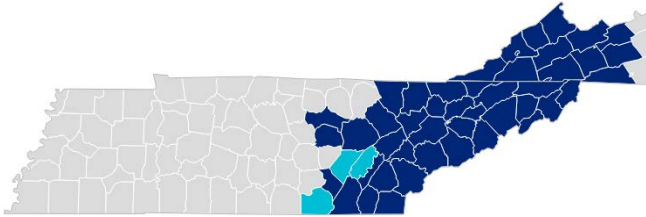
Plan Name	AARP® Medicare Advantage Walgreens (PPO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H2577-007-000  	H5253-083-000 	H5253-084-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan with rich ancillary benefits	Mid premium plan for those shopping on value and lower out-of-pocket costs
Premium	\$0	\$0	\$43
Medical Ded.	\$0	\$0	\$0
Max OOP	\$5,900	\$5,900	\$4,900
PCP/Specialist	\$0 / \$35; No Referral Required	\$0 / \$30; No Referral Required	\$0 / \$25; No Referral Required
Inpatient Hospital	\$295 Days 1-5	\$325 Days 1-5	\$295 Days 1-5
ASC/Outpatient	\$0 or \$200 / \$0 or \$250	\$0 or \$245 / \$0 or \$295	\$0 or \$225 / \$0 or \$275
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/\$5/\$47/\$100/33% (Preferred)	\$0; \$2/\$8/\$45/\$95/33%	\$0; \$2/\$8/\$45/\$95/33%
Dental	\$1,000 Dental Level 4 (\$0 - 50% cost sharing)	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	\$1,000 Dental Level 4 (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 \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	\$40/quarter catalog	\$60/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, Meal Benefit: 14 meals over 7 days	Nurseline, PERS, Meal Benefit: 14 meals over 7 days

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

- H5253-047-000    AARP® Medicare Advantage Plan 1 (HMO)
- H5253-048-000    AARP® Medicare Advantage Plan 2 (HMO)

**Tennessee:** Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Van Buren, Warren, Washington, White; **Virginia:** Bland, Bristol City, Buchanan, Dickenson, Grayson, Lee, Norton City, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Market Landscape<sup>1</sup>



Eligibles (as of May 2020)	778,468
YOY Eligible Growth	4.7%
MA Non-SNP Penetration	33.4%
YOY MA Non-SNP Enrollment Growth	7.7%
UHC Non-SNP Market Share	27.3%

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

# 2021 PRODUCT BENEFIT GRID

## TENNESSEE/VIRGINIA



Plan Name	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Plan 2 (HMO)
Plan ID	H5253-047-000 	H5253-048-000 
Plan Highlights	\$0 premium plan with rich ancillary benefits	Mid premium plan for those shopping on value and lower out-of-pocket costs
Premium	\$0	\$33
Medical Ded.	\$0	\$0
Max OOP	\$3,700	\$3,200
PCP/Specialist	\$0 / \$30; No Referral Required	\$0 / \$25; No Referral Required
Inpatient Hospital	\$250 Days 1-5	\$175 Days 1-5
ASC/Outpatient	\$0 or \$175 / \$0 or \$225	\$0 or \$110 / \$0 or \$160
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$8/\$45/\$95/33%	\$0; \$0/\$8/\$45/\$95/33%
Dental	\$2,000 Dental Level 4 (no cost sharing)	\$2,000 Dental Level 4 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	\$100/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
Other Benefits	Nurseline, Meal Benefit: 14 meals over 7 days	Nurseline, PERS, Meal Benefit: 14 meals over 7 days

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

H5253-113-000    AARP® Medicare Advantage Patriot (HMO)

**Tennessee:** Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Carter, Cheatham, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Dickson, Fayette, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hawkins, Haywood, Hickman, Jackson, Jefferson, Johnson, Knox, Lawrence, Lewis, Loudon, Macon, Madison, Marion, Maury, McMinn, McNairy, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, White, Williamson, Wilson;  
**Virginia:** Bland, Bristol City, Buchanan, Dickenson, Grayson, Lee, Norton City, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	1,276,737
YOY Eligible Growth	5.3%
MA Non-SNP Penetration	29.6%
YOY MA Non-SNP Enrollment Growth	8.3%
UHC Non-SNP Market Share	17.3%

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



NEW PLAN

<b>Plan Name</b>	AARP® Medicare Advantage Patriot (HMO)
<b>Plan ID</b>	H5253-113-000 
<b>Plan Highlights</b>	<b>New!</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: \$50
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$3,200
<b>PCP/Specialist</b>	\$0 / \$25; No Referral Required
<b>Inpatient Hospital</b>	\$175 Days 1-5
<b>ASC/Outpatient</b>	\$0 or \$110 / \$0 or \$160
<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 \$300 every 2 years, standard lenses at no cost
<b>Fitness</b>	Renew Active Fitness Program
<b>OTC</b>	\$100/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, PERS, Meal Benefit: 14 meals over 7 days

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
---------	-----------

H0251-002-000	UnitedHealthcare Dual Complete® (HMO D-SNP)
H0251-004-000	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

**Tennessee:** Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson

Market Landscape<sup>1</sup>

Est. Dual Eligibles	279,640
D-SNP Enrollees	114,661
D-SNP Penetration (All Plans)	41.0%
Total UHC D-SNP Enrollees	60,798
UHC D-SNP Market Share	41.0%

<sup>1</sup> UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 59,213 partial duals who may or may not be eligible).

TENNESSEE DUAL



Plan Name	UnitedHealthcare Dual Complete® (HMO D-SNP)	UnitedHealthcare Dual Complete® ONE (HMO D-SNP)
Plan ID	H0251-002-000 <b>\$0 Rx</b>	H0251-004-000 <b>\$0 Rx</b>
Medicaid Eligibility	Full: FBDE, QMB, QMB+, SLMB+	Full: FBDE with UHC LTC
Premium	\$0	\$0
Acupuncture	Not Covered	Not Covered
Chiro	\$0, 20 visits per year	\$0, 20 visits per year
Dental	\$3,500 Dental Level 4 (no cost sharing)	\$3,500 Dental Level 5 (no cost sharing)
Eyewear	Up to \$350 per year	Up to \$350 per year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
Foot Care	\$0, 4 visits per year	\$0, 4 visits per year
Hearing Aid	\$2,500 allowance for hearing aids every 2 years	\$2,500 allowance for hearing aids every 2 years
Meal Program	\$0, Up to 14 meals for 7 days, two times per year	\$0, Up to 14 meals for 7 days, two times per year
Healthy Foods	\$25 per month food allowance, amount expires monthly	\$50 per month food allowance, amount expires monthly
OTC	\$335/quarter debit card	\$335/quarter debit card
PERS	\$0	\$0
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Transportation	30 one-way trips to or from approved locations and 22 additional trips for supplemental benefits	30 one-way trips to or from approved locations and 30 additional trips for supplemental benefits
Other Benefits	Nurseline	Nurseline, Adult Day Care: 16 hours/week, In-Home Support: Up to 12 hours/month

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.