

Idaho

2021 Medicare Advantage Plans

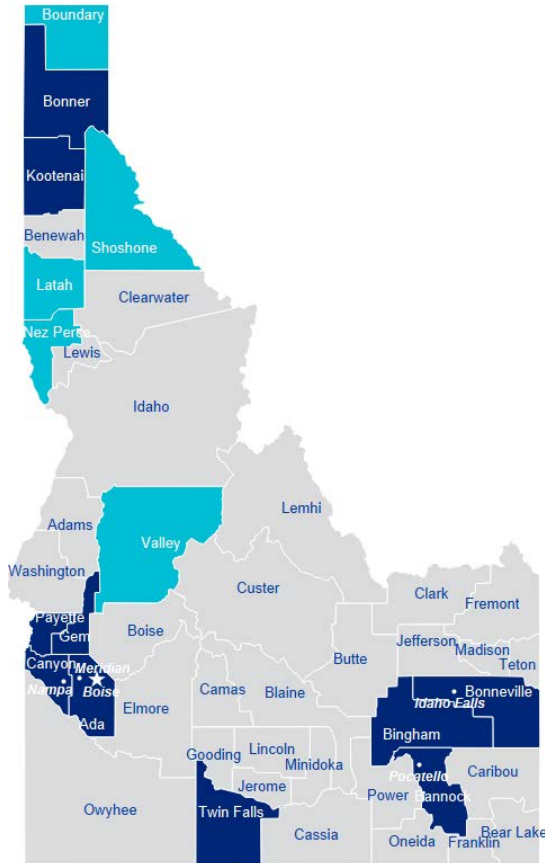
Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing and dual-focused plans represent Full Dual and QMB cost sharing. Benefits and features vary by plan. Limitations and exclusions apply.

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

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● Current Footprint
 ● Footprint Expansion
 ● No Footprint

2021 Medicare Advantage Service Area



State Landscape¹

Eligibles (as of May 2020)	298,926
YOY Eligible Growth	7.1%
MA Penetration	38.0%
YOY MA Enrollment Growth	12.6%
UHC Market Share	30.8%

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

H4604-014-000 AARP® Medicare Advantage Plan 1 (HMO)


Idaho: Bannock, Bingham, Bonneville, Twin Falls

Market Landscape¹

Eligibles (as of May 2020)	64,796
YOY Eligible Growth	5.7%
MA Non-SNP Penetration	24.8%
YOY MA Non-SNP Enrollment Growth	14.8%
UHC Non-SNP Market Share	12.8%

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

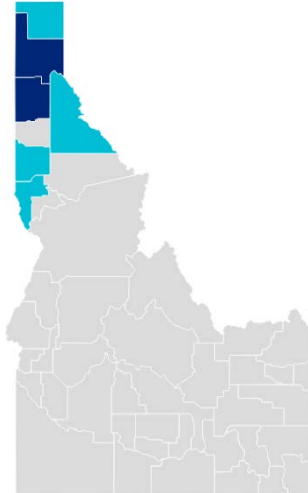


Plan Name	AARP® Medicare Advantage Plan 1 (HMO)
Plan ID	H4604-014-000 
Plan Highlights	Higher premium plan with low out-of-pocket costs and rich ancillaries
Premium	\$76
Medical Ded.	\$0
Max OOP	\$5,500
PCP/Specialist	\$0 / \$40; No Referral Required
Inpatient Hospital	\$295 Days 1-6
ASC/Outpatient	\$0 or \$275 / \$0 or \$275
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$200 Tiers 3-5; \$3/\$10/\$45/\$95/29%
Dental	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
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, Transportation: 12 one-way trips to or from approved locations

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H4604-020-000	AARP® Medicare Advantage Plan 2 (HMO) <i>Idaho:</i> Bonner, Boundary, Kootenai, Latah, Nez Perce, Shoshone
H4604-013-000	AARP® Medicare Advantage Plan 1 (HMO) <i>Idaho:</i> Bonner, Boundary, Kootenai, Latah, Nez Perce, Shoshone

Market Landscape ¹	
Eligibles (as of May 2020)	84,758
YOY Eligible Growth	7.1%
MA Non-SNP Penetration	22.9%
YOY MA Non-SNP Enrollment Growth	11.2%
UHC Non-SNP Market Share	4.7%

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



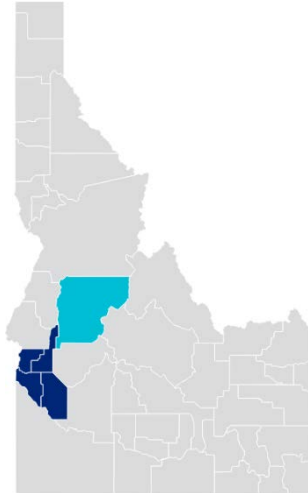
NEW PLAN

Plan Name	AARP® Medicare Advantage Plan 2 (HMO)	AARP® Medicare Advantage Plan 1 (HMO)
Plan ID	H4604-020-000	H4604-013-000
Plan Highlights	New! 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	\$15	\$49
Medical Ded.	\$0	\$0
Max OOP	\$6,700	\$5,500
PCP/Specialist	\$5 / \$45; No Referral Required	\$0 / \$40; No Referral Required
Inpatient Hospital	\$395 Days 1-4	\$295 Days 1-6
ASC/Outpatient	\$0 or \$375 / \$0 or \$375	\$0 or \$275 / \$0 or \$275
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$295 Tiers 3-5; \$3/\$10/\$45/\$95/27%	\$195 Tiers 3-5; \$0/\$10/\$45/\$95/29%
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available
Eyewear	Not Covered	Up to \$200 every 2 years, standard lenses at no cost
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, Transportation: 12 one-way trips to or from approved locations, Meal Benefit: 14 meals over 7 days

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H2228-031-000	AARP® Medicare Advantage Choice Plan 1 (PPO)
H2228-032-000	AARP® Medicare Advantage Choice Plan 2 (PPO)
H2228-079-000	AARP® Medicare Advantage Walgreens (PPO)
<i>Idaho:</i> Ada, Canyon	
H4604-015-000	AARP® Medicare Advantage Focus (HMO)
<i>Idaho:</i> Ada, Canyon, Gem, Payette, Twin Falls, Valley	
H4604-012-000	AARP® Medicare Advantage (HMO)
H0271-002-000	UnitedHealthcare® Medicare Advantage Assure (PPO)
<i>Idaho:</i> Ada, Canyon, Gem, Payette	



Market Landscape ¹	
Eligibles (as of May 2020)	149,372
YOY Eligible Growth	7.6%
MA Non-SNP Penetration	43.1%
YOY MA Non-SNP Enrollment Growth	9.6%
UHC Non-SNP Market Share	46.6%

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

2021 PRODUCT BENEFIT GRID



SOUTHERN IDAHO



Plan Name	AARP® Medicare Advantage Choice Plan 1 (PPO)	AARP® Medicare Advantage Focus (HMO)	AARP® Medicare Advantage Walgreens (PPO)
Plan ID	H2228-031-000 	H4604-015-000	H2228-079-000  
Plan Highlights	Open access plan with low out-of-pocket costs and additional ancillaries	\$0 premium plan designed around St Luke's for coordinated care and low out-of-pocket costs. Passport included	\$0 premium plan for those who are cost-conscious, but want provider choice. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy
Premium	\$19	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,700	\$4,900	\$6,700
PCP/Specialist	\$0 / \$40; No Referral Required	\$0 / \$30; No Referral Required	\$0 / \$45; No Referral Required
Inpatient Hospital	\$325 Days 1-4	\$325 Days 1-4	\$325 Days 1-6
ASC/Outpatient	\$0 or \$325 / \$0 or \$325	\$0 or \$200 / \$0 or \$250	\$0 or \$325 / \$0 or \$325
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	\$190 Tiers 3-5; \$3/\$10/\$45/\$95/29%	\$100 Tiers 3-5; \$0/\$7/\$45/\$95/31%	\$200 Tiers 3-5; \$0/\$0/\$47/\$100/29% (Preferred)
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (no cost sharing)	\$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	\$50/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	Not Covered
Other Benefits	Nurseline, Transportation: 12 one-way trips to or from approved locations, PERS	Nurseline, Transportation: 12 one-way trips to or from approved locations	Nurseline

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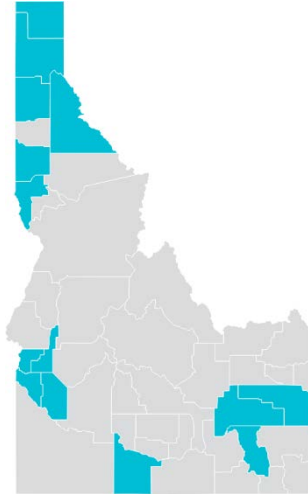


Plan Name	AARP® Medicare Advantage (HMO)	AARP® Medicare Advantage Choice Plan 2 (PPO)	UnitedHealthcare® Medicare Advantage Assure (PPO)
Plan ID	H4604-012-000 	H2228-032-000 	H0271-002-000
Plan Highlights	Low premium plan for those shopping on value and lower out-of-pocket costs	Open access plan for those seeking statewide provider choice	Plan designed for those with both Medicare and Medicaid - best for Full Duals
Premium	\$16	\$76	\$0 for Full Duals
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,900	\$3,900	\$0 for Full Duals
PCP/Specialist	\$0 / \$35; No Referral Required	\$0 / \$30; No Referral Required	\$0 for Full Duals / \$0 for Full Duals; No Referral Required
Inpatient Hospital	\$350 Days 1-4	\$295 Days 1-4	\$0 for Full Duals
ASC/Outpatient	\$0 or \$250 / \$0 or \$250	\$0 or \$295 / \$0 or \$295	\$0 for Full Duals
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0	\$0 for Full Duals
Rx Ded./Copays	\$200 Tiers 3-5; \$3/\$10/\$45/\$95/29%	\$175 Tiers 3-5; \$3/\$10/\$45/\$95/30%	Varies by LIS Level
Dental	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (no cost sharing)	\$3,500 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 \$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	\$50/quarter catalog	\$105/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	\$3,600 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: 12 one-way trips to or from approved locations, PERS	Nurseline, Transportation: 24 one-way trips to or from approved locations, PERS	Nurseline, Transportation: 60 one-way trips to or from approved locations

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2021 Medicare Advantage Service Area



Plan ID Plan Name

H4604-019-000 AARP® Medicare Advantage Patriot (HMO)

Idaho: Ada, Bannock, Bingham, Bonner, Bonneville, Boundary, Canyon, Gem, Kootenai, Latah, Nez Perce, Payette, Shoshone, Twin Falls

Market Landscape¹

Eligibles (as of May 2020)	295,339
YOY Eligible Growth	7.0%
MA Non-SNP Penetration	33.5%
YOY MA Non-SNP Enrollment Growth	10.6%
UHC Non-SNP Market Share	33.4%


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

2021 PRODUCT BENEFIT GRID

IDAHO MA ONLY



NEW PLAN

Plan Name	AARP® Medicare Advantage Patriot (HMO)
Plan ID	H4604-019-000 
Plan Highlights	New! 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; Part B Rebate: \$50
Medical Ded.	\$0
Max OOP	\$5,400
PCP/Specialist	\$5 / \$40; No Referral Required
Inpatient Hospital	\$350 Days 1-4
ASC/Outpatient	\$0 or \$300 / \$0 or \$300
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	Not Covered
Dental	\$1,000 Dental Level 3 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
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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