

Nevada

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 ● No Footprint

2021 Medicare Advantage Service Area



State Landscape¹

Eligibles (as of May 2020)	539,830
Estimated Dual Eligibles ²	66,042
YOY Eligible Growth	6.2%
MA Penetration	39.1%
YOY MA Enrollment Growth	9.8%
UHC Market Share	39.6%

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. 15,737 partial duals who may or may not be eligible).

● Current Footprint ● Footprint Expansion

2021 Medicare Advantage Service Area



Plan ID	Plan Name
H7404-018-000	AARP® Medicare Advantage Choice (PPO)
H7404-020-000	AARP® Medicare Advantage Walgreens Plan 2 (PPO)
<i>Nevada:</i> Clark, Nye	
H0609-028-000	AARP® Medicare Advantage (HMO)
H0609-031-000	AARP® Medicare Advantage Premier (HMO)
H0609-032-000	UnitedHealthcare® Medicare Advantage Focus (HMO)
H0609-037-000	UnitedHealthcare® Medicare Advantage Assist (HMO C-SNP)
H0609-038-000	AARP® Medicare Advantage Walgreens Plan 1 (HMO)
<i>Nevada:</i> Clark, Nye	

Market Landscape ¹	
Eligibles (as of May 2020)	422,940
YOY Eligible Growth	6.2%
MA Non-SNP Penetration	36.2%
YOY MA Non-SNP Enrollment Growth	10.8%
UHC Non-SNP Market Share	48.8%



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

2021 PRODUCT BENEFIT GRID

LAS VEGAS





NEW PLAN

Plan Name	AARP® Medicare Advantage Walgreens Plan 1 (HMO)	AARP® Medicare Advantage Premier (HMO)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H0609-038-000 	H0609-031-000	H7404-018-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan for members with full Low Income Subsidy (LIS); rich ancillary benefits with low out-of-pocket costs	New! \$0 premium plan for those who are cost-conscious, but want provider choice
Premium	\$0	\$26.50 (Varies by LIS level)	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$1,000	\$1,000	\$6,700
PCP/Specialist	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required	\$5 / \$35; No Referral Required
Inpatient Hospital	\$0 per admit	\$0 per admit	\$295 Days 1-5
ASC/Outpatient	\$0 / \$0	\$0 / \$0	\$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/\$0/\$47/\$100/33% (Preferred); Tiers 1-2 Full Gap Coverage	Varies By LIS Level	\$195 Tiers 4-5; \$0/\$10/\$47/\$100/29%; Tier 1 Full Gap Coverage
Dental	\$2,000 Dental Level 4 (no 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 \$150 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program & Fitbit	Renew Active Fitness Program
OTC	\$60/quarter catalog	\$120/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	Nursing Hotline, Transportation: 24 one-way trips to or from approved locations, PERS, Meal Benefit: 14 meals over 7 days	Nursing Hotline, Transportation: 48 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS, Meal Benefit: 14 meals over 7 days	Nursing Hotline

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NEW PLAN

Plan Name	AARP® Medicare Advantage Walgreens Plan 2 (PPO)	UnitedHealthcare® Medicare Advantage Focus (HMO)	AARP® Medicare Advantage (HMO)
Plan ID	H7404-020-000  	H0609-032-000	H0609-028-000
Plan Highlights	New! \$0 premium plan designed for those who are cost-conscious, but want provider choice. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan designed around a select provider network for coordinated care and low out-of-pocket costs	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$0; Part B Rebate: \$50	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$2,500	\$2,500
PCP/Specialist	\$0 / \$45; No Referral Required	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required
Inpatient Hospital	\$350 Days 1-5	\$0 per admit	\$0 per admit
ASC/Outpatient	\$0 or \$300 / \$0 or \$300	\$0 / \$0	\$0 / \$0
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	\$195 Tiers 3-5; \$0/\$0/\$47/\$100/29% (Preferred)	\$0; \$2/\$8/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$2/\$8/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	\$500 Dental Level 2 (no cost sharing) ; Platinum Dental Rider Available	\$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	\$40/quarter catalog	\$60/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	Nursing Hotline	Nursing Hotline, Transportation: 24 one-way trips to or from approved locations, Meal Benefit: 14 meals over 7 days	Nursing Hotline, Transportation: 24 one-way trips to or from approved locations, Meal Benefit: 14 meals over 7 days

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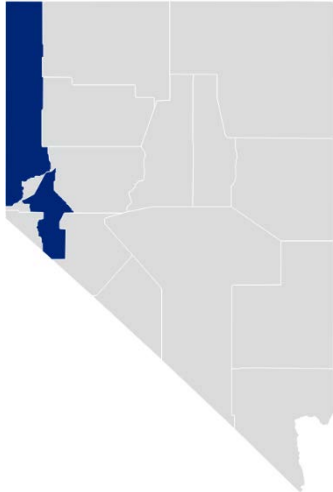


Plan Name	UnitedHealthcare® Medicare Advantage Assist (HMO C-SNP)
Plan ID	H0609-037-000
Plan Highlights	Plan designed for those with Cardiovascular Disorders, Chronic Heart Failure, or Diabetes
Premium	\$0
Medical Ded.	\$0
Max OOP	\$1,000
PCP/Specialist	\$0 / \$0; Referral Required
Inpatient Hospital	\$0 per admit
ASC/Outpatient	\$0 / \$0
Telehealth	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0
Rx Ded./Copays	\$0; \$0/\$8/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
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	\$60/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nursing Hotline, Transportation: 54 one-way trips to or from approved locations, PERS, Meal Benefit: 14 meals over 7 days

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H0609-040-000	AARP® Medicare Advantage Plan 2 (HMO)
<i>Nevada:</i> Lyon, Washoe	
H0609-033-000	AARP® Medicare Advantage Plan 1 (HMO)
<i>Nevada:</i> Lyon, Washoe	

Market Landscape ¹	
Eligibles (as of May 2020)	116,890
YOY Eligible Growth	6.4%
MA Non-SNP Penetration	27.1%
YOY MA Non-SNP Enrollment Growth	11.4%
UHC Non-SNP Market Share	8.1%

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

2021 PRODUCT BENEFIT GRID

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NEW PLAN

Plan Name	AARP® Medicare Advantage Plan 2 (HMO)	AARP® Medicare Advantage Plan 1 (HMO)
Plan ID	H0609-040-000	H0609-033-000
Plan Highlights	New! \$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
Premium	\$0	\$25
Medical Ded.	\$0	\$0
Max OOP	\$4,900	\$4,500
PCP/Specialist	\$0 / \$45; Referral Required	\$0 / \$40; Referral Required
Inpatient Hospital	\$335 Days 1-5	\$295 Days 1-5
ASC/Outpatient	\$0 or \$335 / \$0 or \$335	\$0 or \$295 / \$0 or \$295
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$290 Tiers 3-5; \$4/\$10/\$47/\$100/27%; Tier 1 Full Gap Coverage	\$290 Tiers 3-5; \$0/\$10/\$47/\$100/27%; Tier 1 Full Gap Coverage
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	Not Covered
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	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
Other Benefits	Nursing Hotline	Nursing Hotline, Transportation: 24 one-way trips to or from approved locations

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2021 Medicare Advantage Service Area



Plan ID Plan Name

H7404-019-000 AARP® Medicare Advantage Patriot (PPO)

Nevada: Clark, Nye

Market Landscape¹

Eligibles (as of May 2020)	422,940
YOY Eligible Growth	6.2%
MA Non-SNP Penetration	36.2%
YOY MA Non-SNP Enrollment Growth	10.8%
UHC Non-SNP Market Share	48.8%

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



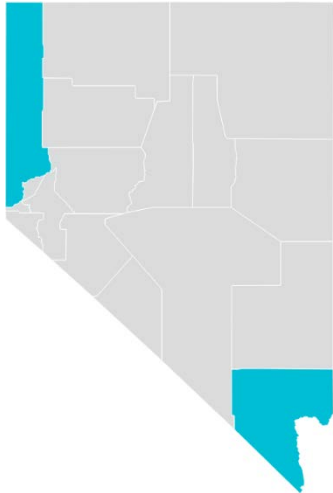
NEW PLAN

Plan Name	AARP® Medicare Advantage Patriot (PPO)
Plan ID	H7404-019-000 
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: \$100
Medical Ded.	\$0
Max OOP	\$6,700
PCP/Specialist	\$0 / \$45; No Referral Required
Inpatient Hospital	\$395 Days 1-4
ASC/Outpatient	\$0 or \$325 / \$0 or \$375
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	Not Covered
Fitness	Renew Active Fitness Program & Fitbit
OTC	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nursing Hotline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H1360-001-000	UnitedHealthcare Dual Complete® (HMO D-SNP)
<i>Nevada:</i> Clark, Washoe	

Market Landscape ¹	
Est. Dual Eligibles	66,042
D-SNP Enrollees	
D-SNP Penetration (All Plans)	0.0%
Total UHC D-SNP Enrollees	
UHC D-SNP Market Share	0.0%

¹ UHC Dual SNP service area only; Estimated Dual Eligibles are projected based on September 2019 CMS.gov data (includes approx. 15,737 partial duals who may or may not be eligible).



NEW PLAN

Plan Name	UnitedHealthcare Dual Complete® (HMO D-SNP)
Plan ID	H1360-001-000 \$0 Rx
Medicaid Eligibility	Full: FBDE, QMB, QMB+
Premium	\$0
Acupuncture	Not Covered
Chiro	Not Covered
Dental	\$2,000 Dental Level 3 (no cost sharing)
Eyewear	Up to \$200 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program
Foot Care	\$0, 4 visits per year
Hearing Aid	\$2,000 allowance for hearing aids every 2 years
Meal Program	\$0, Up to 28 meals for 14 days, one time per year
Healthy Foods	\$30 per month food allowance, amount expires monthly
OTC	\$100/quarter debit card
PERS	\$0
Telehealth	\$0 Virtual Medical & Mental Health Visits
Transportation	48 one-way trips to or from approved locations
Other Benefits	Nurseline

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