

# Southern California 2021 Medicare Advantage Plans

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

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

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● Current Footprint

2021 Medicare Advantage Service Area



State Landscape<sup>1</sup>

Eligibles (as of May 2020)	3,965,670
YOY Eligible Growth	4.8%
MA Penetration	47.2%
YOY MA Enrollment Growth	4.7%
UHC Market Share	17.4%

<sup>1</sup> 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
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H0543-019-000	AARP® Medicare Advantage SecureHorizons® (HMO)
H0543-173-000	UnitedHealthcare® Medicare Advantage Assure (HMO)

California: Kern

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	130,201
YOY Eligible Growth	4.6%
MA Non-SNP Penetration	25.3%
YOY MA Non-SNP Enrollment Growth	6.3%
UHC Non-SNP Market Share	10.9%

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

# 2021 PRODUCT BENEFIT GRID

## KERN COUNTY



Plan Name	AARP® Medicare Advantage SecureHorizons® (HMO)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-019-000	H0543-173-000
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare	Full provider network plan designed for Full Duals - this is what members pay if they have Medicare and full MediCal
Premium	\$0	\$0 for Full Duals
Medical Ded.	\$0	\$0
Max OOP	\$2,900	\$0 for Full Duals
PCP/Specialist	\$0 / \$0; Referral Required	\$0 for Full Duals / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$0 per admit	\$0 for Full Duals
ASC/Outpatient	\$0 / \$0	\$0 for Full Duals
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0 for Full Duals
Rx Ded./Copays	\$0; \$5/\$15/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$0 for Full Duals; \$1.30 for Generics and \$4.00 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental	Not Covered; Platinum Dental Rider Available	Not Covered
Eyewear	Up to \$100 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	Not Covered	\$100/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$2,500 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations	Nurseline, Transportation: 48 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H0543-210-000	AARP® Medicare Advantage Freedom Plus (HMO-POS)
<i>California:</i> Los Angeles	
H0543-164-000	AARP® Medicare Advantage SecureHorizons® Premier (HMO)
H0543-168-000	AARP® Medicare Advantage SecureHorizons® Focus (HMO)
H0543-001-000	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO)
H0543-151-000	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
<i>California:</i> Los Angeles	
H0543-153-000	UnitedHealthcare® Medicare Advantage Assure (HMO)
<i>California:</i> Los Angeles, Orange, Riverside, San Bernardino	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	1,614,721
YOY Eligible Growth	4.4%
MA Non-SNP Penetration	33.4%
YOY MA Non-SNP Enrollment Growth	6.7%
UHC Non-SNP Market Share	13.1%

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

# 2021 PRODUCT BENEFIT GRID

## LOS ANGELES



### NEW PLAN

Plan Name	AARP® Medicare Advantage SecureHorizons® Focus (HMO)	AARP® Medicare Advantage Freedom Plus (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
Plan ID	H0543-168-000	H0543-210-000	H0543-151-000
Plan Highlights	\$0 premium plan designed around a select provider network for coordinated care with low out-of-pocket costs and rich ancillary. \$0 Tier 1 and Tier 2 Rx copays	<b>New!</b> \$0 premium plan designed around a select provider network for coordinated care and low out-of-pocket costs. Plan offers coverage outside of the network for certain services. \$0 Tier 1 and Tier 2 Rx copays	\$0 premium plan designed around Optum for coordinated care and low out-of-pocket costs. \$0 Tier 1 and Tier 2 Rx copays
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$1,000	\$1,000	\$1,000
PCP/Specialist	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required
Inpatient Hospital	\$0 per admit	\$100 per admit	\$0 per admit
ASC/Outpatient	\$0 / \$0	\$0 / \$0	\$0 / \$0
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$0/\$47/\$100/33%; <b>Tier 1 Full Gap Coverage</b>
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available	Not Covered; Dental Riders Available
Eyewear	Up to \$300 every 2 years, standard lenses at no cost	Up to \$300 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	\$50/quarter catalog	\$50/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, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline, Transportation: 36 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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# 2021 PRODUCT BENEFIT GRID

## LOS ANGELES



Plan Name	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO)	AARP® Medicare Advantage SecureHorizons® Premier (HMO)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-001-000	H0543-164-000	H0543-153-000
Plan Highlights	\$0 premium plan for those who are cost-conscious and want extra benefits beyond Original Medicare	Full provider network with low out-of-pocket costs and rich ancillary benefits, also suitable for members with full Low Income Subsidy (LIS)	Full provider network plan designed for Full Duals - this is what members pay if they have Medicare and full MediCal
Premium	\$0	\$19.10 (Varies by LIS level)	\$0 for Full Duals
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$1,000	\$0 for Full Duals
PCP/Specialist	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required	\$0 for Full Duals / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$0 per admit	\$0 per admit	\$0 for Full Duals
ASC/Outpatient	\$0 / \$0	\$0 / \$0	\$0 for Full Duals
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0 for Full Duals
Rx Ded./Copays	\$0; \$2/\$15/\$47/\$100/33%	Varies By LIS Level	\$0 for Full Duals; \$1.30 for Generics and \$4.00 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental	Not Covered; Dental Riders Available	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	Not Covered
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$300 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	\$50/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	\$2,500 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Acupuncture: \$0; 12 visits/year	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year	Nurseline, Transportation: 48 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H0543-215-000	AARP® Medicare Advantage Freedom Plus (HMO-POS)
<i>California:</i> Orange	
H0543-153-000	UnitedHealthcare® Medicare Advantage Assure (HMO)
<i>California:</i> Los Angeles, Orange, Riverside, San Bernardino	
H0543-138-000	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
H0543-169-000	AARP® Medicare Advantage SecureHorizons® Focus (HMO)
H0543-165-000	AARP® Medicare Advantage SecureHorizons® Premier (HMO)
<i>California:</i> Orange	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	555,456
YOY Eligible Growth	4.9%
MA Non-SNP Penetration	36.8%
YOY MA Non-SNP Enrollment Growth	5.4%
UHC Non-SNP Market Share	23.5%

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





NEW PLAN

Plan Name	AARP® Medicare Advantage SecureHorizons® Focus (HMO)	AARP® Medicare Advantage Freedom Plus (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
Plan ID	H0543-169-000	H0543-215-000	H0543-138-000
Plan Highlights	\$0 premium plan designed around a select provider network for coordinated care with low out-of-pocket costs and rich ancillary. \$0 Tier 1 and Tier 2 Rx copays	<b>New!</b> \$0 premium plan designed around a select provider network for coordinated care and low out-of-pocket costs. Plan offers coverage outside of the network for certain services. \$0 Tier 1 and Tier 2 Rx copays	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$1,000	\$1,000	\$1,900
PCP/Specialist	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required
Inpatient Hospital	\$0 per admit	\$100 per admit	\$0 per admit
ASC/Outpatient	\$0 / \$0	\$0 / \$0	\$0 / \$0
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$14/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available	Not Covered; Dental Riders Available
Eyewear	Up to \$300 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost	Up to \$100 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	\$50/quarter catalog	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline, Transportation: 24 one-way trips to or from approved locations

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Plan Name	AARP® Medicare Advantage SecureHorizons® Premier (HMO)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-165-000	H0543-153-000
Plan Highlights	Full provider network with low out-of-pocket costs and rich ancillary benefits, also suitable for members with full Low Income Subsidy (LIS)	Full provider network plan designed for Full Duals - this is what members pay if they have Medicare and full MediCal
Premium	\$28.20 (Varies by LIS level)	\$0 for Full Duals
Medical Ded.	\$0	\$0
Max OOP	\$1,000	\$0 for Full Duals
PCP/Specialist	\$0 / \$0; Referral Required	\$0 for Full Duals / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$0 per admit	\$0 for Full Duals
ASC/Outpatient	\$0 / \$0	\$0 for Full Duals
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0 for Full Duals
Rx Ded./Copays	Varies By LIS Level	\$0 for Full Duals; \$1.30 for Generics and \$4.00 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	Not Covered
Eyewear	Up to \$300 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	\$50/quarter catalog	\$100/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$2,500 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year	Nurseline, Transportation: 48 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H0543-167-000	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
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*California:* San Luis Obispo

H0543-032-000	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO)
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*California:* San Luis Obispo, Santa Barbara

H0543-022-000	AARP® Medicare Advantage SecureHorizons® (HMO)
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*California:* Ventura

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	320,180
YOY Eligible Growth	5.3%
MA Non-SNP Penetration	17.1%
YOY MA Non-SNP Enrollment Growth	7.3%
UHC Non-SNP Market Share	21.9%

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

## 2021 PRODUCT BENEFIT GRID

# PACIFIC CENTRAL COAST



Plan Name	AARP® Medicare Advantage SecureHorizons® (HMO)	AARP® Medicare Advantage SecureHorizons® Plan 1 (HMO)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
Plan ID	H0543-022-000	H0543-032-000	H0543-167-000
Plan Highlights	\$0 premium plan for those who want affordable coverage and extra benefits beyond Original Medicare, now with \$0 Rx deductible	Broad network plan serving San Luis Obispo and Santa Barbara counties with affordable coverage and extra benefits beyond Original Medicare	Low premium plan for those shopping on value and lower out-of-pocket costs, now with \$0 Rx deductible
Premium	\$0	\$89	\$25
Medical Ded.	\$0	\$0	\$0
Max OOP	\$4,900	\$6,700	\$3,400
PCP/Specialist	\$0 / \$0; Referral Required	\$10 / \$20; Referral Required	\$0 / \$10; Referral Required
Inpatient Hospital	\$335 Days 1-5	\$375 Days 1-5	\$295 Days 1-6
ASC/Outpatient	\$0 or \$330 / \$0 or \$330	\$0 or \$295 / \$0 or \$335	\$0 or \$195 / \$0 or \$195
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$375 Tiers 3-5; \$4/\$12/\$47/\$100/26%; Tier 1 Full Gap Coverage	\$0; \$0/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage
Dental	Not Covered; Dental Riders Available	Not Covered; Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available
Eyewear	Up to \$300 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost	Up to \$100 every 2 years, standard lenses at no cost
Fitness	Renew Active Fitness Program	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	Not Covered	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline	Nurseline	Nurseline

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H0543-216-000	AARP® Medicare Advantage Freedom Plus (HMO-POS)
<i>California:</i> Riverside, San Bernardino	
H0543-153-000	UnitedHealthcare® Medicare Advantage Assure (HMO)
<i>California:</i> Los Angeles, Orange, Riverside, San Bernardino	
H0543-144-000	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
H0543-166-000	AARP® Medicare Advantage SecureHorizons® Premier (HMO)
H0543-170-000	AARP® Medicare Advantage SecureHorizons® Focus (HMO)
<i>California:</i> Riverside, San Bernardino	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	764,827
YOY Eligible Growth	5.9%
MA Non-SNP Penetration	39.1%
YOY MA Non-SNP Enrollment Growth	5.6%
UHC Non-SNP Market Share	24.9%

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

# 2021 PRODUCT BENEFIT GRID

## RIVERSIDE/SAN BERNARDINO



### NEW PLAN

Plan Name	AARP® Medicare Advantage SecureHorizons® Focus (HMO)	AARP® Medicare Advantage Freedom Plus (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Plan 2 (HMO)
Plan ID	H0543-170-000	H0543-216-000	H0543-144-000
Plan Highlights	\$0 premium plan designed around a select provider network for coordinated care with low out-of-pocket costs and rich ancillary. \$0 Tier 1 and Tier 2 Rx copays	<b>New!</b> \$0 premium plan designed around a select provider network for coordinated care and low out-of-pocket costs. Plan offers coverage outside of the network for certain services. \$0 Tier 1 and Tier 2 Rx copays	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare
Premium	\$0	\$0	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$1,000	\$1,000	\$1,900
PCP/Specialist	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required	\$0 / \$0; Referral Required
Inpatient Hospital	\$0 per admit	\$100 per admit	\$0 per admit
ASC/Outpatient	\$0 / \$0	\$0 / \$0	\$0 / \$0
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$0/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage	\$0; \$0/\$14/\$47/\$100/33%; Tiers 1-2 Full Gap Coverage
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Platinum Dental Rider Available	Not Covered; Dental Riders Available
Eyewear	Up to \$300 every 2 years, standard lenses at no cost	Up to \$300 every 2 years, standard lenses at no cost	Up to \$100 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	\$50/quarter catalog	Not Covered
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS	Nurseline

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## 2021 PRODUCT BENEFIT GRID

# RIVERSIDE/SAN BERNARDINO



Plan Name	AARP® Medicare Advantage SecureHorizons® Premier (HMO)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-166-000	H0543-153-000
Plan Highlights	Full provider network with low out-of-pocket costs and rich ancillary benefits, also suitable for members with full Low Income Subsidy (LIS)	Full provider network plan designed for Full Duals - this is what members pay if they have Medicare and full MediCal
Premium	\$28.10 (Varies by LIS level)	\$0 for Full Duals
Medical Ded.	\$0	\$0
Max OOP	\$1,000	\$0 for Full Duals
PCP/Specialist	\$0 / \$0; Referral Required	\$0 for Full Duals / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$0 per admit	\$0 for Full Duals
ASC/Outpatient	\$0 / \$0	\$0 for Full Duals
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0 for Full Duals
Rx Ded./Copays	Varies By LIS Level	\$0 for Full Duals; \$1.30 for Generics and \$4.00 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	Not Covered
Eyewear	Up to \$300 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	\$50/quarter catalog	\$100/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$2,500 allowance for hearing aids every 2 years
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year	Nurseline, Transportation: 48 one-way trips to or from approved locations, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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### 2021 Medicare Advantage Service Area



Plan ID	Plan Name
H0543-214-000	UnitedHealthcare® Chronic Complete Focus (HMO C-SNP)
<i>California: San Diego</i>	
H0543-172-000	UnitedHealthcare® Medicare Advantage Assure (HMO)
H0543-204-000	AARP® Medicare Advantage Walgreens (HMO)
H0543-145-000	Sharp® SecureHorizons® Plan by UnitedHealthcare® (HMO)
H0543-152-000	AARP® Medicare Advantage SecureHorizons® Plan 4 (HMO)
H0543-060-000	AARP® Medicare Advantage SecureHorizons® Premier (HMO)
H0543-013-000	AARP® Medicare Advantage SecureHorizons® Value (HMO)
<i>California: San Diego</i>	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	580,285
YOY Eligible Growth	4.5%
MA Non-SNP Penetration	34.7%
YOY MA Non-SNP Enrollment Growth	5.6%
UHC Non-SNP Market Share	29.4%

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



# 2021 PRODUCT BENEFIT GRID

## SAN DIEGO



Plan Name	AARP® Medicare Advantage Walgreens (HMO)	Sharp® SecureHorizons® Plan by UnitedHealthcare® (HMO)
Plan ID	H0543-204-000 	H0543-145-000
Plan Highlights	\$0 premium plan designed around Sharp HealthCare for coordinated care and \$0 copay for doctor visits. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy	\$0 premium plan designed around Sharp HealthCare for coordinated care and low out-of-pocket costs
Premium	\$0	\$0
Medical Ded.	\$0	\$0
Max OOP	\$2,900	\$3,400
PCP/Specialist	\$0 / \$0; Referral Required	\$5 / \$35; Referral Required
Inpatient Hospital	\$260 Days 1-7	\$260 Days 1-7
ASC/Outpatient	\$0 or \$100 / \$0 or \$100	\$0 or \$250 / \$0 or \$250
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0
Rx Ded./Copays	\$0; \$0/\$0/\$47/\$100/33% (Preferred); Tier 1 Full Gap Coverage	\$0; \$4/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered; Dental Riders Available
Eyewear	Up to \$300 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	\$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
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations, Chiropractic: \$0; 12 visits/year	Nurseline, PERS

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NEW PLAN

Plan Name	UnitedHealthcare® Chronic Complete Focus (HMO C-SNP)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-214-000	H0543-172-000
Plan Highlights	<b>New!</b> Plan designed around Sharp HealthCare for those with Cardiovascular Disorders, Chronic Heart Failure, or Diabetes	Plan designed around Sharp HealthCare for Full Duals - this is what members pay if they have Medicare and full MediCal
Premium	\$0	\$0 for Full Duals
Medical Ded.	\$0	\$0
Max OOP	\$3,400	\$0 for Full Duals
PCP/Specialist	\$5 / \$35; Referral Required	\$0 for Full Duals / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$260 Days 1-7	\$0 for Full Duals
ASC/Outpatient	\$0 or \$250 / \$0 or \$250	\$0 for Full Duals
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0 for Full Duals
Rx Ded./Copays	\$0; \$4/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$0 for Full Duals; \$1.30 for Generics and \$4.00 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental	Dental Level 1 (no cost sharing); Platinum Dental Rider Available	Not Covered
Eyewear	Up to \$300 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	\$80/quarter catalog	\$100/quarter catalog
Hearing Aid	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years	\$2,500 allowance for hearing aids every 2 years
Other Benefits	Nurseline, PERS, Meal Benefit: 14 meals over 7 days	Nurseline, <a href="#">Transportation: 48 one-way trips to or from approved locations</a> , <a href="#">Acupuncture: \$0; 12 visits/year</a> , <a href="#">Chiropractic: \$0; 12 visits/year</a> , PERS, <a href="#">Meal Benefit: 14 meals over 7 days</a>

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Plan Name	AARP® Medicare Advantage SecureHorizons® Plan 4 (HMO)	AARP® Medicare Advantage SecureHorizons® Value (HMO)	AARP® Medicare Advantage SecureHorizons® Premier (HMO)
Plan ID	H0543-152-000	H0543-013-000	H0543-060-000
Plan Highlights	\$0 premium plan for those who want affordable coverage, a broad selection of doctors and extra benefits beyond Original Medicare	Low premium plan for those who want rich ancillary benefits beyond Original Medicare, a broad choice of doctors and low out-of-pocket costs	Premium plan for those who want rich ancillary benefits beyond Original Medicare, a broad choice of doctors and low out-of-pocket costs
Premium	\$0	\$25	\$69
Medical Ded.	\$0	\$0	\$0
Max OOP	\$3,400	\$5,300	\$4,300
PCP/Specialist	\$10 / \$35; Referral Required	\$20 / \$40; Referral Required	\$15 / \$35; Referral Required
Inpatient Hospital	\$295 Days 1-7	\$225 Days 1-8	\$175 Days 1-8
ASC/Outpatient	\$0 or \$295 / \$0 or \$295	\$0 or \$225 / \$0 or \$225	\$0 or \$175 / \$0 or \$175
Telehealth	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits	\$0 Virtual Medical Visits
Lab Copay	\$0	\$0	\$0
Rx Ded./Copays	\$50 Tiers 3-5; \$5/\$11/\$47/\$100/32%; Tier 1 Full Gap Coverage	\$0; \$4/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$0; \$4/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage
Dental	Not Covered; Dental Riders Available	Not Covered; Dental Riders Available	Dental Level 1 (no cost sharing); Platinum Dental Rider Available
Eyewear	Up to \$100 every 2 years, standard lenses at no cost	Up to \$300 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	\$50/quarter catalog	\$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, PERS	Nurseline, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year, PERS

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● Current Footprint    ● Footprint Expansion

### 2021 Medicare Advantage Service Area



Plan ID	Plan Name
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H0543-121-000	AARP® Medicare Advantage Patriot (HMO)
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**California:** Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

#### Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	3,965,670
YOY Eligible Growth	4.8%
MA Non-SNP Penetration	33.6%
YOY MA Non-SNP Enrollment Growth	6.1%
UHC Non-SNP Market Share	20.1%

<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>	H0543-121-000
<b>Plan Highlights</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: \$25
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$4,900
<b>PCP/Specialist</b>	\$5 / \$10; Referral Required
<b>Inpatient Hospital</b>	\$50 per admit
<b>ASC/Outpatient</b>	\$0 / \$0
<b>Telehealth</b>	\$0 Virtual Medical Visits
<b>Lab Copay</b>	\$0
<b>Rx Ded./Copays</b>	Not Covered
<b>Dental</b>	Not Covered; Platinum Dental Rider Available
<b>Eyewear</b>	Up to \$100 every 2 years, standard lenses at no cost
<b>Fitness</b>	Renew Active Fitness Program
<b>OTC</b>	Not Covered
<b>Hearing Aid</b>	\$375 - \$2,075 copay for each device; limited to 2 devices every 2 years
<b>Other Benefits</b>	Nurseline, Acupuncture: \$0; 12 visits/year, Chiropractic: \$0; 12 visits/year

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