

# Utah

## 2021 Medicare Advantage Plans

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**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



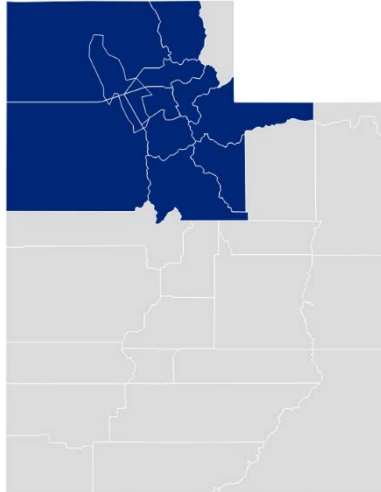
State Landscape<sup>1</sup>

Eligibles (as of May 2020)	403,110
YOY Eligible Growth	5.8%
MA Penetration	39.4%
YOY MA Enrollment Growth	9.5%
UHC Market Share	57.4%

<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
H7404-021-000	AARP® Medicare Advantage Choice (PPO)
<i>Utah: Box Elder, Cache, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Weber</i>	
H0271-003-000	UnitedHealthcare® Medicare Advantage Assure (PPO)
H4604-017-000	UnitedHealthcare® Medicare Advantage Assist (HMO C-SNP)
H4604-018-000	AARP® Medicare Advantage Walgreens (HMO)
H4604-011-000	AARP® Medicare Advantage Plan 2 (HMO)
H4604-003-000	AARP® Medicare Advantage Plan 1 (HMO)
<i>Utah: Box Elder, Cache, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Weber</i>	

Market Landscape <sup>1</sup>	
Eligibles (as of May 2020)	350,138
YOY Eligible Growth	5.4%
MA Non-SNP Penetration	37.3%
YOY MA Non-SNP Enrollment Growth	8.5%
UHC Non-SNP Market Share	61.0%

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

# 2021 PRODUCT BENEFIT GRID

## NORTHERN UTAH




Plan Name	AARP® Medicare Advantage Plan 2 (HMO)	AARP® Medicare Advantage Plan 1 (HMO)	AARP® Medicare Advantage Walgreens (HMO)
Plan ID	H4604-011-000	H4604-003-000	H4604-018-000 
Plan Highlights	\$0 premium plan for those who are cost-conscious and want affordable coverage beyond Original Medicare. Passport included	Mid premium plan for those shopping on value and low out-of-pocket costs. Passport included	\$0 premium plan with rich ancillary benefits. \$0 Tier 1 and Tier 2 Rx copays at Walgreens preferred retail pharmacy. Passport included
Premium	\$0	\$39	\$0
Medical Ded.	\$0	\$0	\$0
Max OOP	\$5,000	\$4,500	\$6,700
PCP/Specialist	\$0 / \$35; Referral Required	\$0 / \$30; No Referral Required	\$0 / \$45; Referral Required
Inpatient Hospital	\$345 Days 1-5	\$290 Days 1-5	\$360 Days 1-5
ASC/Outpatient	\$0 or \$225 / \$0 or \$325	\$0 or \$200 / \$0 or \$275	\$0 or \$250 / \$0 or \$340
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	\$200 Tiers 3-5; \$3/\$10/\$45/\$95/29%	\$200 Tiers 3-5; \$0/\$10/\$45/\$95/29%	\$225 Tiers 3-5; \$0/\$0/\$47/\$100/29% (Preferred)
Dental	\$500 Dental Level 2 (no cost sharing); Platinum Dental Rider Available	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)	\$1,000 Dental Level 3 (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 & Fitbit	Renew Active Fitness Program
OTC	\$40/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, Meal Benefit: 14 meals over 7 days	Nurseline, Transportation: 12 one-way trips to or from approved locations, PERS, Meal Benefit: 28 meals over 14 days	Nurseline

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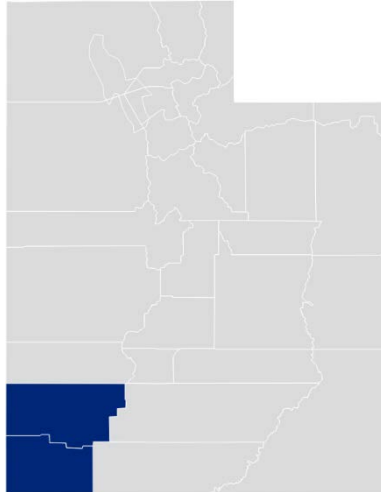
NEW PLAN

Plan Name	AARP® Medicare Advantage Choice (PPO)	UnitedHealthcare® Medicare Advantage Assist (HMO C-SNP)	UnitedHealthcare® Medicare Advantage Assure (PPO)
Plan ID	H7404-021-000 	H4604-017-000	H0271-003-000
Plan Highlights	<b>New!</b> \$0 premium plan for those who are cost-conscious, but want provider choice	Plan designed for those with Cardiovascular Disorders, Chronic Heart Failure, or Diabetes	Plan designed for those with both Medicare and Medicaid - best for Full Duals
Premium	\$0	\$39	\$0 for Full Duals
Medical Ded.	\$0	\$0	\$0
Max OOP	\$6,700	\$4,900	\$0 for Full Duals
PCP/Specialist	\$0 / \$50; No Referral Required	\$0 / \$40; Referral Required	\$0 for Full Duals / \$0 for Full Duals; No Referral Required
Inpatient Hospital	\$450 Days 1-4	\$290 Days 1-5	\$0 for Full Duals
ASC/Outpatient	\$0 or \$350 / \$0 or \$400	\$0 or \$225 / \$0 or \$275	\$0 for Full Duals
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
Lab Copay	\$0	\$0	\$0 for Full Duals
Rx Ded./Copays	\$275 Tiers 3-5; \$3/\$10/\$45/\$95/28%	\$200 Tiers 4-5; \$0/\$10/\$45/\$95/29%	Varies by LIS Level
Dental	Not Covered; Platinum Dental Rider Available	<a href="#">\$1,000 Dental Level 3 (\$0 - 50% cost sharing)</a>	<a href="#">\$1,500 Dental Level 4 (no cost sharing)</a>
Eyewear	Up to \$100 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	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	\$2,000 allowance for hearing aids every 2 years
Other Benefits	Nurseline	Nurseline, Transportation: 24 one-way trips to or from approved locations, PERS	Nurseline, Transportation: 48 one-way trips to or from approved locations

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2021 Medicare Advantage Service Area



Plan ID	Plan Name
H4604-016-000	AARP® Medicare Advantage (HMO) <i>Utah:</i> Iron, Washington
H2001-017-000	UnitedHealthcare® Medicare Advantage Choice (PPO) <i>Utah:</i> Washington

Market Landscape<sup>1</sup>


Eligibles (as of May 2020)	52,972
YOY Eligible Growth	8.1%
MA Non-SNP Penetration	25.1%
YOY MA Non-SNP Enrollment Growth	22.7%
UHC Non-SNP Market Share	52.9%

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

# 2021 PRODUCT BENEFIT GRID

## SOUTHERN UTAH

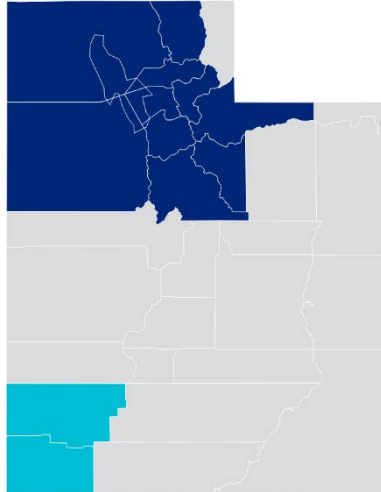


Plan Name	AARP® Medicare Advantage (HMO)	UnitedHealthcare® Medicare Advantage Choice (PPO)
Plan ID	H4604-016-000 	H2001-017-000 
Plan Highlights	Low premium plan for those shopping on value and lower out-of-pocket costs	Open access plan with low out-of-pocket costs and additional ancillaries
Premium	\$25	\$38
Medical Ded.	\$0	\$0
Max OOP	\$5,000	\$5,500
PCP/Specialist	\$0 / \$35; Referral Required	\$5 / \$40; No Referral Required
Inpatient Hospital	\$395 Days 1-4	\$395 Days 1-4
ASC/Outpatient	\$0 or \$325 / \$0 or \$375	\$0 or \$325 / \$0 or \$375
Telehealth	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
Lab Copay	\$0	\$0
Rx Ded./Copays	\$200 Tiers 3-5; \$3/\$10/\$45/\$100/29%	\$175 Tiers 3-5; \$3/\$10/\$45/\$100/30%
Dental	<a href="#">\$500 Dental Level 2 (no cost sharing)</a> ; Platinum Dental Rider Available	\$1,000 Dental Level 3 (\$0 - 50% cost sharing)
Eyewear	<a href="#">Up to \$100 every 2 years, standard lenses at no cost</a>	<a href="#">Up to \$100 every 2 years, standard lenses at no cost</a>
Fitness	Renew Active Fitness Program	Renew Active Fitness Program & Fitbit
OTC	\$50/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
Other Benefits	Nurseline, Transportation: 24 one-way trips to or from approved locations	Nurseline, Transportation: 24 one-way trips to or from approved locations

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2021 Medicare Advantage Service Area



Plan ID      Plan Name

H4604-005-000    AARP® Medicare Advantage Patriot (HMO)

**Utah:** Box Elder, Cache, Davis, Iron, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, Weber

Market Landscape<sup>1</sup>

Eligibles (as of May 2020)	403,110
YOY Eligible Growth	5.8%
MA Non-SNP Penetration	35.7%
YOY MA Non-SNP Enrollment Growth	9.7%
UHC Non-SNP Market Share	60.2%

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





<b>Plan Name</b>	AARP® Medicare Advantage Patriot (HMO)
<b>Plan ID</b>	H4604-005-000
<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. HMO offers popular ancillary benefits and Passport
<b>Premium</b>	\$0; Part B Rebate: \$50
<b>Medical Ded.</b>	\$0
<b>Max OOP</b>	\$5,400
<b>PCP/Specialist</b>	\$0 / \$40; No Referral Required
<b>Inpatient Hospital</b>	\$345 Days 1-5
<b>ASC/Outpatient</b>	\$0 or \$250 / \$0 or \$325
<b>Telehealth</b>	\$0 Virtual Medical & <a href="#">Mental Health Visits</a>
<b>Lab Copay</b>	<a href="#">\$0</a>
<b>Rx Ded./Copays</b>	Not Covered
<b>Dental</b>	<a href="#">\$1,000 Dental Level 3 (no cost sharing)</a>
<b>Eyewear</b>	Up to \$200 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

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