



2017 Summary of BENEFITS

AARP® MedicareRx Preferred (PDP)

S5820-007

Our service area includes:

North Carolina.

This is a summary of drug coverages provided by AARP® MedicareRx Preferred (PDP) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:

 Toll-Free **1-888-867-5564, TTY 711**
8 a.m. - 8 p.m. local time, 7 days a week

 **www.AARPMedicarePlans.com**

AARP | MedicareRx Plans
insured through UnitedHealthcare

Summary of Benefits

January 1st, 2017 - December 31st, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your drug costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at www.AARPMedicarePlans.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

AARP® MedicareRx Preferred (PDP) is a Medicare Prescription Drug Plan approved by Medicare.

To join AARP® MedicareRx Preferred (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed on the cover.

What's inside?

Plan Premiums, Annual Deductibles, and Benefits

See plan costs including the monthly plan premium and plan deductible.

AARP® MedicareRx Preferred (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for these drugs or you may pay more than you pay at an in-network pharmacy.

You can search for a network pharmacy in the online directory at www.AARPMedicarePlans.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.AARPMedicarePlans.com.

AARP® MedicareRx Preferred (PDP)

| Premiums and Benefits | |
|--|---------------------------------------|
| Monthly Plan Premium | \$69.40 |
| Annual Prescription Drug Deductible | This plan does not have a deductible. |

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

| | | | | | | |
|--|--|-----------------|-----------------|-----------------|-------------------|-----------------|
| Stage 1: Annual Prescription Deductible | Since you have no deductible, this payment stage doesn't apply. | | | | | |
| Stage 2: Initial Coverage (After you pay your deductible, if applicable) | Retail | | | | Mail Order | |
| | Preferred | | Standard | | Preferred | Standard |
| | 30-day supply | 90-day supply | 30-day supply | 90-day supply | 90-day supply | 90-day supply |
| Tier 1: Preferred Generic Drugs | \$3 co-pay | \$9 co-pay | \$7 co-pay | \$21 co-pay | \$0 co-pay | \$21 co-pay |
| Tier 2: Generic Drugs | \$7 co-pay | \$21 co-pay | \$13 co-pay | \$39 co-pay | \$0 co-pay | \$39 co-pay |
| Tier 3: Preferred Brand Drugs | \$35 co-pay | \$105 co-pay | \$45 co-pay | \$135 co-pay | \$90 co-pay | \$135 co-pay |
| Tier 4: Non-Preferred Drugs | 40% of the cost | 40% of the cost | 50% of the cost | 50% of the cost | 40% of the cost | 50% of the cost |
| Tier 5: Specialty Tier Drugs | 33% of the cost | 33% of the cost | 33% of the cost | 33% of the cost | 33% of the cost | 33% of the cost |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap. | | | | | |
| Stage 4: Catastrophic Coverage | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 co-pay for generic (including brand drugs treated as generic) and a \$8.25 co-pay for all other drugs. | | | | | |

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-889-5802, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company. \$0 co-pay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

AARP® MedicareRx Preferred (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD, WY, and suburban PR. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll.

AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-867-5564.

This information is available for free in other languages. Please call our customer service number at 1-888-867-5564, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-888-867-5564, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-867-5564. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-867-5564. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-867-5564。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-867-5564。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-867-5564. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-867-5564. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-867-5564 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-867-5564. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-867-5564번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-867-5564. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-867-5564. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-867-5564 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-867-5564. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-867-5564. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-867-5564. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-867-5564. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-867-5564 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。