

Sacramento North Valley

 \$35
Insulin

Plan Name	AARP® Medicare Advantage SecureHorizons® Focus 1 (HMO-POS)	AARP® Medicare Advantage SecureHorizons® Focus 2 (HMO-POS)
Plan ID	H0543-146-000 	H0543-222-000 
Plan Highlights	Low premium plan designed around Sutter Health for coordinated care and low out-of-pocket costs with popular ancillaries. POS for dental only	\$0 premium plan designed around Hill Physicians for those who are cost conscious and want affordable coverage beyond Original Medicare. POS for dental only
Service Area	<i>California:</i> Placer, Sacramento, Yolo	<i>California:</i> Placer, Sacramento
Premium	\$19	\$0
Medical Deductible	\$0	\$0
Max OOP	\$3,900	\$3,400
PCP/Specialist	\$0 / \$25; Referral Required	\$0 / \$15; Referral Required
Inpatient Hospital	\$220 Days 1-8	\$250 Days 1-4
ASC/Outpatient	\$0 or \$195 / \$0 or \$195	\$0 or \$100 / \$0 or \$150
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded.; Copays	\$0 All Tiers; \$0/\$12/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$0 All Tiers; \$0/\$12/\$47/\$100/33%; Tier 1 Full Gap Coverage
Dental (D)	Preventive Dental only (\$0 copay); Platinum Dental Rider Available	\$500 toward Dental (\$0 copay); Platinum Dental Rider Available
Eyewear (V)	Up to \$100 per year, standard lenses at no cost	Up to \$100 per year, standard lenses at no cost
Hearing Aid (H)	\$175 - \$1,225 copay per device; 2 devices every year	\$175 - \$1,225 copay per device; 2 devices every year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	Not Covered
Other Benefits	Nurseline	Nurseline




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Plan Name	AARP® Medicare Advantage SecureHorizons® (HMO-POS)	AARP® Medicare Advantage Choice (PPO)
Plan ID	H0543-089-000	H4829-008-000
Plan Highlights	Full network plan with low out-of-pocket costs and extra ancillaries. POS for dental only	Open access plan with low out-of-pocket costs and rich ancillaries
Service Area	<i>California:</i> Placer, Sacramento, Yolo	<i>California:</i> Placer, Sacramento, San Joaquin, Stanislaus, Yolo
Premium	\$87	\$43
Medical Deductible	\$0	\$0
Max OOP	\$3,900	\$5,900
PCP/Specialist	\$0 / \$15; Referral Required	\$0 / \$35; No Referral Required
Inpatient Hospital	\$150 Days 1-3	\$300 Days 1-4
ASC/Outpatient	\$0 or \$75 / \$0 or \$75	\$0 or \$225 / \$0 or \$275
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0
Rx Ded.; Copays	\$0 All Tiers; \$0/\$12/\$45/\$100/33%; Tier 1 Full Gap Coverage	\$0 All Tiers; \$0/\$10/\$47/\$100/33%; Tier 1 Full Gap Coverage
Dental (D)	\$500 toward Dental (\$0 copay); Platinum Dental Rider Available	\$500 toward Dental (\$0 copay); Platinum Dental Rider Available
Eyewear (V)	Up to \$100 per year, standard lenses at no cost	Up to \$150 per year, standard lenses at no cost
Hearing Aid (H)	\$175 - \$1,225 copay per device; 2 devices every year	\$175 - \$1,225 copay per device; 2 devices every year
Fitness	Renew Active Fitness Program	Renew Active Fitness Program
OTC	Not Covered	Not Covered
Other Benefits	Nurseline	Nurseline



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Plan Name	AARP® Medicare Advantage SecureHorizons® (HMO-POS)	UnitedHealthcare® Medicare Advantage Assure (HMO)
Plan ID	H0543-086-000 	H0543-183-000
Plan Highlights	Higher premium plan with low out-of-pocket costs serving Nevada county. POS for dental rider only	Full provider network plan designed for Full Duals - this is what members pay if they have Medicare and full MediCal
Service Area	<i>California:</i> Nevada	<i>California:</i> Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Lake, Madera, Marin, Mendocino, Merced, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tehama, Tulare, Yolo
Premium	\$97	\$0 for Full Duals
Medical Deductible	\$0	\$0
Max OOP	\$4,900	\$0 for Full Duals
PCP/Specialist	\$0 / \$20; Referral Required	\$0 / \$0 for Full Duals; Referral Required
Inpatient Hospital	\$295 Days 1-5	\$0 for Full Duals
ASC/Outpatient	\$0 or \$245 / \$0 or \$295	\$0 for Full Duals
Telehealth	\$0 Virtual Medical & Mental Health Visits	\$0 Virtual Medical & Mental Health Visits
Lab Copay	\$0	\$0 for Full Duals
Rx Ded.; Copays	\$0 All Tiers; \$0/\$12/\$47/\$100/33%; Tier 1 Full Gap Coverage	\$0 for Full Duals; \$1.45 for Generics and \$4.30 for Brands *Copay amounts vary by LIS/Medi-Cal eligibility
Dental (D)	Platinum Dental Rider Available	Not Covered
Eyewear (V)	Up to \$100 per year, standard lenses at no cost	Up to \$100 per year, standard lenses at no cost
Hearing Aid (H)	\$175 - \$1,225 copay per device; 2 devices every year	\$2,500 allowance every year
Fitness	Not Covered	Renew Active Fitness Program
OTC	Not Covered	\$110/quarter OTC debit card
Other Benefits	Nurseline	Nurseline Transportation: 36 one-way trips to or from approved locations including medically related appointments and supplemental benefits PERS

