

This plan is a Health Maintenance Organization (HMO). HMO plans provide care through a network of local doctors and hospitals. Your primary care physician oversees your care and may refer you to specialists. HMO plans may be good fit for someone looking for predictable cost shares and benefits above Original Medicare.

**Here are some of the reasons to enroll in UnitedHealthcare® MedicareComplete® Plan 1 (HMO):**

- \$10 copay for primary care visits
- Annual medical out-of-pocket maximum helps you budget for health care expenses
- \$6 copay for generic drugs

Benefit	In-Network	
Monthly plan premium	<b>\$119</b>	
Deductible	None	
<b>Medical Coverage</b>		
Annual physical	<b>\$0</b> copay	
Preventive services (Medicare-covered)	<b>\$0</b> copay	
Immunizations (pneumonia and flu)	<b>\$0</b> copay	
Primary Care Physician (PCP) office visit	<b>\$10</b> copay	
Specialist office visit	<b>\$20</b> copay (No Referral Needed)	
Inpatient hospitalization	<b>\$100</b> copay per day: days 1-10. <b>\$0</b> thereafter.	
Outpatient surgery and hospital services	<b>\$0 - \$75</b> copay	
Urgently needed care	<b>\$10</b> copay in-area. <b>\$20</b> copay out-of-area	
Emergency care	<b>\$50</b> copay	
Ambulance services	<b>\$125</b> copay	
Home health care	<b>\$0</b> copay	
Skilled nursing facility (SNF) care	<b>\$0</b> copay per day: days 1-20.	
Lab services:		
HIV & cardiovascular screenings	<b>\$0</b> copay	
All other lab services	<b>\$0</b> copay	
Diagnostic testing:		
EKG & AAA screenings	<b>\$0</b> copay	
All other diagnostic tests	<b>\$0</b> copay	
X-rays	<b>\$20</b> copay	
Annual out-of-pocket maximum	<b>\$2900</b>	
<b>Prescription Drugs</b>		
Prescription drug deductible	<b>\$0</b>	
Initial coverage stage	31-day retail supply	90-day mail order supply
■ Tier 1:	<b>\$6</b>	<b>\$12</b>
■ Tier 2:	<b>\$40</b>	<b>\$110</b>
■ Tier 3:	<b>\$82</b>	<b>\$236</b>
■ Tier 4:	<b>33%</b>	<b>33%</b>
Coverage gap stage (after prescription costs paid reach \$2840)	Tier 1 only	
Catastrophic coverage stage (after you have paid \$4550 out-of-pocket)	The greater of <b>\$2.50</b> for generic, <b>\$6.30</b> for brand-name, or <b>5%</b>	

To verify your provider is in the plan's network or for additional plan information visit us online at [www.SecureHorizons.com](http://www.SecureHorizons.com)

Also included in this plan	In-Network
Vision services	<b>\$0</b> copay for Medicare-covered glaucoma screening <b>\$20</b> copay for routine exams; 1 per year
Hearing services	<b>\$0</b> copay for Epic Hearing Healthcare provider or <b>\$20</b> copay for other network provider for annual hearing test <b>\$300</b> hearing aids allowance every 2 years
UnitedHealth Passport® Program	Included in this plan. See the Passport brochure in this booklet for more information.
Nurseline <sup>SM</sup>	Speak with a registered nurse (RN) 24 hours a day
Optional additional plan coverage	
Dental Platinum Rider	<b>\$32</b> additional monthly premium See the “Additional Information” section for more information
Fitness Rider	<b>\$13</b> additional monthly premium See the “Additional Information” section for more information

The benefit information provided here in is a brief summary, not a comprehensive description of benefits. For more information contact the plan or review the Summary of Benefits provided within this booklet for more benefit information.