

2013 plan comparison.

California: San Diego county

This is not a complete description of benefits. Please refer to the Summary of Benefits for further benefit details.

Benefits	AARP® MedicareComplete® SecureHorizons® Value (HMO) H0543-013	AARP® MedicareComplete® SecureHorizons® Premier (HMO) H0543-060	Sharp SecureHorizons® Plan by UnitedHealthcare® (HMO) H0543-145
	In-Network	In-Network	In-Network
Monthly plan premium	\$25	\$69	\$0
Deductible	None	None	None
Network	The full AARP MedicareComplete SecureHorizons network is available.	The full AARP MedicareComplete SecureHorizons network is available.	The network for this plan is smaller than the AARP MedicareComplete SecureHorizons network. The network for this plan includes: Sharp Community Medical Group, Sharp Community Medical Group/ Chula Vista, Sharp Community Medical Group/Coronado, Sharp Community Medical Group/Grossmont, Sharp Community Medical Group-Graybill North Coastal, Sharp Community/Graybill, Sharp Community/Inland North, Sharp Rees-Stealy Medical Group Inc

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	In-Network	In-Network	In-Network
Medical Coverage			
Primary care physician (PCP) office visit	\$15 copay	\$10 copay	\$10 copay
Specialist office visit	\$35 copay (Referral needed)	\$30 copay (Referral needed)	\$35 copay (Referral needed)
Inpatient hospital	\$175 copay per day: days 1–8 \$0 thereafter	\$150 copay per day: days 1–8 \$0 thereafter	\$195 copay per day: days 1–8 \$0 thereafter
Emergency room	\$65 copay	\$65 copay	\$65 copay
Urgently needed care	\$30 copay at a network urgent care center \$50 copay at an out-of-network urgent care center	\$30 copay at a network urgent care center \$50 copay at an out-of-network urgent care center	\$30 copay at a network urgent care center \$50 copay at an out-of-network urgent care center
Annual Out-of-Pocket Maximum			
Annual out-of-pocket maximum	\$4,700	\$3,700	\$4,900
Prescription Drugs			
Prescription drug deductible	\$0	\$0	\$0
Initial coverage stage	31-day retail supply	31-day retail supply	31-day retail supply
Tier 1	\$3	\$3	\$3
Tier 2	\$6	\$6	\$6
Tier 3	\$45	\$42	\$45
Tier 4	\$95	\$88	\$95
Tier 5	33%	33%	33%

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	In-Network	In-Network	In-Network
Additional Services and Programs Not Covered Under Medicare			
Vision services	Yes	Yes	Yes
Dental services	Yes	Yes	Yes, for an additional premium
Hearing services	Yes	Yes	Yes
SilverSneakers® Fitness program	Yes, for an additional premium	Yes, for an additional premium	Yes

Questions?

Contact your agent to get an enrollment kit.



1-800-547-5514, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

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The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

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