

Benefit highlights

AARP® Medicare Advantage Patriot (PPO)

This is a short description of your 2022 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$0
Part B Premium Reduction	Up to \$30

Medical Benefits

	In-Network	Out-of-Network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$6,700 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$40 copay
	Specialist: \$50 copay (no referral needed)	Specialist: \$75 copay (no referral needed)
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$450 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	40% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$188 copay per day: days 21-56 \$0 copay per day: days 57-100	\$225 copay per day: days 1-45 \$0 copay per day: days 46-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$425 copay	40% coinsurance
Mental health (outpatient and virtual)	Group therapy: \$15 copay	Group therapy: \$30 copay
	Individual therapy: \$25 copay	Individual therapy: \$40 copay
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance

Medical Benefits

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	\$100 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$25 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$25 copay	\$30 copay
Ambulance	\$250 copay for ground or air	\$250 copay for ground or air
Emergency care	\$90 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Routine eye exams	\$0 copay; 1 every year*	\$75 copay; 1 every year*
Routine eyewear	<p>\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>	
Hearing - routine exam	\$0 copay; 1 per year*	\$75 copay; 1 per year*
Hearing aids	<p>\$375 - \$1,425 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.*</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.</p>	
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
Foot care - routine	\$50 copay; 6 visits per year*	\$75 copay; 6 visits per year*
Routine Chiropractic care	\$10 copay; 12 chiropractic visits per year*	\$75 copay; 12 chiropractic visits per year*
Routine Acupuncture	\$10 copay; 12 acupuncture visits per year*	\$75 copay; 12 acupuncture visits per year*
Meal Benefit	\$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	

	In-Network	Out-of-Network
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information



This information is not a complete description of benefits. Contact the plan for more information.