

# Benefit Highlights

## AARP® Medicare Advantage Patriot (PPO)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

<b>Monthly plan premium</b>	\$0
<b>Part B Premium Reduction</b>	Up to \$60

### Medical benefits

	In-network	Out-of-network
<b>Annual Medical Deductible</b>	No deductible	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$4,900 In-network	\$8,500 combined in and out-of-network
<b>Doctor's office visit</b>		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$45 copay (no referral needed)	\$45 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive services</b>	\$0 copay	\$0 copay
<b>Inpatient hospital care</b>	\$295 copay per day: days 1-6 \$0 copay per day: days 7 and beyond	\$295 copay per day: days 1-6 \$0 copay per day: days 7 and beyond
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$196 copay per day: days 21-45 \$0 copay per day: days 46-100	\$150 copay per day: days 1-16 \$250 copay per day: days 17-26 \$0 copay per day: days 27-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$250 copay	\$250 copay
<b>Outpatient mental health</b>		
Group therapy	\$10 copay	\$10 copay
Individual therapy	\$10 copay	\$10 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

## Medical benefits

	In-network	Out-of-network
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	50% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$140 copay	\$140 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$20 copay	\$20 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 copay
<b>Ambulance</b>	\$250 copay for ground or air	\$250 copay for ground or air
<b>Emergency care</b>	\$90 copay (\$0 copay for emergency care outside the United States) per visit	
<b>Urgently needed services</b>	\$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
<b>Routine physical</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eyewear</b>	<p>\$0 copay Plan pays up to \$200 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>	
<b>Dental - preventive</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental - comprehensive</b>	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	<p>\$2,500 combined limit on all covered dental services*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p>	
<b>Hearing - routine exam</b>	\$0 copay, 1 per year*	\$45 copay, 1 per year*
<b>Hearing aids</b>	<p>\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.*</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care (select models).</p>	

	In-network	Out-of-network
<b>Fitness program</b>	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.	
<b>Personal Emergency Response System</b>	\$0 copay for a personal emergency response system (PERS)	
<b>Foot care - routine</b>	\$45 copay, 6 visits per year*	\$45 copay, 6 visits per year*
<b>Routine chiropractic care</b>	\$10 copay, 18 visits per year*	\$45 copay, 18 visits per year*
<b>Over-the-counter (OTC) credit</b>	\$50 credit every quarter to buy covered OTC products	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>NurseLine</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

\*Benefits combined in and out-of-network



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

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