

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: \$10 copay
	Specialist: \$45 copay (no referral needed)	Specialist: \$45 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
Inpatient hospital care	\$295 copay per day: for days 1-6 \$0 copay per day for unlimited days after that	\$295 copay per day: for days 1-6 \$0 copay per day for unlimited days after that
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	\$150 copay per day: days 1-16 \$250 copay per day: days 17-34 \$0 copay per day: days 35-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$250 copay	\$250 copay
Mental health (outpatient and virtual)	Group therapy: \$10 copay	Group therapy: \$10 copay
	Individual therapy: \$10 copay	Individual therapy: \$10 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)	\$140 copay	\$140 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay	\$20 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$15 copay	\$15 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*	\$0 copay; 1 per year*
Routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Routine eyewear	<p>\$0 copay; 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>	
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	\$0 copay or 50% coinsurance for comprehensive dental services*	\$0 copay or 50% coinsurance for comprehensive dental services*
Dental - benefit limit	\$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	
Hearing - routine exam	\$0 copay; 1 per year*	\$45 copay; 1 per year*
Hearing aids	<p>\$175 - \$1,225 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.	

	In-Network	Out-of-Network
Personal Emergency Response System	Emergency monitoring device at no cost.	
Foot care - routine	\$45 copay; 6 visits per year*	\$45 copay; 6 visits per year*
Routine Chiropractic care	\$10 copay; 18 chiropractic visits per year*	\$45 copay; 18 chiropractic visits per year*
Over-the-Counter (OTC) Products Card	\$50 credit on a prepaid card every quarter to use on approved over-the-counter products.	
Meal Benefit	\$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	
NurseLine	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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