

Benefit Highlights

AARP Medicare Advantage Patriot (PPO)

This is a short description of your 2021 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 \$25

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 medical visits: \$0 copay	
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 \$184 copay per day: days 21-57 \$0 copay per day: days 58-100	\$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.)	\$0 - \$200 copay (Type 1 facility) \$0 - \$250 copay (Type 2 facility)	\$0 - \$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	
Diabetes monitoring supplies	\$0 copay for covered brands	20% coinsurance

Medical Benefits

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$140 copay	\$0 - \$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 worldwide	
Urgently needed services	\$30 - \$40 copay; \$0 copay worldwide	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*	\$0 copay; up to \$200 for home-delivered eyewear available nationwide only through UnitedHealthcare Vision. (select products only)*
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 limit on all covered dental services*	
Hearing - routine exam	\$0 copay; 1 per year*	\$45 copay; 1 per year*
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	\$375 copay for home-delivered hearing aids available nationwide through UnitedHealthcare Hearing (select products only)*
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
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*

	In-Network	Out-of-Network
Routine Chiropractic care	\$10 copay; 18 chiropractic visits per year*	\$45 copay; 18 chiropractic visits per year*
Over-the-Counter (OTC) Products Catalog	\$50 credit per quarter to use on approved over-the-counter products.	
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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