

# 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 \$40

### 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)	\$4,500 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$25 copay
	Specialist: \$35 copay (no referral needed)	Specialist: \$50 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 - 30% coinsurance (depending on the service)
Inpatient hospital care	\$275 copay per day: for days 1-5 \$0 copay per day for unlimited days after that	30% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$188 copay per day: days 21-44 \$0 copay per day: days 45-100	\$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)	\$275 copay	30% 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
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$90 copay	30% coinsurance
<b>Diagnostic tests and procedures (non-radiological)</b>	\$25 copay	30% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$20 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*	30% coinsurance; 1 per year*
<b>Routine eye exams</b>	\$0 copay; 1 every year*	\$50 copay; 1 every year*
<b>Routine eyewear</b>	<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>	
<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>\$1,500 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*	\$50 copay; 1 per year*
<b>Hearing aids</b>	<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>	
<b>Fitness program</b>	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
<b>Foot care - routine</b>	\$35 copay; 6 visits per year*	\$50 copay; 6 visits per year*

	In-Network	Out-of-Network
<b>Over-the-Counter (OTC) Products Catalog</b>	\$100 credit every quarter to use on approved over-the-counter products.	
<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.