

Summary of Benefits 2024

AARP[®] Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS) H2802-050-000

Look inside to learn more about the plan and the health services it covers. Call Customer Service or go online for more information about the plan.



Toll-free **1-844-723-6473**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week





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Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at **myAARPMedicare.com** or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

AARP[®] Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS)

Medical premium, deductible and limits	
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium
Part B premium reduction	Up to \$110
Annual medical deductible	This plan does not have a medical deductible.
Maximum out-of-pocket amount	\$3,700
	This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.

Medical benefits

Inpatient hospital care²

\$395 copay per day: days 1-6 \$0 copay per day: days 7 and beyond

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$345 copay otherwise
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$395 copay otherwise
	Outpatient hospital observation services ²	\$395 copay
Doctor visits	Primary care provider	\$0 сорау
	Specialists ²	\$20 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	Routine physical	\$0 copay, 1 per year
	Medicare-covered	\$0 сорау
	 Abdominal aort screening Alcohol misuse Annual wellnes Bone mass me Breast cancer s (mammogram) Cardiovascular (behavioral the) Cardiovascular Cervical and vas screening Colorectal cano (colonoscopy, fast, flexible sig 	 Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) disease screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling

Medical benefits		
	related disease	flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time) unseling for sign of tobacco-
	contract year will be This plan covers pre	
Emergency care		\$135 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed se	ervices	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit
Diagnostic tests, lab and radiology services, and X- rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$225 copay otherwise
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$50 copay
	Therapeutic radiology ²	\$60 copay
	Outpatient X-rays ²	\$25 copay

Medical benefits		
Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 сорау
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids ²	Copays from \$99 to \$1,249 for a broad selection of OTC and brand-name hearing aids
		 Access to one of the largest national networks of hearing professionals with more than 7,000 locations Broad range of popular hearing aids including Beltone[™], Oticon, Phonak, ReSound, Signia, Starkey[®], Unitron[™] and Widex[®] 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period
Routine dental benefits	Preventive and comprehensive ²	\$3,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive
benents		services like cleanings, fillings and crowns
Covered in- network and out- of-network.		 50% coinsurance for bridges and dentures No annual deductible Medicare Advantage's largest national dental network Freedom to see any dentist If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay

Medical benefits		
E FP Toz Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 сорау
	Eyewear after cataract surgery	\$0 сорау
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	 \$300 allowance for frames or contacts Access to one of Medicare Advantage's largest national networks of vision provider and retail network Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses Eyewear available from many online providers, including Warby Parker, GlassesUSA and more
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$395 copay per day: days 1-6 \$0 copay per day: days 7-90
	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing faci Our plan covers up t SNF.		\$0 copay per day: days 1-20 \$203 copay per day: days 21-100

Medical benefits		
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$20 copay
	Occupational Therapy Visit ²	\$20 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Ambulance ²		\$290 copay for ground \$290 copay for air
Your provider must authorization for no transportation.	-	
Routine transporta	tion	Not covered
Medicare Part B prescription	Chemotherapy drugs ²	20% coinsurance
drugs Cost sharing shown is the	Part B covered insulin ²	20% coinsurance, up to \$35
maximum you will pay for Part B prescription	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others
drugs. You may pay less for certain drugs.	Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	

Additional benefits	;	
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$15 copay
Diabetes management	Diabetes monitoring supplies ²	 \$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Diabetes self- management training Therapeutic	\$0 copay 20% coinsurance
	shoes or inserts ²	
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance

Additional benefits	;	
Fitness prog	gram	 \$0 copay for Renew Active[®] A free gym membership at a gym near you Access to the largest national network of gyms and fitness locations Access to many premium gyms and fitness locations An annual personalized fitness plan Members who need help can bring a workout assistant to the gym Access to thousands of on-demand workout videos and live streaming fitness classes Social activities at local health and wellness classes, clubs and events Online Fitbit[®] Community for Renew Active – no Fitbit device needed Access to the AARP[®] Staying Sharp[®] App
Foot care (podiatry services)	Foot exams and treatment ²	\$20 copay
	Routine foot care	\$20 copay, 6 visits per year
Meal benefit ²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home health care ²		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare- approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Opioid treatment p	program services ²	\$0 сорау
Outpatient substance abuse	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay

Additional benefits	
Over-the-Counter (OTC) Credit	\$110 credit every quarter for OTC products like pain relievers, cold remedies and vitamins in-store or online
	 Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more
	 Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you
Personal emergency response system	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
Renal Dialysis ²	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Member discounts



As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

About this plan

AARP[®] Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Illinois: Adams, Alexander, Bond, Calhoun, Clinton, Fayette, Greene, Jackson, Jersey, Macoupin, Madison, Marion, Monroe, Montgomery, Perry, Pike, Randolph, St. Clair, Union, Washington; Missouri: Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Macon, Madison, Maries, Marion, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Stone, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster, Wright.

Use network providers

AARP[®] Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS) has a network of doctors, hospitals, and other providers. For routine dental services, you can use providers that are not in our network. With this plan, you have the freedom to enjoy nationwide access to care at in-network costs when you visit any provider participating in the UnitedHealthcare[®] Medicare National Network (exclusions may apply).

You can go to **AARPMedicarePlans.com** to search for a network provider using the online directory.

Required Information

AARP[®] Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-370-3207 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-370-3207, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

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Over-the-Counter (OTC) Credit

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

The provider network may change at any time. You will receive notice when necessary.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.