

Benefit Highlights

AARP® Medicare Advantage Patriot (HMO-POS)

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

Monthly plan premium	\$0
Part B Premium Reduction	Up to \$35

Medical benefits

	Your cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$6,700
Doctor's office visit	
Primary care provider (PCP)	\$5 copay
Specialist	\$30 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay
Inpatient hospital care	\$390 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$196 copay per day: days 21-55 \$0 copay per day: days 56-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$325 copay
Outpatient mental health	
Group therapy	\$15 copay
Individual therapy	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$150 copay

Medical benefits

	Your cost
Diagnostic tests and procedures (non-radiological)	\$30 copay
Lab services	\$0 copay
Outpatient x-rays	\$30 copay
Ambulance	\$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

	Your cost
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	<p>\$0 copay</p> <p>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>
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services*
Dental - benefit limit	<p>\$1,000 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>
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	<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>
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.

	Your cost
Foot care - routine	\$30 copay, 6 visits per year
Over-the-counter (OTC) credit	\$60 credit every quarter to buy covered OTC products
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) 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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