

# 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

<b>Monthly plan premium</b>	\$0
<b>Part B Premium Reduction</b>	Up to \$30

### Medical Benefits

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Medical Deductible</b>	No deductible	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$6,700 In-Network	\$10,000 combined In and Out-of-Network
<b>Doctor's office visit</b>	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.	
<b>Preventive services</b>	\$0 copay	\$0 copay
<b>Inpatient hospital care</b>	\$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
<b>Skilled nursing facility (SNF)</b>	\$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
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$250 copay	\$250 copay
<b>Mental health (outpatient and virtual)</b>	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.	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	50% coinsurance

## Medical Benefits

	In-Network	Out-of-Network
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$140 copay	\$140 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$20 copay	\$20 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 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*	\$0 copay; 1 per year*
<b>Routine eye exams</b>	\$0 copay; 1 every year*	\$0 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 or 50% coinsurance for comprehensive dental services*	\$0 copay or 50% coinsurance for comprehensive dental services*
<b>Dental - benefit limit</b>	\$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	
<b>Hearing - routine exam</b>	\$0 copay; 1 per year*	\$45 copay; 1 per year*
<b>Hearing aids</b>	<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>	
<b>Fitness program</b>	Renew Active fitness membership, classes and online brain exercises at no cost to you.	

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

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