



Summary of Benefits 2026

AARP® Medicare Advantage Patriot No Rx KY-MA01 (PPO)

H8768-020-000

Look inside to learn more about the plan and the health services it covers.
Contact us for more information about the plan.



AARPMedicarePlans.com



Toll-free 1-844-723-6473, TTY 711

8 a.m.-8 p.m. local time, 7 days a week

AARP® Medicare Advantage
from  UnitedHealthcare®

Y0066_SB_H8768_020_000_2026_M

Summary of Benefits

January 1, 2026 - December 31, 2026

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 KY-MA01 (PPO)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium	
Part B premium reduction	Up to \$150 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount	\$6,700 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$10,100 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.

Medical benefits		
	In-network	Out-of-network
Inpatient hospital care² Our plan covers an unlimited number of days for an inpatient hospital stay.	\$425 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	40% coinsurance per stay
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$375 copay otherwise

Medical benefits

		In-network	Out-of-network
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$425 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$425 copay	40% coinsurance
Doctor visits	Primary care provider	\$0 copay	\$25 copay
	Specialists ²	\$55 copay	\$70 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*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
	<input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening	<input type="checkbox"/> HIV screening <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling <input type="checkbox"/> Prostate cancer screenings (PSA) <input type="checkbox"/> Sexually transmitted infections screenings and counseling <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	

Medical benefits

	In-network	Out-of-network												
	<ul style="list-style-type: none"> <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) 												
Emergency care		\$130 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 services		\$50 copay (\$0 copay for urgently needed services outside the United States) per visit												
Diagnostic tests, lab and radiology services, and X-rays	<p>Diagnostic radiology services (e.g. MRI, CT scan)²</p> <p>Lab services²</p> <p>Diagnostic tests and procedures²</p> <p>Therapeutic radiology²</p> <p>Outpatient X-rays²</p>	<table border="0"> <tr> <td>\$0 copay for each diagnostic mammogram</td> <td>40% coinsurance</td> </tr> <tr> <td>\$260 copay otherwise</td> <td></td> </tr> <tr> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>\$50 copay</td> <td>40% coinsurance</td> </tr> <tr> <td>20% coinsurance</td> <td>40% coinsurance</td> </tr> <tr> <td>\$30 copay</td> <td>\$40 copay</td> </tr> </table>	\$0 copay for each diagnostic mammogram	40% coinsurance	\$260 copay otherwise		\$0 copay	\$0 copay	\$50 copay	40% coinsurance	20% coinsurance	40% coinsurance	\$30 copay	\$40 copay
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 Hearing services	<p>Exam to diagnose and treat hearing and balance issues²</p> <p>Routine hearing exam</p> <p>Hearing aids²</p>	<table border="0"> <tr> <td>\$0 copay</td> <td>\$70 copay</td> </tr> <tr> <td>\$0 copay for a routine hearing exam to help support hearing health*</td> <td>\$70 copay for a routine hearing exam to help support hearing health*</td> </tr> <tr> <td>\$199 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.*</td> <td></td> </tr> </table>	\$0 copay	\$70 copay	\$0 copay for a routine hearing exam to help support hearing health*	\$70 copay for a routine hearing exam to help support hearing health*	\$199 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.*							
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Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <input type="checkbox"/> A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids <input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 6,500 locations <input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period <input type="checkbox"/> Hearing aids purchased outside of UnitedHealthcare Hearing are not covered 	
 Routine dental benefits	<p>Preventive and comprehensive services²</p> <p>\$5,000 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride</p> <p>50% coinsurance for covered comprehensive services like fillings, crowns, bridges and dentures</p> <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist 	
 Vision services	<p>Exam to diagnose and treat diseases and conditions of the eye²</p> <p>\$0 copay</p> <p>Eyewear after cataract surgery</p> <p>\$0 copay</p> <p>Routine eye exam</p> <p>\$0 copay for a routine eye exam each year to help protect your eyesight and health*</p>	<p>\$70 copay</p> <p>40% coinsurance</p> <p>\$70 copay for a routine eye exam each year to help protect your eyesight and health*</p>

Medical benefits

		In-network	Out-of-network
	Routine eyewear	<p>\$200 allowance every 2 years for 1 pair of frames or contacts*</p> <ul style="list-style-type: none"> <input type="checkbox"/>Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives <input type="checkbox"/>Other covered lenses available with copays from \$40 – \$153 <input type="checkbox"/>Access to one of Medicare Advantage's largest national networks of vision providers and retail providers <input type="checkbox"/>Eyewear available from many online providers, including Warby Parker and GlassesUSA <input type="checkbox"/>You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network 	
Mental health	<p>Inpatient visit² Our plan covers 90 days for an inpatient hospital stay</p> <p>Outpatient group therapy visit²</p> <p>Outpatient individual therapy visit²</p> <p>Virtual mental health visits</p>	<p>\$425 copay per day: days 1-5 \$0 copay per day: days 6-90</p> <p>\$15 copay</p> <p>\$25 copay</p> <p>\$0 copay to talk with a network telehealth provider online through live audio and video</p>	<p>40% coinsurance per stay</p> <p>\$30 copay</p> <p>\$40 copay</p>
Skilled nursing facility (SNF)²	<p>Our plan covers up to 100 days in a SNF.</p>	<p>\$0 copay per day: days 1-20 \$218 copay per day: days 21-100</p>	<p>\$250 copay per day: days 1-100</p>
Outpatient rehabilitation services	<p>Physical therapy and speech and language therapy visit²</p> <p>Occupational Therapy Visit²</p>	<p>\$55 copay</p> <p>\$50 copay</p>	<p>\$70 copay</p> <p>\$70 copay</p>

Medical benefits

	In-network	Out-of-network
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.	\$290 copay for ground \$290 copay for air	\$290 copay for ground \$290 copay for air
Routine transportation	Not covered	Not covered
Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs ² Part B covered insulin ² Other Part B drugs ² Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	20% coinsurance 20% coinsurance, up to \$35 \$0 copay for allergy antigens 20% coinsurance for all others \$0 copay for allergy antigens 40% coinsurance for all others

Additional benefits

	In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$15 copay \$70 copay
Diabetes management	Diabetes monitoring supplies ² We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue,	\$0 copay 50% coinsurance

Additional benefits

	In-network	Out-of-network
	Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.	
	Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	
Diabetes self-management training	\$0 copay	40% coinsurance
Therapeutic shoes or inserts ²	20% coinsurance	50% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance 50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance 50% coinsurance
 Fitness program	\$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes: <ul style="list-style-type: none"><input type="checkbox"/> Free gym membership at core and premium locations<input type="checkbox"/> Access to a large national network of gyms and fitness locations<input type="checkbox"/> On-demand workout videos and live streaming fitness classes<input type="checkbox"/> Online memory fitness activities	
Foot care (podiatry services)	Foot exams and treatment ²	\$45 copay \$70 copay
	Routine foot care	\$45 copay, 6 visits per year*
		\$70 copay, 6 visits per year*

Additional benefits

	In-network	Out-of-network	
Meal benefit²	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay		
Home health care²	\$0 copay	50% coinsurance	
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.		
Opioid treatment program services²	\$0 copay	\$0 copay	
Outpatient substance use disorder services	Outpatient group therapy visit ² Outpatient individual therapy visit ²	\$15 copay \$25 copay	\$30 copay \$40 copay
OTC credit	 \$50 credit every quarter for over-the-counter (OTC) products in-store or online <ul style="list-style-type: none"><input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more<input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you		
Renal dialysis²	20% coinsurance	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 KY-MA01 (PPO) is a Medicare Advantage PPO 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:

Kentucky: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, Woodford.

Use network providers

AARP® Medicare Advantage Patriot No Rx KY-MA01 (PPO) has a network of doctors, hospitals, and other providers. With this plan, you have the freedom to enjoy access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services.

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

Required Information

AARP® Medicare Advantage Patriot No Rx KY-MA01 (PPO) 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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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 1-877-849-5430 for additional information (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 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 1-877-849-5430, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 10 p.m. hora del Centro: 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 \$100-450 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 fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC credit

OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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.