

Benefit Highlights

AARP® Medicare Advantage Patriot (Regional PPO)

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 \$50

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)	\$6,700 In-network	\$10,000 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$10 copay	\$40 copay
Specialist	\$50 copay (no referral needed)	\$70 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	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$395 copay per day: days 1-4 \$0 copay per day: days 5 and beyond	40% coinsurance per stay for unlimited days
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	\$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)	\$395 copay	40% coinsurance
Outpatient mental health		
Group therapy	\$15 copay	\$30 copay
Individual therapy	\$25 copay	\$40 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits

	In-network	Out-of-network
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$90 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$7 copay
Ambulance	\$250 copay for ground or air	\$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

	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$70 copay, 1 per year*
Routine eyewear	<p>\$0 copay</p> <p>Plan pays up to \$100 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	\$0 copay for exams, cleanings, X-rays, and fluoride*	<p>\$0 copay for exams, cleanings, X-rays, and fluoride*</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*	\$70 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>	

	In-network	Out-of-network
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.	
Foot care - routine	\$50 copay, 6 visits per year*	\$70 copay, 6 visits per year*
Over-the-counter (OTC) credit	\$40 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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