

# Benefit Highlights

## AARP® Medicare Advantage Patriot No Rx NC-MA02 (HMO-POS)

This is a short description of your 2025 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	\$160 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	
Medical benefits		
	In-network	Out-of-network
Annual Medical Deductible	No deductible in or out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$7,900 In-network	\$7,900 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	No coverage
Specialist	\$50 copay (no referral needed)	No coverage
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	Flu, pneumonia, or COVID-19 vaccines: \$0 copay All other services: No coverage
Inpatient hospital care	\$475 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$475 copay per day: days 1-5 \$0 copay per day: days 6 and beyond <sup>‡</sup>

Medical benefits		
	In-network	Out-of-network
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	No coverage
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$475 copay	\$475 copay <sup>‡</sup>
Outpatient mental health		
Group therapy	\$15 copay	No coverage
Individual therapy	\$25 copay	No coverage
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	No coverage
Diagnostic radiology services (such as MRIs, CT scans)	\$225 copay	No coverage
Diagnostic tests and procedures (non-radiological)	\$45 copay	No coverage
Lab services	\$0 copay	No coverage
Outpatient x-rays	\$25 copay	No coverage
Ambulance	\$290 copay for ground or air	No coverage (except for emergencies)
Emergency care	\$110 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$45 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	No coverage

Benefits and services beyond Original Medicare		
	In-network	Out-of-network
<b>Routine eye exams</b>	\$0 copay, 1 per year	No coverage
<b>Routine eyewear</b>	<p>\$0 copay Plan pays up to \$250 every 2 years toward your purchase of 1 pair of frames (with a \$0 copay for standard lenses and a \$40 - \$153 copay for other covered lenses) or contact lenses (fitting and evaluation may be an additional cost) through network providers.</p> <p>Home delivered eyewear available through select network providers (select products only).</p> <p>You are responsible for all eyewear costs from providers outside of the network.</p>	
<b>Dental – preventive</b>	\$0 copay for exams, cleanings, X-rays and fluoride*	\$0 copay for exams, cleanings, X-rays and fluoride*
<b>Hearing - routine exam</b>	\$0 copay, 1 per year	No coverage
<b>Hearing aids</b>	<p>\$99 - \$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 through network providers.</p> <p>Includes hearing aids delivered directly to you (select products only).</p>	
<b>Fitness program</b>	\$0 copay, which includes a free gym membership, online fitness classes, and memory activities.	
<b>Foot care - routine</b>	\$45 copay, 6 visits per year	No coverage
<b>Rewards</b>	<p>Earn up to \$155 in rewards when you get started in January<sup>Ω</sup> \$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$5 Flu Shot</p>	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	

\* Benefits are combined in and out-of-network

<sup>¥</sup> Out-of-network services are limited to CaroMont providers or facilities only in Gaston County

**Optional riders available – See the Summary of Benefits or Evidence of Coverage for information**



<sup>Ω</sup>Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at [myuhcmedicare.com/rewards](https://myuhcmedicare.com/rewards). Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. Rewards expire 1 month after Medicare Advantage plan terminates. This doesn't impact you while you're enrolled in your current plan or if you switch to another UnitedHealthcare Medicare Advantage plan.

This information is not a complete description of benefits. Contact the plan for more information.

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