Benefit Highlights

AARP® Medicare Advantage Patriot No Rx TC-MA01 (HMO-POS)

This is a short description of your 2024 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 $100

Medical benefits	
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$3,200
Doctor's office visit	
Primary care provider (PCP)	$0 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	$250 copay per day: days 1-7 $0 copay per day: days 8 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$250 copay
Outpatient mental health	
Group therapy	$15 copay
Individual therapy	$25 copay

Medical benefits	
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)	$225 copay
Diagnostic tests and procedures (non-radiological)	$45 copay
Lab services	$0 copay
Outpatient x-rays	$25 copay
Ambulance	$290 copay for ground or air
Emergency care	$135 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	
Routine physical	$0 copay, 1 per year
Routine eye exams	$0 copay, 1 per year
Routine eyewear	$0 copay Plan pays up to $250 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision. Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.
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)	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*

Benefits and services beyond Original Medicare	
Dental - benefit limit	$2,500 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
Hearing - routine exam	$0 copay, 1 per year
Hearing aids	$99 to $1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.
Routine transportation	$0 copay for 24 one-way trips to or from approved medically related appointments and pharmacies
Personal emergency response system	$0 copay for a personal emergency response system (PERS)
Foot care - routine	$30 copay, 6 visits per year
Over-the-counter (OTC) credit	$125 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.
Nurse Hotline	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits are combined in and out-of-network

AARP | Medicare Advantage from UnitedHealthcare

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