

Benefit Highlights

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

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 | \$110 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 | \$0 copay |
| Specialist | \$55 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 |
| Inpatient hospital care | \$475 copay per day: days 1-5 \$0 copay per day: days 6 and beyond | \$575 copay per day: days 1-6 \$0 copay per day: days 7 and beyond |
| Skilled nursing facility (SNF) | \$0 copay per day: days 1-20 \$203 copay per day: days 21-100 | \$225 copay per day: days 1-100 |

| Medical benefits | | |
|---|--|-------------------------------|
| | In-network | Out-of-network |
| Outpatient hospital, including surgery (Cost sharing for additional plan services will apply) | \$475 copay | \$575 copay |
| Outpatient mental health | | |
| Group therapy | \$10 copay | \$10 copay |
| Individual therapy | \$10 copay | \$10 copay |
| 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 | 50% coinsurance |
| Diagnostic radiology services (such as MRIs, CT scans) | \$250 copay | \$250 copay |
| Diagnostic tests and procedures (non-radiological) | \$50 copay | \$50 copay |
| Lab services | \$0 copay | \$0 copay |
| Outpatient x-rays | \$25 copay | \$30 copay |
| Ambulance | \$290 copay for ground or air | \$290 copay for ground or air |
| 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* | \$0 copay, 1 per year* |
| Routine eye exams | \$0 copay, 1 per year* | \$0 copay, 1 per year* |
| Routine eyewear | \$0 copay Plan pays up to \$200 every 2 years toward your purchase of 1 pair of frames (with a \$0 copay for standard lenses and a \$40 - | |

| Benefits and services beyond Original Medicare | | |
|--|--|--|
| | In-network | Out-of-network |
| | <p>\$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> | |
| Dental – preventive | \$0 copay for exams, cleanings, X-rays and fluoride* | \$0 copay for exams, cleanings, X-rays and fluoride* |
| Dental – comprehensive | 50% coinsurance on dentures and bridges \$0 copay for all other covered comprehensive services* | 50% coinsurance on dentures and bridges \$0 copay for all other covered comprehensive services* |
| Dental - benefit limit | \$2,000 combined limit on all covered dental services* | |
| Hearing - routine exam | \$0 copay, 1 per year* | \$70 copay, 1 per year* |
| Hearing aids | <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> | |
| Fitness program | \$0 copay, which includes a free gym membership, online fitness classes, and memory activities. | |
| Foot care - routine | \$45 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 | |
| Rewards | <p>Earn up to \$155 in rewards when you get started in January^Q</p> <p>\$5 Meet your 2025 UCard, \$15 Annual Physical or Wellness Visit, \$10 each month Get Moving, \$10 Connect with others, \$5 Flu Shot</p> | |
| Meal benefit | \$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



^ΩMedicare 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. 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. 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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