



# Summary of Benefits 2025

**AARP® Medicare Advantage Patriot No Rx CO-MA03 (PPO)**  
H2406-107-000

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®**

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

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](https://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 CO-MA03 (PPO)

| Medical premium, deductible and limits |  |  |
|--|--|--|
|  | In-network   | Out-of-network   |
| <b>Monthly plan premium</b>            | \$0<br>You need to continue to pay your Medicare Part B premium  |  |
| <b>Part B premium reduction</b>        | \$60<br>Reductions will be applied to your Social Security check or your Medicare Part B premium bill.   |  |
| <b>Annual medical deductible</b>       | This plan does not have a medical deductible.  |  |
| <b>Maximum out-of-pocket amount</b>    | \$4,400<br><br>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. | \$10,100<br><br>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  |
| <b>Inpatient hospital care<sup>2</sup></b> |   | \$395 copay per day: days 1-7<br>\$0 copay per day: days 8 and beyond | \$500 copay per day: for days 1-21<br>\$0 copay per day: for days 22 and beyond |
|  | Our plan covers an unlimited number of days for an inpatient hospital stay. |   |   |
| <b>Outpatient hospital</b>                 | Ambulatory surgical center (ASC) <sup>2</sup>                               | \$0 copay for a colonoscopy<br>\$395 copay otherwise                  | 40% coinsurance   |

| Medical benefits  |   |  |  |
|---|---|--|--|
|   |   | In-network   | Out-of-network   |
| Cost-sharing for additional plan covered services will apply. | Outpatient hospital, including surgery <sup>2</sup>   | \$0 copay for a colonoscopy<br>\$395 copay otherwise   | 40% coinsurance  |
|   | Outpatient hospital observation services <sup>2</sup>   | \$395 copay  | 40% coinsurance  |
| <b>Doctor visits</b>  | Primary care provider   | \$0 copay  | \$35 copay   |
|   | Specialists <sup>2</sup>  | \$50 copay   | \$80 copay   |
|   | Virtual medical visits  | \$0 copay to talk with a network telehealth provider online through live audio and video   |  |
| <b>Preventive services</b>                                    | 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<br><input type="checkbox"/> Alcohol misuse counseling<br><input type="checkbox"/> Annual wellness visit<br><input type="checkbox"/> Bone mass measurement<br><input type="checkbox"/> Breast cancer screening (mammogram)<br><input type="checkbox"/> Cardiovascular disease (behavioral therapy)<br><input type="checkbox"/> Cardiovascular screening<br><input type="checkbox"/> Cervical and vaginal cancer screening<br><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br><input type="checkbox"/> Depression screening<br><input type="checkbox"/> Diabetes screenings and monitoring<br><input type="checkbox"/> Hepatitis C screening | <input type="checkbox"/> HIV screening<br><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening<br><input type="checkbox"/> Medical nutrition therapy services<br><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)<br><input type="checkbox"/> Obesity screenings and counseling<br><input type="checkbox"/> Prostate cancer screenings (PSA)<br><input type="checkbox"/> Sexually transmitted infections screenings and counseling<br><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |  |

## Medical benefits

|  |  | In-network  | Out-of-network   |
|--|--|---|--|
| <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19  |  |   | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |
| <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> |  |   |  |
| <b>Emergency care</b>  |  | \$125 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. |  |
| <b>Urgently needed services</b>  |  | \$55 copay (\$0 copay for urgently needed services outside the United States) per visit   |  |
| <b>Diagnostic tests, lab and radiology services, and X-rays</b>  | Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>     | \$0 copay for each diagnostic mammogram<br>\$250 copay otherwise  | 40% coinsurance  |
|  | Lab services <sup>2</sup>  | \$0 copay   | \$0 copay  |
|  | Diagnostic tests and procedures <sup>2</sup>                       | \$45 copay  | 40% coinsurance  |
|  | Therapeutic radiology <sup>2</sup>                                 | 20% coinsurance   | 40% coinsurance  |
|  | Outpatient X-rays <sup>2</sup>                                     | \$25 copay  | \$40 copay   |
|  <b>Hearing services</b>  | Exam to diagnose and treat hearing and balance issues <sup>2</sup> | \$0 copay   | \$80 copay   |
|  | Routine hearing exam   | \$0 copay, 1 per year*  | \$80 copay, 1 per year*  |
|  | Hearing aids <sup>2</sup>  | \$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.*  |  |


## Medical benefits

|  |  | In-network   | Out-of-network          |
|--|--|--|-------------------------|
|  |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li><input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li><input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>   |                         |
|  <b>Routine dental benefits</b> | Preventive and comprehensive <sup>2</sup>                                  | \$2,000 allowance for all covered dental services*<br><br>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns<br><br>50% coinsurance for bridges and dentures <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>   |                         |
|  <b>Vision services</b>       | Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup> | \$0 copay  | \$80 copay              |
|  | Eyewear after cataract surgery   | \$0 copay  | 40% coinsurance         |
|  | Routine eye exam   | \$0 copay, 1 per year*   | \$80 copay, 1 per year* |
|  | Routine eyewear  | \$250 allowance for 1 pair of frames or contacts* <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives</li> <li>• Other covered lenses available with copays from \$40 – \$153</li> <li>• Access to one of Medicare Advantage’s largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul> |                         |

| Medical benefits  |  |  |   |
|---|--|--|---|
|   |  | In-network   | Out-of-network  |
| <b>Mental health</b>  | Inpatient visit <sup>2</sup><br>Our plan covers 90 days for an inpatient hospital stay | \$395 copay per day: days 1-5<br>\$0 copay per day: days 6-90                            | \$500 copay per day: days 1-21<br>\$0 copay per day: days 22-90 |
|   | Outpatient group therapy visit <sup>2</sup>  | \$15 copay   | \$30 copay  |
|   | Outpatient individual therapy visit <sup>2</sup>                                       | \$25 copay   | \$40 copay  |
|   | Virtual mental health visits   | \$0 copay to talk with a network telehealth provider online through live audio and video |   |
| <b>Skilled nursing facility (SNF)<sup>2</sup></b><br>Our plan covers up to 100 days in a SNF.                   |  | \$0 copay per day: days 1-20<br>\$203 copay per day: days 21-100                         | \$225 copay per day: days 1-100                                 |
| <b>Outpatient rehabilitation services</b>   | Physical therapy and speech and language therapy visit <sup>2</sup>                    | \$50 copay   | \$80 copay  |
|   | Occupational Therapy Visit <sup>2</sup>  | \$45 copay   | \$80 copay  |
|   | Virtual medical visits   | \$0 copay to talk with a network telehealth provider online through live audio and video |   |
| <b>Ambulance<sup>2</sup></b><br>Your provider must obtain prior authorization for non-emergency transportation. |  | \$290 copay for ground<br>\$290 copay for air  | \$290 copay for ground<br>\$290 copay for air                   |
| <b>Routine transportation</b>   |  | Not covered  | Not covered   |


| Medical benefits  |  |  |  |
|---|--|--|--|
|   |  | In-network   | Out-of-network   |
| <b>Medicare Part B prescription drugs</b><br>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 <sup>2</sup>  | 20% coinsurance  | 40% coinsurance  |
|   | Part B covered insulin <sup>2</sup>  | 20% coinsurance, up to \$35                                      | 40% coinsurance  |
|   | Other Part B drugs <sup>2</sup><br>Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | \$0 copay for allergy antigens<br>20% coinsurance for all others | \$0 copay for allergy antigens<br>40% coinsurance for all others |

| Additional benefits          |   |   |                 |
|------------------------------|---|---|-----------------|
|                              |   | In-network  | Out-of-network  |
| <b>Chiropractic services</b> | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup> | \$20 copay  | \$80 copay      |
| <b>Diabetes management</b>   | Diabetes monitoring supplies <sup>2</sup>   | \$0 copay<br><br>We only cover Accu-Chek® and OneTouch® brands.<br><br>Covered glucose monitors include:<br>OneTouch Verio Flex®,<br>OneTouch® Ultra 2,<br>Accu-Chek® Guide Me<br>and Accu-Chek® Guide.<br><br>Test strips: OneTouch Verio®, OneTouch Ultra®,<br>Accu-Chek® Guide,<br>Accu-Chek® Aviva Plus | 50% coinsurance |

| Additional benefits  |   |  |                                |
|--|---|--|--------------------------------|
|  |   | In-network                                 | Out-of-network                 |
|  |   | and Accu-Chek®<br>SmartView.               |                                |
|  |   | Other brands are not covered by your plan. |                                |
|  | Diabetes self-management training   | \$0 copay                                  | 40% coinsurance                |
|  | Therapeutic shoes or inserts <sup>2</sup>   | 20% coinsurance                            | 50% coinsurance                |
| <b>Durable medical equipment (DME) and related supplies</b>  | DME (e.g., wheelchairs, oxygen) <sup>2</sup>  | 20% coinsurance                            | 50% coinsurance                |
|  | Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>   | 20% coinsurance                            | 50% coinsurance                |
|  <b>Fitness program</b> | <p>\$0 copay</p> <p>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:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Free gym membership</li> <li><input type="checkbox"/> Access to a large national network of gyms and fitness locations</li> <li><input type="checkbox"/> On-demand workout videos and live streaming fitness classes</li> <li><input type="checkbox"/> Online memory fitness activities</li> </ul> |  |                                |
| <b>Foot care</b><br>(podiatry services)  | Foot exams and treatment <sup>2</sup>   | \$45 copay                                 | \$80 copay                     |
|  | Routine foot care   | \$45 copay, 6 visits per year*             | \$80 copay, 6 visits per year* |
| <b>Meal benefit<sup>2</sup></b>  | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay   |  |                                |
| <b>Home health care<sup>2</sup></b>  |   | \$0 copay                                  | 50% coinsurance                |



## Additional benefits

|  |  | In-network   | Out-of-network  |
|--|--|--|-----------------|
| <b>Hospice</b>   |  | 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. |                 |
| <b>Opioid treatment program services<sup>2</sup></b>   |  | \$0 copay  | \$0 copay       |
| <b>Outpatient substance use disorder services</b>  | Outpatient group therapy visit <sup>2</sup>  | \$15 copay   | \$30 copay      |
|  | Outpatient individual therapy visit <sup>2</sup>   | \$25 copay   | \$40 copay      |
|  <b>Over-the-counter (OTC) credit</b> | \$50 credit every quarter for OTC products in-store or online <ul style="list-style-type: none"> <li><input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more</li> <li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul> |  |                 |
| <b>Renal dialysis<sup>2</sup></b>  |  | 20% coinsurance  | 20% coinsurance |

<sup>2</sup> 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 CO-MA03 (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:

**Colorado:** Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Eagle, El Paso, Fremont, Gilpin, Grand, Huerfano, Kiowa, Kit Carson, Lake, Larimer, Las Animas, Lincoln, Logan, Morgan, Otero, Park, Phillips, Pueblo, Summit, Teller, Washington, Weld, Yuma.

## Use network providers

AARP® Medicare Advantage Patriot No Rx CO-MA03 (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](https://www.aarpmedicareplans.com) to search for a network provider using the online directory.

## Required Information

AARP® Medicare Advantage Patriot No Rx CO-MA03 (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 [www.medicare.gov](http://www.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 1-866-579-8774 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice 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 1-866-579-8774, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: 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

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and

policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

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### **Over-the-counter (OTC) credit**

OTC benefits have expiration timeframes. Call your plan or 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.