Summary of Benefits 2026

AARP® Medicare Advantage Patriot No Rx CA-MA2 (HMO-POS)
H0543-258-000

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®

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Summary of Benefits

January 1, 2026 - December 31, 2026

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** 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 CA-MA2 (HMO-POS)

Medical premium, deductible and limits		
Monthly plan premium		$0 You need to continue to pay your Medicare Part B premium
Part B premium reduction		Up to $25 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
Annual medical deductible		This plan does not have a medical deductible.
Maximum out-of-pocket amount		$4,900 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.

Medical benefits		
Inpatient hospital care[1,2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$195 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[1,2]	$0 copay for a colonoscopy $145 copay otherwise
	Outpatient hospital, including surgery[1,2]	$0 copay for a colonoscopy $195 copay otherwise
	Outpatient hospital observation services[1,2]	$195 copay

Medical benefits		
Doctor visits	Primary care provider	$0 copay
	Specialists[1,2]	$15 copay
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	Routine physical	$0 copay, 1 per year
	Medicare-covered	$0 copay

- ☐ Abdominal aortic aneurysm screening
- ☐ Alcohol misuse counseling
- ☐ Annual wellness visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C screening
- ☐ HIV screening
- ☐ Lung cancer with low dose computed tomography (LDCT) screening
- ☐ Medical nutrition therapy services
- ☐ Medicare Diabetes Prevention Program (MDPP)
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- ☐ “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.
This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

Medical benefits		
Emergency care		$130 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.
Urgently needed services		$50 copay ($0 copay for urgently needed services outside the United States) per visit
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1,2]	$0 copay for each diagnostic mammogram $260 copay otherwise
	Lab services[1,2]	$0 copay
	Diagnostic tests and procedures[1,2]	$0 copay
	Therapeutic radiology[1,2]	20% coinsurance
	Outpatient X-rays[1,2]	$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[1,2]	$0 copay
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health
	Hearing aids[2]	$199 - $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. ☐ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids ☐ Access to one of the largest national networks of hearing professionals with more than 6,500 locations ☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period

Medical benefits		
		▯ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered
Routine dental benefits	Optional Dental Rider	For an extra $56 per month, you'll get access to dental coverage that includes: ▯ $1,500 per year for covered dental services through the Platinum Dental Rider ▯ $0 copay for covered network preventive services such as exams, routine cleanings, X-rays and fluoride ▯ 50% coinsurance for all covered network comprehensive services such as fillings, crowns, root canals, dentures, bridges and extractions
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1,2]	$0 copay
	Eyewear after cataract surgery[1]	$0 copay
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health
	Routine eyewear	$150 allowance every 2 years for 1 pair of frames or contacts ▯Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives ▯Other covered lenses available with copays from $40 – $153 ▯Access to one of Medicare Advantage's largest national networks of vision providers and retail providers ▯Eyewear available from many online providers, including Warby Parker and GlassesUSA ▯You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network

Medical benefits		
Mental health	Inpatient visit[1,2] Our plan covers 90 days for an inpatient hospital stay	$195 copay per day: days 1-5 $0 copay per day: days 6-90
	Outpatient group therapy visit[1,2]	$15 copay
	Outpatient individual therapy visit[1,2]	$25 copay
	Virtual mental health visits	$0 copay to talk with a network telehealth provider online through live audio and video
Skilled nursing facility (SNF)[1,2] Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-20 $218 copay per day: days 21-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[1,2]	$15 copay
	Occupational Therapy Visit[1,2]	$15 copay
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$290 copay for ground $290 copay for air
Routine transportation		Not covered

Medical benefits		
Medicare Part B prescription drugs Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs[2]	20% coinsurance
	Part B covered insulin[2]	20% coinsurance, up to $35
	Other Part B drugs[2] Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	$0 copay for allergy antigens 20% coinsurance for all others

Additional benefits		
Acupuncture services	Routine acupuncture services	$0 copay, 12 visits per year
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1,2]	$0 copay
	Routine chiropractic services	$0 copay, 12 visits per year
Diabetes management	Diabetes monitoring supplies[2]	$0 copay
	Diabetes self-management training	$0 copay
	Therapeutic shoes or inserts[2]	20% coinsurance
Durable medical equipment (DME)	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance

Additional benefits		
and related supplies	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance
 **Fitness program**		$0 copay 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: ☐ Free gym membership at core and premium locations ☐ Access to a large national network of gyms and fitness locations ☐ On-demand workout videos and live streaming fitness classes ☐ Online memory fitness activities
Foot care (podiatry services)	Foot exams and treatment[1,2]	$15 copay
Home health care[1,2]		$0 copay
Hospice		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.
Opioid treatment program services[2]		$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[1,2]	$15 copay
	Outpatient individual therapy visit[1,2]	$25 copay
Renal dialysis[1,2]		20% coinsurance

[1] Requires a referral from your doctor.

[2] May require your provider to get prior authorization from the plan for in-network benefits.

Optional supplemental benefits	
Platinum Dental Rider premium	Additional $56 per month

Optional supplemental benefits	
	The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage Plan.

About this plan

AARP® Medicare Advantage Patriot No Rx CA-MA2 (HMO-POS) is a Medicare Advantage HMOPOS 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 the following county in:

California: San Diego.

Use network providers

AARP® Medicare Advantage Patriot No Rx CA-MA2 (HMO-POS) has a network of doctors, hospitals, and other providers. For some services you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP.

You can go to **AARPMedicarePlans.com** to search for a network provider using the online directory.

Required Information

AARP® Medicare Advantage Patriot No Rx CA-MA2 (HMO-POS) 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 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.

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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

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

The provider network may change at any time. You will receive notice when necessary.

Rewards Program
Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.