Summary of Benefits 2027

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

H8768-031-000

Look inside to learn more about the plan and the health services it covers.
Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **AARPMedicarePlans.com**

Call 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®

Y0066_SB_H8768_031_000_2027_M

Summary of Benefits

January 1, 2027 - December 31, 2027

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 MS-MA01 (PPO)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$0 You need to continue to pay your Medicare Part B premium	
Part B premium reduction	Up to $180 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	
Annual medical deductible	No deductible	Your medical deductible is $1,000 for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.
Maximum out-of-pocket amount	$7,150 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	$10,750 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**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$325 copay per day: days 1-6 $0 copay per day: days 7 and beyond	40% coinsurance per stay
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $325 copay otherwise	40% coinsurance
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $325 copay otherwise	40% coinsurance
	Outpatient hospital observation services[2]	$325 copay	40% coinsurance
Doctor visits	Primary care provider	$0 copay	$20 copay
	Specialists[2]	$50 copay	$70 copay
	Virtual medical visits	$0 copay	Same as a Doctor's office visit

Medical benefits			
		In-network	**Out-of-network**
Preventive services	Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	$0 copay	$0 copay - 40% coinsurance (depending on the service)
	• 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.		
Emergency care		$130 copay 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 per visit	
Diagnostic tests, lab and radiology	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay for each diagnostic mammogram $320 copay otherwise	40% coinsurance

Medical benefits			
		In-network	**Out-of-network**
services, and X-rays	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$45 copay	40% coinsurance
	Therapeutic radiology[2]	20% coinsurance	40% coinsurance
	Outpatient X-rays[2]	$30 copay	$50 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$70 copay
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health*	$70 copay for a routine hearing exam to help support hearing health*
	Hearing aids[2]	$700 allowance for 2 hearing aids every year* • A broad selection of 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount.*
Routine dental benefits	Preventive and comprehensive services	$5,000 allowance for all covered dental services* $0 copay for covered preventive services like oral exams, X-rays, routine cleanings and fluoride 50% coinsurance for covered comprehensive services like fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist	

Medical benefits			
		In-network	**Out-of-network**
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	$70 copay
	Eyewear after cataract surgery	$0 copay	$70 copay
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health*	$70 copay for a routine eye exam each year to help protect your eyesight and health*
	Routine eyewear	$350 allowance every 2 years for 1 pair of eyeglasses (lenses and frames) or contacts* • 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	If you use an out-of-network provider, you are responsible for 90% of the allowance amount*
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$325 copay per day: days 1-6 $0 copay per day: days 7-90	40% coinsurance per stay
	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
	Virtual mental health visits	$0 copay	Same as an Outpatient mental health office visit
Skilled nursing facility (SNF)[2] Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-20 $221 copay per day: days 21-100	$250 copay per day: days 1-100
	Physical therapy and speech and	$50 copay	$70 copay

Medical benefits			
		In-network	**Out-of-network**
Outpatient rehabilitation services	language therapy visit[2]		
	Occupational Therapy Visit[2]	$50 copay	$70 copay
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$350 copay for ground $350 copay for air	$350 copay for ground $350 copay for air
Medicare Part B prescription drugs 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[2]	20% coinsurance	40% coinsurance
	Part B covered insulin[2]	20% coinsurance; up to $35	40% coinsurance
	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	$0 copay for allergy antigens 40% coinsurance for all others

Additional plan benefits			
		In-network	**Out-of-network**
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$15 copay	$70 copay
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.	40% coinsurance

Additional plan benefits			
		In-network	**Out-of-network**
		Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Check Aviva Plus.	
	Diabetes self-management training	$0 copay	40% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	40% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	40% coinsurance
Fitness program		$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no additional cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations	If you use an out-of-network provider, you pay 90% of the total cost
Foot care (podiatry services)	Foot exams and treatment[2]	$45 copay	$70 copay
	Routine foot care	$45 copay, 6 visits per year*	$70 copay, 6 visits per year*
Home health care[2]		$0 copay	50% coinsurance
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	$0 copay

Additional plan benefits			
		In-network	**Out-of-network**
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
 **OTC credit**		$160 credit every quarter for over-the-counter (OTC) products in-store or online • Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more • Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you	If you use an out-of-network store, you pay 90% of the total cost
Renal dialysis[2]		20% coinsurance	20% coinsurance

[2] 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 a 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.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is $1,000 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

Out-of-network
List of applicable services

Inpatient services

- Inpatient hospital
- Inpatient mental health

Outpatient hospital

- Ambulatory surgical center (ASC)
- Outpatient hospital, including surgery
- Outpatient hospital observation services

Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI)
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

Doctor visits

- Primary
- Specialists

Hearing services

- Exam to diagnose and treat hearing and balance issues

Vision services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Mental health

- Outpatient group therapy visit
- Outpatient individual therapy visit

Skilled nursing facility (SNF)

Physical therapy and speech and language therapy visit

Ambulance

Medicare Part B drugs

- Chemotherapy drugs
- Other Part B drugs

Chiropractic services

- Manual manipulation of the spine to correct subluxation

Diabetes management

- Diabetes monitoring supplies
- Diabetes self-management training
- Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies

- Durable medical equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

Foot care (podiatry services)

- Foot exams and treatment

Home health care

Occupational therapy visit

Opioid treatment program services

Outpatient substance use disorder services

- Outpatient group therapy visit
- Outpatient individual therapy visit

Renal dialysis

About this plan

AARP® Medicare Advantage Patriot No Rx MS-MA01 (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:

Mississippi: Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo.

Use network providers

AARP® Medicare Advantage Patriot No Rx MS-MA01 (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** to search for a network provider using the online directory.

Required Information

AARP® Medicare Advantage Patriot No Rx MS-MA01 (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.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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.

Hearing aids - The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

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 2025.

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 benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

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. 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 discount offers is 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 - 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**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.