



2025 Enrollment Guide

AARP® Medicare Advantage Patriot No Rx TX-MA06 (PPO)

H1278-025-000

Service area: Texas - Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise counties

AARP | Medicare Advantage
from  UnitedHealthcare

UnitedHealthcare offers you Medicare coverage you can count on for your whole life ahead



Simplify your day with benefits built to be used

Your all-in-one UCard®, only from UnitedHealthcare, is more than just your member ID card. Use it to shop for approved products from well-known brands like Walmart, Walgreens and more using your earned rewards and discounts. Access your UCard and health information with the easy-to-use UnitedHealthcare app, rated #1 in health insurance. From choosing your plan, to using your plan, to enjoying your whole life ahead, UnitedHealthcare makes it easier than ever.



Get more for your Medicare dollar

Get reliable care with low out-of-pocket costs. You've got big and small plans ahead of you, so feel confident managing your whole health with mental health support, care management programs, vision, hearing and dental. All without sacrificing the extras you want like rewards, discounts and more.



Expert guidance for today and as your needs change

Count on UnitedHealthcare to be there every step of the way with easy-to-understand Medicare resources, useful online tools, and trusted Medicare Plan Experts¹ to guide you. And with our Right Plan Promise^{®2}, only from UnitedHealthcare, you can rely on our 45 years of Medicare experience to help you find the right UnitedHealthcare plan for your needs and budget.

¹Medicare Plan Expert is a licensed insurance sales agent/producer.

²The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail. Reach for your UCard when:



Visiting a provider

Your UCard has the plan information you and your providers need.



Buying OTC products

Use the credit loaded on your UCard as payment in-store or online.



Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



Checking in at the gym

Show your UCard to access your free membership the first time you visit a network gym or fitness location.



Access more than one million network providers¹



This plan includes a network of quality doctors, hospitals and other care providers. You have the freedom to enjoy access to care at network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.

Here's how this PPO plan works



Select a primary care provider in your plan's service area to oversee and help manage your care. You're not limited to this PCP, but it's beneficial for your long term health and well-being.



\$0 copays for preventive services when received in-network. Look at the Summary of Benefits in this book to find out what is covered and how much you'll pay for covered services.



No referral is needed to see a specialist or other provider.



This plan has a maximum annual out-of-pocket amount. If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



Emergency and urgently needed services are covered anywhere in the world.



Remember, you are not required to enroll in a plan with Part D coverage when you are first eligible. But, you may have to pay a Late Enrollment Penalty if there's a period of 63 or more days in a row when you don't have Part D coverage or other creditable prescription drug coverage.

Go to **[AARPMedicarePlans.com](https://www.aarpmedicareplans.com)** to search for a network provider using the online directories, review plan documents and so much more.

¹ Network size varies by location and exclusions may apply.
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Benefit Highlights

AARP® Medicare Advantage Patriot No Rx TX-MA06 (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	\$75 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)	\$7,500 In-network	\$14,000 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$0 copay	\$25 copay
Specialist	\$55 copay (no referral needed)	\$60 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 - 40% coinsurance (depending on the service)
Inpatient hospital care	\$380 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$495 copay per day: days 1-29 \$0 copay per day: days 30 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)	\$380 copay	40% coinsurance
Outpatient mental health		
Group therapy	\$15 copay	\$30 copay
Individual therapy	\$25 copay	\$40 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	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$60 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$30 copay	\$35 copay
Ambulance	\$275 copay for ground or air	\$275 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*	40% coinsurance, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$60 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	\$1,500 combined limit on all covered dental services*	
Hearing - routine exam	\$0 copay, 1 per year*	\$60 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*	\$60 copay, 6 visits per year*
Over-the-counter (OTC) credit	\$25 credit every quarter to buy covered OTC products	
Rewards	<p>Earn up to \$155 in rewards when you get started in January^Ω</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>	

*Benefits are combined in and out-of-network



^QMedicare 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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Summary of Benefits 2025

AARP® Medicare Advantage Patriot No Rx TX-MA06 (PPO)
H1278-025-000

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®**

Y0066_SB_H1278_025_000_2025_M

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 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 TX-MA06 (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	\$75 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	\$7,500 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$14,000 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 care² Our plan covers an unlimited number of days for an inpatient hospital stay.	\$380 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$495 copay per day: for days 1-29 \$0 copay per day: for days 30 and beyond	
Outpatient hospital	Ambulatory surgical center (ASC) ² \$0 copay for a colonoscopy \$330 copay otherwise	40% coinsurance	

Medical benefits			
		In-network	Out-of-network
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$380 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$380 copay	40% coinsurance
Doctor visits	Primary care provider	\$0 copay	\$25 copay
	Specialists ²	\$55 copay	\$60 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*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
	<input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening	<input type="checkbox"/> HIV screening <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling <input type="checkbox"/> Prostate cancer screenings (PSA) <input type="checkbox"/> Sexually transmitted infections screenings and counseling <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	

Medical benefits

	In-network	Out-of-network	
	<ul style="list-style-type: none"> □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 	<ul style="list-style-type: none"> □ “Welcome to Medicare” preventive visit (one-time) 	
<p>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.</p>			
Emergency care	\$110 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	\$45 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) ²	\$0 copay for each diagnostic mammogram \$250 copay otherwise	40% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$60 copay	40% coinsurance
	Therapeutic radiology ²	20% coinsurance	40% coinsurance
	Outpatient X-rays ²	\$30 copay	\$35 copay
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$60 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$60 copay, 1 per year*
	Hearing aids ²	\$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"> <input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids <input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations <input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 			
	Routine dental benefits	Preventive and comprehensive ²	<p>\$1,500 allowance for all covered dental services*</p> <p>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns</p> <p>50% coinsurance for bridges and dentures</p> <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist 			
	Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">\$0 copay</td> <td style="width: 33%; text-align: right;">\$60 copay</td> </tr> </table>		\$0 copay	\$60 copay
	\$0 copay	\$60 copay				
		Eyewear after cataract surgery	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">\$0 copay</td> <td style="width: 33%; text-align: right;">40% coinsurance</td> </tr> </table>		\$0 copay	40% coinsurance
	\$0 copay	40% coinsurance				
		Routine eye exam	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">\$0 copay, 1 per year*</td> <td style="width: 33%; text-align: right;">\$60 copay, 1 per year*</td> </tr> </table>		\$0 copay, 1 per year*	\$60 copay, 1 per year*
	\$0 copay, 1 per year*	\$60 copay, 1 per year*				
		Routine eyewear	<p>\$200 allowance for 1 pair of frames or contacts*</p> <ul style="list-style-type: none"> • 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 			

Medical benefits			
		In-network	Out-of-network
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$380 copay per day: days 1-5 \$0 copay per day: days 6-90	\$495 copay per day: days 1-29 \$0 copay per day: days 30-90
	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled nursing facility (SNF)² Our plan covers up to 100 days in a SNF.		\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$225 copay per day: days 1-100
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$50 copay	\$60 copay
	Occupational Therapy Visit ²	\$35 copay	\$60 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$275 copay for ground \$275 copay for air	\$275 copay for ground \$275 copay for air
Routine transportation		Not covered	Not covered

Medical benefits			
		In-network	Out-of-network
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 benefits			
		In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$15 copay	\$60 copay
Diabetes management	Diabetes monitoring supplies ²	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus	50% coinsurance

Additional benefits			
		In-network	Out-of-network
		and Accu-Chek® SmartView.	
		Other brands are not covered by your plan.	
	Diabetes self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	50% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	50% coinsurance
 Fitness program	<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"> <input type="checkbox"/> Free gym membership <input type="checkbox"/> Access to a large national network of gyms and fitness locations <input type="checkbox"/> On-demand workout videos and live streaming fitness classes <input type="checkbox"/> Online memory fitness activities 		
Foot care (podiatry services)	Foot exams and treatment ²	\$45 copay	\$60 copay
	Routine foot care	\$45 copay, 6 visits per year*	\$60 copay, 6 visits per year*
Home health care²		\$0 copay	50% coinsurance
Hospice	<p>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.</p>		

Additional benefits

		In-network	Out-of-network
Opioid treatment program services²		\$0 copay	\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
 Over-the-counter (OTC) credit		\$25 credit every quarter for OTC products in-store or online <ul style="list-style-type: none"> <input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more <input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you 	
Renal dialysis²		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 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 TX-MA06 (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:

Texas: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise.

Use network providers

AARP® Medicare Advantage Patriot No Rx TX-MA06 (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 TX-MA06 (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 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 1-866-550-4736 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 comunique 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 1-866-550-4736, 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.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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.

Helpful resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



For assistance, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility.

Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



MedicareMadeClear.com

Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find plan documents at [AARPMedicarePlans.com](https://www.aarpmedicareplans.com).



Did you check the online Provider Directory to make sure your providers are in the network?

You'll want to stay in the network for your plan's lowest cost.



Did you look through the Summary of Benefits in this booklet to see how much you'll pay for medical services?

You can find a complete list of coverage, costs, benefits and plan rules in the Evidence of Coverage online.



You're eligible to enroll in this Medicare Advantage plan if you:



Are enrolled in Original Medicare Parts A and B



Continue to pay your Part B premium



Live in the plan's service area

How to enroll

When you're ready to enroll, you have a few options to choose from. First, you'll need your Medicare card handy, no matter which option you choose.



Online

Visit AARPMedicarePlans.com or scan the code below to enroll online. Then follow these simple steps:

- 1 Enter your ZIP code
- 2 Navigate to the Medicare Advantage section
- 3 Look for the **AARP® Medicare Advantage Patriot No Rx TX-MA06 (PPO)** plan and select the Enroll button
- 4 Complete the form and submit your enrollment

If you need any help while enrolling online, select the Chat now button to connect with one of our Licensed Sales Representatives.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-723-6473**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule an appointment with an agent in your area.

If you already have an agent, they can review this plan with you to make sure it meets your needs before helping you enroll.



Enroll online or by phone for the easiest experience. Or, you can complete the enrollment request form and send it to us. If there isn't an enrollment form in this book, call the number above to request one.

Scan this code to
complete your
enrollment online



What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare Advantage plan.



You are here
Enrollment
submitted



Download the app
or create your
account online



UCard arrives in
the mail – be sure
to activate it



Coverage begins!
Start using
your plan

Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at myAARPMedicare.com. Online you can:

- Check the status of your enrollment
- Find network providers and view plan documents
- Complete your health assessment

Once your coverage begins

- Schedule your annual physical and wellness visit
- Review UnitedHealthcare UCard credit balances

Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to
download the
UnitedHealthcare app



Important information: 2024 Medicare star ratings



UnitedHealthcare - H1278

For 2024, UnitedHealthcare - H1278 received the following Star Ratings from Medicare:

Overall Star Rating: ★ ★ ★ ☆ 3.5 stars

Health Services Rating: ★ ★ ★ ☆ 3.5 stars

Drug Services Rating: ★ ★ ★ ☆ 3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Ready to use your extra benefits?

AARP® Medicare Advantage Patriot No Rx TX-MA06 (PPO)

Take advantage of your additional plan benefits by using the providers below.



Call **1-866-550-4736**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myAARPMedicare.com** for:

- Routine vision services: UnitedHealthcare Vision®
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®



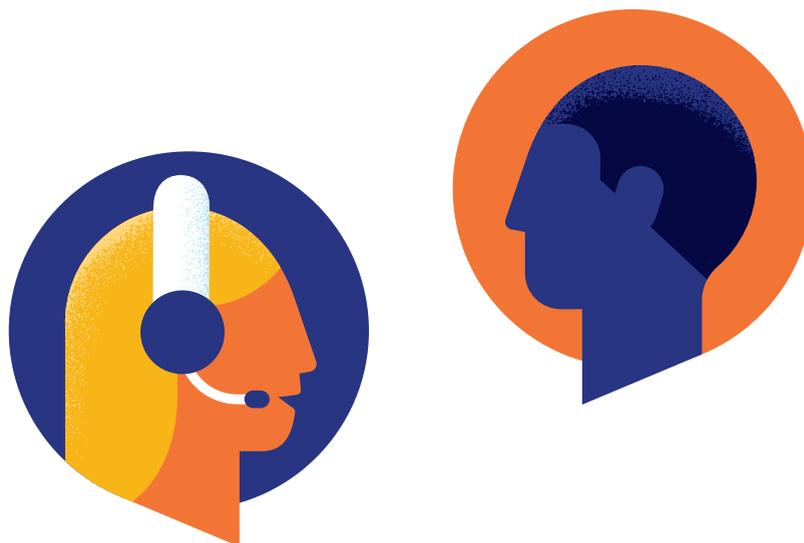
Hearing aids

UnitedHealthcare Hearing
1-855-523-9355
UHChearing.com/Medicare



Over-the-counter (OTC) credit

Solutran
1-833-845-8798
myAARPMedicare.com



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

We're happy to help



Download the UnitedHealthcare app



[AARPMedicarePlans.com](https://www.aarpmedicareplans.com)



Call UnitedHealthcare toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Important plan information

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Scan this code
to download the
UnitedHealthcare
app



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