



## Medicare Product Portal | Plan Detail

Selected Year: 2025

Selected LIS Level: None

|                                  |                                                                                                                                                                                                                                                              |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                 | <b>AARP Medicare Advantage Patriot No Rx AZ-MA01 (PPO)</b>                                                                                                                                                                                                   |
| <b>Plan ID</b>                   | <b>H2406-077-000</b>                                                                                                                                                                                                                                         |
| <b>Plan Highlights</b>           | When you already have prescription drug coverage, this plan helps boost your budget with a monthly reduction to your Part B premium, plus reliable medical coverage. Earn up to \$155* in healthy rewards. Works well with those that have TRICARE for Life. |
| <b>Premium</b>                   | \$0; Part B Rebate: \$80                                                                                                                                                                                                                                     |
| <b>Medical Deductible</b>        | \$0 combined INN and OON                                                                                                                                                                                                                                     |
| <b>Maximum Out-of-Pocket</b>     | \$4,900                                                                                                                                                                                                                                                      |
| <b>Provider Network</b>          | Includes Medicare National Network for network care away from home                                                                                                                                                                                           |
| <b>PCP / Specialist</b>          | \$10 / Coming Soon                                                                                                                                                                                                                                           |
| <b>Inpatient Hospital</b>        | Coming Soon                                                                                                                                                                                                                                                  |
| <b>ASC / Outpatient Hospital</b> | Coming Soon                                                                                                                                                                                                                                                  |
| <b>Skilled Nursing Facility</b>  | \$0 Days 1-20; \$203 Days 21-100                                                                                                                                                                                                                             |
| <b>Telehealth</b>                | \$0 Virtual Medical & Mental Health visits from Network Providers                                                                                                                                                                                            |
| <b>Lab Services</b>              | \$0                                                                                                                                                                                                                                                          |
| <b>Rx Deductible</b>             | N/A                                                                                                                                                                                                                                                          |
| <b>Rx Retail (30-day)</b>        | N/A                                                                                                                                                                                                                                                          |
| <b>Rx Mail Order (100-day)</b>   | N/A                                                                                                                                                                                                                                                          |
| <b>Dental</b>                    | Covered                                                                                                                                                                                                                                                      |
| <b>Eyewear</b>                   | Covered every 2 years                                                                                                                                                                                                                                        |
| <b>Hearing Aids</b>              | Covered                                                                                                                                                                                                                                                      |
| <b>Fitness</b>                   | Covered                                                                                                                                                                                                                                                      |
| <b>OTC</b>                       | Covered - OTC                                                                                                                                                                                                                                                |

\*Members must participate Jan. - Dec. to earn all rewards. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply.

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|                |                                 |
|----------------|---------------------------------|
| Other Benefits | • Post-Discharge Meals: Covered |
|----------------|---------------------------------|

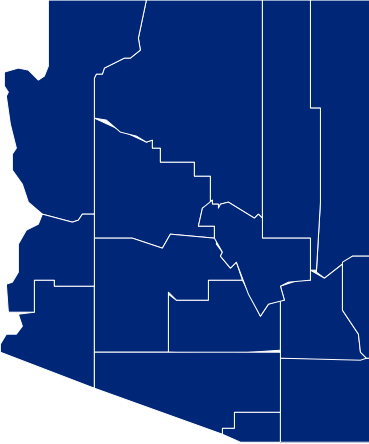
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|--------------------------------|------------------------------|
| Key Metrics <sup>1</sup>       |                              |
| Current Plan Enrollment: 3,997 | Current Eligibles: 1,484,542 |
| YOY Eligible Growth: 2.5%      |                              |

1. Jun 2024 CMS.gov MA Ind State/County Enrollment Within UHC 2024 MA Ind Footprint

Service Area

Arizona

Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma



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