




Annual Notice of Change 2026

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

 **myAARPMedicare.com**

 Toll-free **1-844-867-3487, TTY 711**
7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

AARP® | Medicare Advantage
from  **UnitedHealthcare®**

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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **myAARPMedicare.com** to review the details online. All of the below materials will be available online after **October 15, 2025.**

Provider Directory

Review the 2026 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Evidence of Coverage (EOC)

Review your 2026 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Reduce the clutter and get plan materials faster.

Visit **myAARPMedicare.com** to sign up for paperless delivery.

Would you rather get paper copies?

If you want a paper copy of what is listed above, contact our Customer Service at 1-844-867-3487 (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO) offered by UnitedHealthcare

Annual Notice of Change for 2026



You're enrolled as a member of AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).

This material describes changes to our plan's costs and benefits next year.

- ☐ **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in AARP Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- ☐ To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- ☐ Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at myAARPMedicare.com or call Customer Service at 1-844-867-3487 (TTY users call 711) to get a copy by mail.

More Resources

- ☐ 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 materials in other languages, braille, large print and audio. You can also ask for an interpreter. Call us toll-free at 1-844-867-3487, TTY 711, 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.
- ☐ UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. También puede pedir un intérprete. Llámenos al número gratuito 1-844-867-3487, TTY 711, 7 a.m. a 10 p.m. hora del Centro: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

- Plans are 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. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).** Starting January 1, 2026, you'll get your medical coverage through AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of important costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher than this amount. (Go to Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amounts This is the most you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,900 From in-network and out-of-network providers combined: \$8,500	From network providers: \$4,900 From in-network and out-of-network providers combined: \$10,100
Primary care office visits	You pay a \$0 copayment per visit (in-network). You pay a \$0 copayment per visit (out-of-network).	You pay a \$0 copayment per visit (in-network). You pay a \$15 copayment per visit (out-of-network).
Specialist office visits	You pay a \$45 copayment per visit (in-network). You pay a \$60 copayment per visit (out-of-network).	You pay a \$55 copayment per visit (in-network). You pay a \$70 copayment per visit (out-of-network).
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a \$395 copayment each day for days 1 to 7 (in-network). \$0 copayment for additional Medicare covered days (in-network). You pay a \$495 copayment each day for	You pay a \$435 copayment each day for days 1 to 7 (in-network). \$0 copayment for additional Medicare covered days (in-network). You pay a \$535 copayment each day for



Questions? Call Customer Service at **1-844-867-3487**, TTY **711**, 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept

	2025 (this year)	2026 (next year)
	<p>days 1 to 7 (out-of-network).</p> <p>\$0 copayment for additional Medicare covered days (out-of-network).</p>	<p>days 1 to 7 (out-of-network).</p> <p>\$0 copayment for additional Medicare covered days (out-of-network).</p>



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Section 1 **Changes to Benefits & Costs for Next Year**

Section 1.1 **Changes to the Monthly Plan Premium**

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B.	Up to \$125 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	Up to \$115 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.

Section 1.2 **Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount.	\$4,900 Once you've paid \$4,900 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$4,900 Once you've paid \$4,900 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount	\$8,500	\$10,100
Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	Once you've paid \$8,500 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	Once you've paid \$10,100 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory (myAARPMedicare.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- ☐ Visit our website at myAARPMedicare.com.
- ☐ Call Customer Service at 1-844-867-3487 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-844-867-3487 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your Evidence of Coverage.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	<p>You pay a \$0 copayment for services provided by a primary care physician (in-network).</p> <p>You pay a \$45 copayment for services provided by a specialist (in-network).</p> <p>Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>	<p>You pay a \$0 copayment for services provided by a primary care physician (in-network).</p> <p>You pay a \$55 copayment for services provided by a specialist (in-network).</p> <p>Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>
Acupuncture for chronic low back pain (Medicare-covered)	<p>You pay a \$0 copayment for services provided by a primary care physician (out-of-network).</p> <p>You pay a \$60 copayment for services provided by a specialist (out-of-network).</p> <p>Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>	<p>You pay a \$15 copayment for services provided by a primary care physician (out-of-network).</p> <p>You pay a \$70 copayment for services provided by a specialist (out-of-network).</p> <p>Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>

	2025 (this year)	2026 (next year)
Additional routine foot care	<p>You pay a \$45 copayment (in-network).</p> <p>You pay a \$60 copayment (out-of-network).</p> <p>We cover 6 in and out-of-network visits every year.</p>	<p>You pay a \$45 copayment (in-network).</p> <p>You pay a \$70 copayment (out-of-network).</p> <p>We cover 6 in and out-of-network visits every year.</p>
Annual routine physical exam	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Cardiac rehabilitation	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Cardiac rehabilitation - intensive	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Chiropractic services	You pay a \$20 copayment (in-network).	You pay a \$15 copayment (in-network).
Chiropractic services	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).

	2025 (this year)	2026 (next year)
Chronic care management services, including chronic pain management and treatment plan services	<p>This section did not exist in your 2025 Evidence of Coverage.</p> <p>If you have serious chronic conditions and receive chronic care management services, your provider develops a monthly comprehensive care plan that lists your health problems and goals, providers, medications, community services you have and need, and other information about your health. Your provider also helps coordinate your care when you go from one health care setting to another.</p>	<p>What you pay depends on who provides your chronic care management services. You will pay the cost-sharing that applies for services provided by your primary care provider, specialist, nurse practitioner, physician's assistant, or other non-physician health care professional. The in-network or out-of-network cost share rules will also apply.</p> <p>View the Evidence of Coverage for your specific cost-share amounts.</p>
Dental services Comprehensive and preventive dental	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay 50% coinsurance for dentures and bridges. You pay a \$0 copayment for all other covered comprehensive services.</p> <p>You are covered for up to \$2,500 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay 50% coinsurance for all covered comprehensive dental services.</p> <p>You are covered for up to \$2,500 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be</p>

	2025 (this year)	2026 (next year)
	charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.	billed for the difference, even for services listed as \$0 copayment.
Diabetes self-management training, diabetic services and supplies	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.</p> <p>Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.</p> <p>If you use a brand of supplies that is not covered by your plan, you should speak with your provider to get a new prescription for a covered brand.</p>
Diabetes self-management training, diabetic services and supplies - self-management training	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Emergency care	You pay a \$125 copayment.	You pay a \$130 copayment.

	2025 (this year)	2026 (next year)
Hearing services Routine hearing exam	You pay a \$0 copayment (in-network). You pay a \$60 copayment (out-of-network). We cover 1 in or out-of-network exam every year.	You pay a \$0 copayment (in-network). You pay a \$70 copayment (out-of-network). We cover 1 in or out-of-network exam every year.
Hearing services Medicare-covered hearing and balance exams	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Hearing services Hearing aids	You pay a \$99 - \$829 copayment for each OTC hearing aid. You pay a \$199 - \$1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You pay a \$199 - \$829 copayment for each OTC hearing aid. You pay a \$199 - \$1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.
Inpatient hospital care	You pay a \$395 copayment each day for days 1 to 7 (in-network). \$0 copayment for additional Medicare covered days (in-network).	You pay a \$435 copayment each day for days 1 to 7 (in-network). \$0 copayment for additional Medicare covered days (in-network).

	2025 (this year)	2026 (next year)
Inpatient hospital care	<p>You pay a \$495 copayment each day for days 1 to 7 (out-of-network).</p> <p>\$0 copayment for additional Medicare covered days (out-of-network).</p>	<p>You pay a \$535 copayment each day for days 1 to 7 (out-of-network).</p> <p>\$0 copayment for additional Medicare covered days (out-of-network).</p>
Inpatient mental health care	<p>You pay a \$395 copayment each day for days 1 to 5 (in-network).</p> <p>\$0 copayment each day for days 6 to 90 (in-network).</p>	<p>You pay a \$435 copayment each day for days 1 to 5 (in-network).</p> <p>\$0 copayment each day for days 6 to 90 (in-network).</p>
Inpatient mental health care	<p>You pay a \$495 copayment each day for days 1 to 7 (out-of-network).</p> <p>\$0 copayment each day for days 8 to 90 (out-of-network).</p>	<p>You pay a \$535 copayment each day for days 1 to 7 (out-of-network).</p> <p>\$0 copayment each day for days 8 to 90 (out-of-network).</p>
Kidney disease education services	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Abdominal aortic aneurysm screening	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Annual wellness visit	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).

	2025 (this year)	2026 (next year)
Medicare-covered preventive services Bone-mass measurements	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Breast cancer screening (mammograms)	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Cardiovascular disease testing	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Cervical and vaginal cancer screening	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Colorectal cancer screening	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Diabetes screening	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services HIV screening	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening for lung cancer with low dose computed tomography (LDCT)	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Intensive behavioral therapy to reduce cardiovascular disease risk	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Medical nutrition therapy	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).

	2025 (this year)	2026 (next year)
Medicare-covered preventive services Pre-exposure prophylaxis (PrEP) for HIV prevention	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Prostate cancer screening exams – PSA test	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening and counseling for obesity	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening and counseling to reduce alcohol misuse	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening for depression in adults	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening for hepatitis C virus infection	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Screening for sexually transmitted infections (STIs) and counseling to prevent STIs	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services Smoking and tobacco use cessation	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Medicare-covered preventive services "Welcome to Medicare" physical exam	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).

	2025 (this year)	2026 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a \$25 copayment (in-network).	You pay a \$30 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a \$25 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a \$50 copayment (in-network).	You pay a \$45 copayment (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a \$50 copayment (out-of-network).	You pay a \$75 copayment (out-of-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$250 copayment otherwise (in-network).	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$260 copayment otherwise (in-network).
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$250 copayment otherwise (out-of-network).	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$360 copayment otherwise (out-of-network).
Outpatient rehabilitation services - occupational therapy	You pay a \$45 copayment (in-network).	You pay a \$50 copayment (in-network).
Outpatient rehabilitation services - occupational therapy	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).

	2025 (this year)	2026 (next year)
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a \$45 copayment (in-network).	You pay a \$55 copayment (in-network).
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Outpatient surgery - ambulatory surgical center	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$345 copayment otherwise (in-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$385 copayment otherwise (in-network).
Outpatient surgery - ambulatory surgical center	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$495 copayment otherwise (out-of-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$535 copayment otherwise (out-of-network).
Outpatient surgery - hospital outpatient facilities	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$395 copayment otherwise (in-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$435 copayment otherwise (in-network).
Outpatient surgery - hospital outpatient facilities	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$495 copayment otherwise (out-of-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$535 copayment otherwise (out-of-network).
Outpatient surgery - hospital outpatient observation services	You pay a \$395 copayment (in-network).	You pay a \$435 copayment (in-network).

	2025 (this year)	2026 (next year)
Outpatient surgery- hospital outpatient observation services	You pay a \$495 copayment (out-of-network).	You pay a \$535 copayment (out-of-network).
OTC and home and bath safety devices credit	<p>\$40 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices.</p> <p>Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each quarter.</p>	<p>\$50 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices.</p> <p>Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each quarter.</p> <p>View your Evidence of Coverage for more information.</p>
Partial hospitalization and intensive outpatient services	You pay a \$55 copayment (out-of-network).	You pay a \$75 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - Medicare-covered hearing and balance exams	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - non-routine dental care	You pay 20% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
Physician/practitioner services, including doctor's office visits - primary care provider	You pay a \$0 copayment (out-of-network).	You pay a \$15 copayment (out-of-network).
Physician/practitioner services, including doctor's office visits - specialists	You pay a \$45 copayment (in-network).	You pay a \$55 copayment (in-network).

	2025 (this year)	2026 (next year)
Physician/practitioner services, including doctor's office visits - specialists	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Podiatry services (Medicare-covered)	You pay a \$60 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Prostate cancer screening exams – digital rectal exams	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).
Pulmonary rehabilitation	You pay a \$15 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Skilled nursing facility (SNF) care	<p>You pay a \$0 copayment each day for days 1 to 20 (in-network).</p> <p>You pay a \$203 copayment each day for days 21 to 100 (in-network).</p>	<p>You pay a \$0 copayment each day for days 1 to 20 (in-network).</p> <p>You pay a \$218 copayment each day for days 21 to 100 (in-network).</p>
Skilled nursing facility (SNF) care	You pay a \$225 copayment each day for days 1 to 100 (out-of-network).	You pay a \$250 copayment each day for days 1 to 100 (out-of-network).
Supervised exercise therapy (SET)	You pay a \$15 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Urgently needed services	You pay a \$55 copayment for each visit.	You pay a \$50 copayment for each visit.
Vision care Medicare-covered eye exams to evaluate for eye disease	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).

	2025 (this year)	2026 (next year)
Vision care Medicare-covered eyewear	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Vision care Medicare-covered glaucoma screening	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Vision care Medicare-covered visits	You pay a \$0 copayment (out-of-network).	You pay a \$70 copayment (out-of-network).
Vision care Additional routine eye exams	<p>You pay a \$0 copayment (in-network).</p> <p>You pay a \$0 copayment (out-of-network).</p> <p>We cover 1 in or out-of-network exam every year.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>You pay a \$70 copayment (out-of-network).</p> <p>We cover 1 in or out-of-network exam every year.</p>

	2025 (this year)	2026 (next year)
Vision care Additional routine eyewear	<p>You pay a \$0 copayment for standard lenses or a copayment ranging from \$40 to \$153 for other covered lenses and receive up to \$250 toward your purchase of frames or contact lenses through a network provider every 2 years.</p> <p>Limited to 1 pair of standard lenses and frames every 2 years. or Contact lenses instead of lenses and frames every 2 years.</p> <p>Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not purchased from a network provider.</p>	<p>You pay a \$0 copayment for standard lenses or a copayment ranging from \$40 to \$153 for other covered lenses and receive up to \$200 toward your purchase of frames or contact lenses through a network provider every 2 years.</p> <p>Limited to 1 pair of standard lenses and frames every 2 years. or Contact lenses instead of lenses and frames every 2 years.</p> <p>Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not purchased from a network provider.</p>
“Welcome to Medicare” preventive visit - EKG following welcome visit	You pay a \$0 copayment (out-of-network).	You pay 40% of the total cost (out-of-network).

Section 2

Administrative Changes

	2025 (this year)	2026 (next year)
Emergency care - Worldwide reimbursement	Foreign emergencies and urgently needed services are covered while you are travelling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable.	Foreign emergencies and urgently needed services are covered while you are travelling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The EOC now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. Please see Chapter 5 Section 1 of the EOC for complete information.
Transplant services - Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The EOC has been updated to include more details explaining allowable transplant-related travel and lodging expenses. Please see Chapter 4, Section 3 of the EOC for more details.

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).

If you want to change plans for 2026 follow these steps:

- ☐ **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- ☐ **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).

- ☐ **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll or visit our website to disenroll online (myAARPMedicare.com). Call Customer Service at 1-844-867-3487 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- ☐ **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the **Medicare & You 2026 handbook**, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- ☐ Have Medicaid
- ☐ Get Extra Help paying for their drugs
- ☐ Have or are leaving employer coverage
- ☐ Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- ☐ **Extra Help from Medicare**. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug

costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- ☐ 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
- ☐ Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
- ☐ Your State Medicaid Office.
- ☐ **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Section 5 Questions?

Get Help from AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO)

- ☐ **Call Customer Service at 1-844-867-3487. (TTY users call 711).**

We're available for phone calls 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

- ☐ **Read your 2026 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 **Evidence of Coverage** for AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. Get the **Evidence of Coverage** on our website at myAARPMedicare.com or call Customer Service at 1-844-867-3487 (TTY users call 711) to ask us to mail you a copy.

- ☐ **Visit myAARPMedicare.com**

Our website has the most up-to-date information about our provider network (Provider Directory). The Provider Directory will be available after **October 15, 2025**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions

about switching plans. You can find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage**.

Get Help from Medicare

☐ **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

☐ **Chat live with Medicare.gov**

You can chat live at Medicare.gov/talk-to-someone.

☐ **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

☐ **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

☐ **Read Medicare & You 2026**

The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

लक्ष्म्या: जर तुम्ही **मराठी (Marathi)** बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉर्मॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

PAŽNJA: Ako govorite **srpski (Serbian)**, besplatne usluge jezičke asistencije i besplatni načini komunikacije u drugim formatima, kao što je veliki format štampe, su vam dostupni. Pozovite besplatni broj koji se nalazi na vašoj članskoj identifikacionoj kartici.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

ÀKÍYÈSÍ: Tí o bá ń sọ **Yorùbá (Yoruba)**, àwọn isẹ àtìlẹ̀yìn èdè ọfẹ àtì àwọn ìbáńsọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jádé ńlá, wà fún ọ. Pe nọmbà tí kò nílò owó lórí kààdì ìdánimọ ọmọ ẹgbẹ ẹ.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

For more information, please call customer service at:

AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO) Customer Service:



Call **1-844-867-3487**

Calls to this number are free. 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.

7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.



Write: **P.O. Box 30770**

Salt Lake City, UT 84130-0770



myAARPMedicare.com