

CLARITY

starts here.



**Your guide to understanding
Medicare Advantage plans and
finding the right one for you.**



WELCOME

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- **The UnitedHealthcare[®] member experience**
- **Medicare Made Clear[™]**
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Thank you to our current members for choosing a UnitedHealthcare Medicare plan.

WELCOME



Did we cover that? Check.



Throughout this presentation, you will see information with accompanying check boxes. These are among the topics that your UnitedHealthcare sales agent and the Centers for Medicare & Medicaid Services (CMS) want to make sure you understand before leaving this meeting. As we discuss each topic, make sure you understand it and check each box in your “CLARITY starts here.” guide before moving on.

WELCOME

It's more than a Medicare plan. It's a healthy relationship.

When you're a UnitedHealthcare Medicare member, you get a lot more than a plan and a low premium. You're a key member of a valuable relationship with a health team dedicated to successfully coordinating your care every step of the way. We're committed to helping you live a happier, healthier life by:

- **Helping you get access to care from a local network** of doctors and convenient neighborhood pharmacies
- Empowering you to **take control of your care**, with tools and programs at your fingertips to help make it happen
- Committing to bring you **exclusive savings and discounts**

All backed by our experience and know-how as a company serving Medicare beneficiaries for more than 30 years.



We have a family of brands to help you find a Medicare plan that's right for you in your area.



MEDICARE MADE CLEAR



When are you eligible for Medicare?



You're eligible for Original Medicare (Parts A and B) if:

You're at least 65 **OR** under 65 and qualify on basis of disability or other special situation.

AND

You're a U.S. citizen **OR** a legal resident who has lived in the U.S. for at least five consecutive years.

MEDICARE MADE CLEAR

When can you enroll?



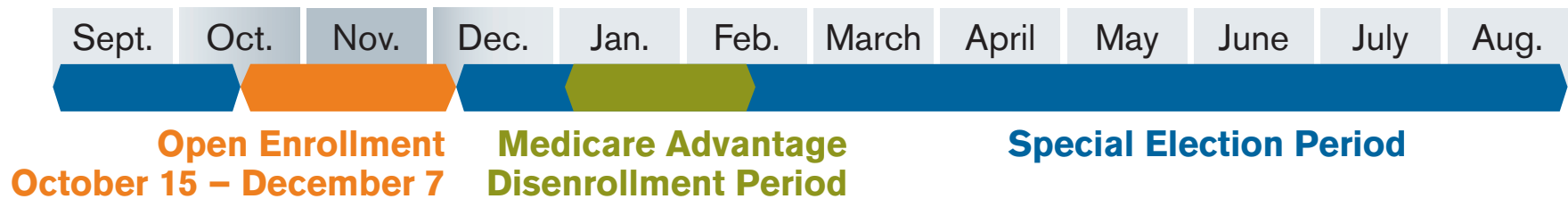
Initial Enrollment Period

When you turn 65 or otherwise become eligible for Medicare, you'll have your Initial Enrollment Period (IEP). Your IEP begins three months before and ends three months after the month of your 65th birthday (a seven-month window). If you have employer or plan-sponsored coverage when you first become eligible, you won't need to enroll until you retire or otherwise lose that coverage. Prescription drug (Part D) coverage must be creditable or you may be subject to a late-enrollment penalty when you enroll in a plan with Part D benefits.

MEDICARE MADE CLEAR

When can you enroll?

- ✓ **Open Enrollment: October 15 – December 7**
During open enrollment you can add, drop or switch your Medicare plan coverage. You might also see this called the Annual Enrollment Period.



MEDICARE MADE CLEAR

When can you enroll?

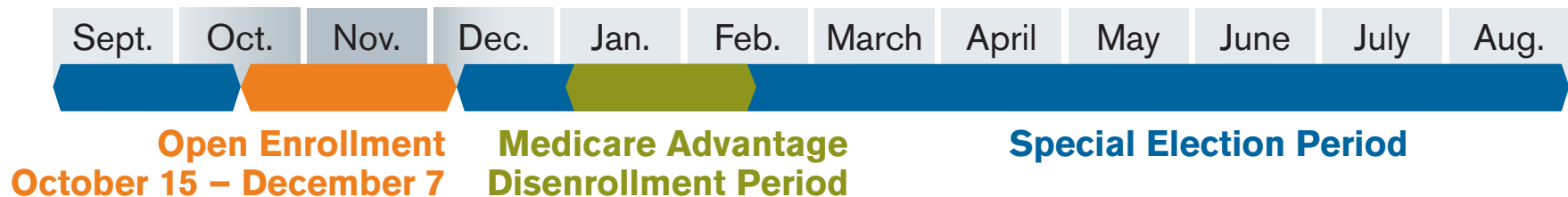


Special Election Period

Some individuals may also qualify for a Special Election Period. Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the Initial Enrollment Period or open enrollment time frames.

You may qualify for a Special Election Period if you:

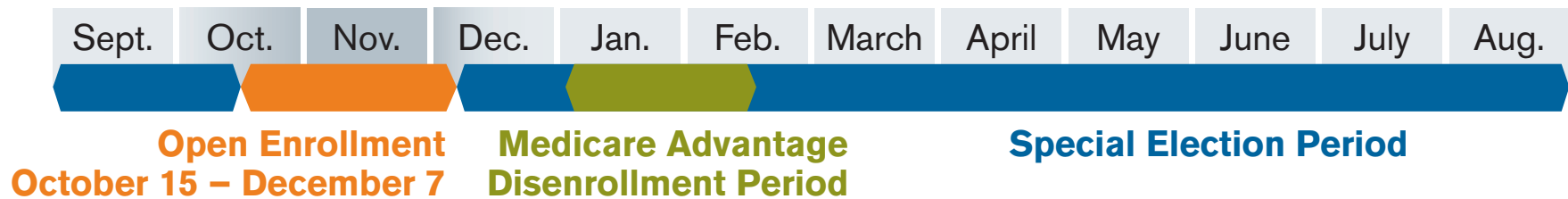
- Retire and lose your employer coverage
- Move out of the plan's service area
- Receive assistance from the state
- Have been diagnosed with certain qualifying disabilities or chronic health conditions
- Special Needs Plans have other eligibility requirements



MEDICARE MADE CLEAR

When can you enroll?

- ✓ **Medicare Advantage Disenrollment Period**
Between January 1 and February 14, you may disenroll from a Medicare Advantage plan and return to Original Medicare.



MEDICARE MADE CLEAR

How does Medicare work?

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.

Step 1

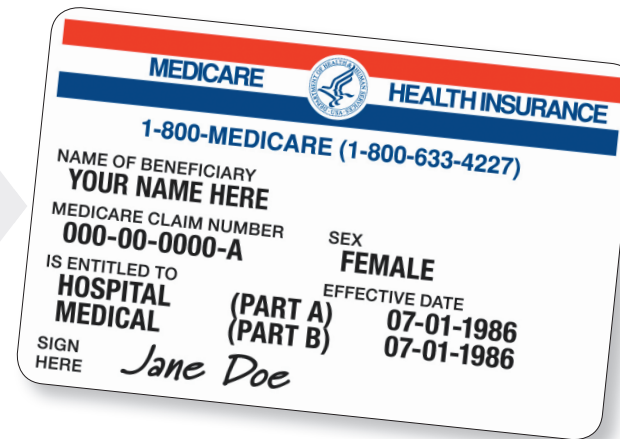
Enroll in Original Medicare when you become eligible.

ORIGINAL MEDICARE

PART A + **PART B**

Covers hospital stays Covers doctor and outpatient visits

Government-provided



MEDICARE MADE CLEAR

How does Medicare work?


Step 2

If you need more coverage, you have choices.

Option 1

Keep Original Medicare and add:

MEDICARE SUPPLEMENT INSURANCE




Covers some or all of the costs not covered by Parts A and B

Offered by private companies

and/or

MEDICARE PART D



Covers prescription drugs


Offered by private companies

or


Option 2

Choose a single plan:


MEDICARE ADVANTAGE (PART C)



Combines Parts A and B



Additional benefits



Most plans cover prescription drugs

Offered by private companies

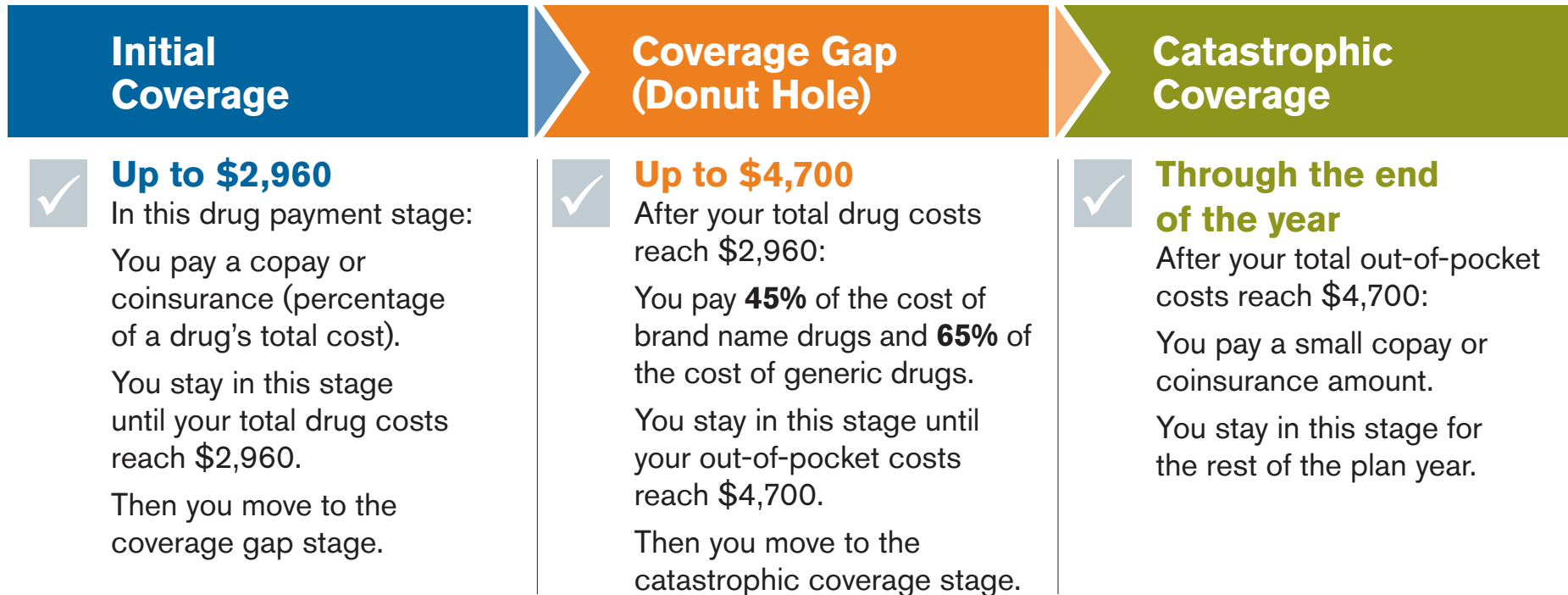
If you are interested in Option 1, ask your sales agent what plans are available in your area.

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MEDICARE MADE CLEAR

Drug payment stages.

Annual deductible. If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. Some plans may have a deductible for only specific drug tiers. If your plan has this type of deductible, you pay the total cost of your drugs on those tiers until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.



Note: On January 1 of each year, the coverage cycle starts over. Medicare sets the rules about which payments count toward your out-of-pocket and total drug costs. Amounts listed reflect the 2015 plan year.

UNDERSTANDING YOUR NEEDS

Different life situations affect your health care coverage options.

Find the situation that best applies to you and consider the information provided.

1 Currently enrolled in Medicare

- Make sure to review your coverage and budget needs at least once every year
- Review the Medicare plan choices in your area

2 Eligible for Medicare and working

- If you have employer-provided health insurance, consult with your benefits administrator to see how Medicare might work with your current coverage
- If you don't have employer-provided insurance, review the Medicare plan choices in your area

3 Eligible for Medicare and not working

- Review the Medicare plan choices in your area
- Talk to your local sales agent or call UnitedHealthcare to determine when you can enroll in a Medicare plan

UNDERSTANDING YOUR NEEDS

Different life situations affect your health care coverage options. (continued)

4 Eligible for Medicare and retiring soon or losing coverage

- If you will have retiree benefits, talk to your benefits administrator to understand how Medicare might work with your retiree benefits
- If you're losing your employer-provided coverage or if retiree coverage isn't available to you, review the Medicare plan choices in your area
- If your family or dependents are currently on your employer or plan-sponsored coverage and not yet eligible for Medicare, advise them to consider COBRA or the individual plans in your area

5 Not eligible for Medicare and retiring soon or losing coverage

- Explore COBRA. Under COBRA, workers at companies with 20 or more employees can keep their employer-sponsored coverage for at least 18 months after leaving their jobs. The employee must pay the full cost of the policy
- Review the individual plan choices in your area

UNDERSTANDING YOUR NEEDS

Questions to think about.

When choosing a health plan, it's important to select one that best meets your needs and your budget. Here are some important questions to think about as you focus on the “big picture” of your health coverage for the coming year.

- **How's your current health? Some plans are designed for specific conditions**
- **Do you take any prescription drugs?**
- **Are you looking for a preferred doctor, hospital or clinic?**
- **Do you expect changes to your finances in the coming year?**
- **Are benefits like vision, hearing or dental important to you?**
- **Is worldwide emergency coverage important?**
- **Do you have any wellness goals you want to achieve?**



How you answer these questions can help determine which type of Medicare plan may be best for you. Talk to your sales agent if you have any additional questions about plans available in your area.

MEDICARE ADVANTAGE



The advantages of a single plan.

Medicare Advantage (Part C) all-in-one plans can include:



Hospital stays

- Skilled nursing
- Home health

+



Doctor visits

- Outpatient care
- Screenings and shots
- Lab tests

+



Additional benefits like

- Hearing
- Vision
- Gym memberships

+



Prescription drug coverage

- Included in many Medicare Advantage plans

Medicare Advantage (Part C) plans are provided through private insurers like UnitedHealthcare.

MEDICARE ADVANTAGE



Eligibility checklist.

- ✓ Enrolled in Original Medicare (Part A and Part B)
AND
- ✓ Live in plan's service area
AND
- ✓ Do not have end-stage renal disease (ESRD) —
some exceptions may apply

MEDICARE ADVANTAGE

What's the advantage of a Medicare Advantage plan?

UnitedHealthcare Medicare Advantage plans can offer you more coverage than Original Medicare. The payments we receive from Medicare help with the cost of the plan. Most of our plans have provider networks that provide services at discounted rates.

Other plan features also give us the ability to manage costs and offer the coverage of Medicare Parts A and B at a lower cost than Original Medicare. Some of the extra benefits you could get with a Medicare Advantage plan include:



**Prescription
drug coverage**



**Access to
wellness
programs**



**Gym
membership
discounts**



**Routine
hearing**



**Routine
vision**



**Routine
dental**

MEDICARE ADVANTAGE

Are there Medicare Advantage plans for those with special needs?

Absolutely. There are special types of Medicare Advantage plans called Special Needs Plans.

These plans include focused and specialized health care coverage for specific groups:

- **Dual-eligible plans** for those with both Medicare and Medicaid
- **Chronic condition plans** for those with certain ongoing medical conditions such as diabetes or a cardiovascular disorder
- **Institutional plans** for those living in a nursing home

Talk to a local sales agent or visit **ClarityStartsHere.com** if you would like more information regarding **Special Needs Plans**.

MEDICARE ADVANTAGE

The advantages of being a UnitedHealthcare Medicare Advantage plan member.

At UnitedHealthcare, we've been helping people like you for more than 30 years,¹ and we're committed to providing the benefits you may need — all in one simple plan.

Large network

We offer a large, local network of doctors, hospitals and pharmacies.

Predictable costs

Set copays for covered services and clearly defined out-of-pocket maximums may help prevent financial surprises.

One-card convenience

Bundle your benefits and get your Medicare coverage in one plan.²

More benefits

Depending on your plan, you may have access to extras like health management programs, routine vision or hearing services, or fitness programs that may help you live a healthier life.³

Peace of mind

From New York to Hawaii, UnitedHealthcare is helping more than 9 million Medicare members live healthier lives.⁴

MEDICARE ADVANTAGE

Online. Anytime.

Once you become a member, your personal, secure online member website is available for you to access your plan information 24 hours a day, 7 days a week.⁵


Here are some of the ways you can use your secure online member website:


- Review your claims history
- View your benefit details
- Track and pay your premium
- Access forms and plan materials
- Find local doctors, specialists and pharmacies with ease
- Print health records that you can bring to appointments
- Pursue your wellness goals online, with tools that inform, encourage and reward your progress


You can access your member website as soon as your plan is active. Speak with your sales agent to learn more or log on to **UHC Medicare Solutions.com/sign-in**.


MEDICARE ADVANTAGE


10 important things to know about Medicare Advantage.

-  **1 You must continue to pay your Part B premium**
Medicare then gives your premium to your UnitedHealthcare Medicare Advantage plan to help pay for your additional coverage.

-  **2 Joining a Medicare Advantage plan may affect your current coverage**
If you have existing coverage or employer-provided health insurance and plan to work past 65, check to see how joining a Medicare Advantage plan could affect or cancel your current coverage.


-  **3 Use network providers**
Use of network health care and pharmacy providers is typically required. Using providers outside of the network may cost you more. In an emergency, you can use any provider.


-  **4 Financial assistance**
Depending on your financial situation, you may qualify for help paying your plan premiums or Part D medications (low-income subsidy / Extra Help).

-  **5 Part D late-enrollment penalty**
This is an additional amount that will be added to your Part D premium if you go without Part D coverage for longer than 63 days in a row after your Initial Enrollment Period. Medicare Advantage plans that include Part D coverage meet Medicare coverage requirements.

MEDICARE ADVANTAGE

10 important things to know about Medicare Advantage. (continued)

 **6 A Medicare supplement (Medigap policy) plan is not a Medicare Advantage plan**
Medicare supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B, and sometimes Part D, into a single plan.

 **7 You must use your member ID card**
Members must present their UnitedHealthcare member ID card, not their Original Medicare card, when receiving services.


8 Medicare Advantage protections
Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as with Original Medicare.


9 Medicare Advantage has you covered
Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits. Important: Hospice care is still covered under Original Medicare.


10 A built-in financial safety net
Your plan's annual out-of-pocket maximum is your safety net that assures you'll never pay more than a certain amount out of pocket in a given plan year for covered medical services.

MEDICARE ADVANTAGE


Prescription drug coverage defined.

 **Pharmacy network**
UnitedHealthcare has more than 65,000 network pharmacies across the country. To receive benefits, you must use an in-network pharmacy and show your Medicare Advantage card. You may receive additional discounts on your prescriptions by using a preferred retail pharmacy, or by using the mail service pharmacy and having your medications delivered to your mailbox.

 **Drug formulary (list of drugs)**
A formulary is a list of the drugs that a plan covers. Each plan has its own formulary. Before you enroll, be sure to ask for a copy of the plan's formulary or check the plan's website to review the drugs covered.

 **Tiered formulary**
Many plans use tiered formularies to group covered drugs according to cost. For example:

- **Tier 1 – Preferred generic drugs**
- **Tier 2 – Non-preferred generic drugs**
- **Tier 3 – Preferred brand name drugs**
- **Tier 4 – Non-preferred brand name drugs**
- **Tier 5 – Specialty drugs**

 **Step therapy**
One way UnitedHealthcare can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the drug you are currently taking.

MEDICARE ADVANTAGE

Prescription drug coverage defined. (continued)



Asking for an exception

If you need a drug that's not currently covered by your plan, you may:

- Ask the plan to cover your drug even if it is not on the drug list. This is known as a formulary exception
- Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception



Quantity limits

Some drugs have quantity limits, where the plan will cover only a certain amount of a drug for one copay or over a certain number of days. The limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.



Prior authorization

Before the plan will cover certain drugs, it needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover this drug.

Coverage decisions

If your doctor has submitted an exception request on your behalf, generally the plan will make a decision within 72 hours. You can request an expedited, or fast, decision if you or your doctor believes your health requires it.

HELPFUL RESOURCES

✓ **In addition to your agent, there are other useful resources available to you.**

- Medicare
- Medicare Made Clear™
- Social Security
- Administration on Aging
- AARP
- State resources



For a full list of resources and contact information, see page 14 in your “CLARITY starts here.” guide.

DECISION-MAKING TOOLS

A plan's Enrollment Guide provides important information about all that plan has to offer.

Benefit Highlights

A great way to get a quick overview of the plan's most common benefits.



Summary of Benefits

A detailed plan overview that contains important plan information. In the introduction you'll find information about your rights under the plan, including information about appeals and grievances.



Star Ratings

The Medicare Star Ratings program rates all health and prescription drug plans each year, based on a plan's quality and performance. You can locate the Star Rating for the plan being presented on page 35 of the Enrollment Guide.



Multi-Language Interpreter Services

Contains instructions for accessing free language interpreter services available to answer questions you may have about a plan.

DECISION-MAKING TOOLS

A plan's Enrollment Guide provides important information about all that plan has to offer. (continued)



Drug List

A list of drugs and their tier level covered under the plan.

More Plan Information

Explains any additional plan benefits beyond Original Medicare and highlights any available plan riders.



How to Enroll — Welcome Aboard

Includes everything you need to enroll, including enrollment forms and an enrollment checklist.

Need an Enrollment Guide?

Simply ask your local sales agent or call UnitedHealthcare at the phone number on the back cover of this booklet and we'll be happy to provide you with one.

INFORMATION SUMMARY

The purpose of this meeting is to make sure you clearly understand the important information that the Centers for Medicare & Medicaid Services (CMS) has outlined to help you make an informed Medicare plan decision. As I recap this content, check it off in your workbook as verification you understand it. Note that the page numbers reference the page in the “**CLARITY starts here.**” guide where you can find the details.


 **Enrollment eligibility requirements** (Page 4)

 **Enrollment election periods** (Page 4)

- Initial Enrollment Period
- Open Enrollment
- Special Election Period
- Medicare Advantage Disenrollment Period

 **Drug payment stages** (Page 6)

- Initial Coverage
- Coverage Gap
- Catastrophic Coverage

 **You must continue to pay your Part B premium** (Page 12)

 **Joining a Medicare Advantage plan may affect your current insurance** (Page 12)

 **Use network providers to receive your benefits except in an emergency** (Page 12)

 **Financial assistance** (Page 12)

 **Late-enrollment penalty for prescription drug (Part D) plans** (Page 12)

 **Medicare supplement plans (Medigap policies) are not Medicare Advantage plans** (Page 12)

 **You must use your member ID card when receiving plan-covered services** (Page 12)

 **Pharmacy network** (Page 13)

INFORMATION SUMMARY

- ✓ **Formulary/drug list** (Page 13)
- ✓ **Formulary drug tiers** (Page 13)
- ✓ **Step therapy** (Page 13)
- ✓ **Asking for an exception** (Page 13)
- ✓ **Quantity limits** (Page 13)
- ✓ **Prior authorization** (Page 13)
- ✓ **Additional resources** (Page 14)
- ✓ **Summary of Benefits** (Page 15)
- ✓ **Multi-Language Interpreter Services** (Page 15)
- ✓ **Drug List** (Page 15)
- ✓ **How to Enroll — Welcome Aboard** (Page 15)

PLAN INFORMATION

Enrollment Guide.

Let's move to the Enrollment Guide, where I will go over:

- Plans offered in your area
- Star Ratings⁶
- Plan benefits
- How to enroll

Jason Luders

Licensed Sales Agent



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¹Those participating in certain Medicare Advantage-only plans may require a second membership card if enrolled in separate Part D coverage.

²Benefits and services vary by plan. For more information see the plan's Summary of Benefits.

³June 2013, UnitedHealthGroup.com.

⁴June 2013, Centers for Medicare & Medicaid Services (CMS) Enrollment Data.

⁵Capabilities may vary based on the plan you have.

⁶Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. 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. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency.