



2024 Medicare Advantage

Clarity Guide

Get clear answers to your
Medicare plan questions.

United
Healthcare
Medicare Advantage

Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Provided by the federal government



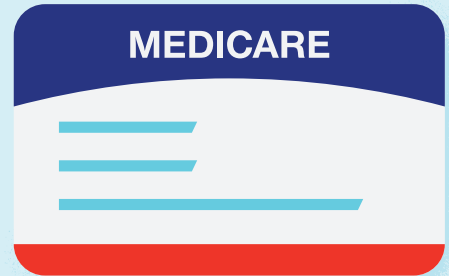
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care



Step 2

After you enroll in Original Medicare, there are two ways to get additional coverage

Option 1

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance

Offered by private companies



Helps pay some or all the costs **not** covered by Original Medicare

Medicare Part D Plan

Offered by Medicare-approved private companies



Helps pay for prescription drugs

or

Option 2

Choose a Medicare Advantage plan:

Medicare Advantage Plan

Offered by Medicare-approved private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Part D

Often include prescription drug coverage



May offer additional benefits not provided by Original Medicare

Eligibility and enrollment

Medicare eligibility

Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

To be eligible for Medicare, you must be a U.S. citizen or legal resident AND you must meet one of these requirements:

- Age 65 or older
- Any age with a diagnosis of end-stage renal disease or ALS
- Younger than 65 with a qualifying disability

When can you enroll in a Medicare Advantage or prescription drug plan?

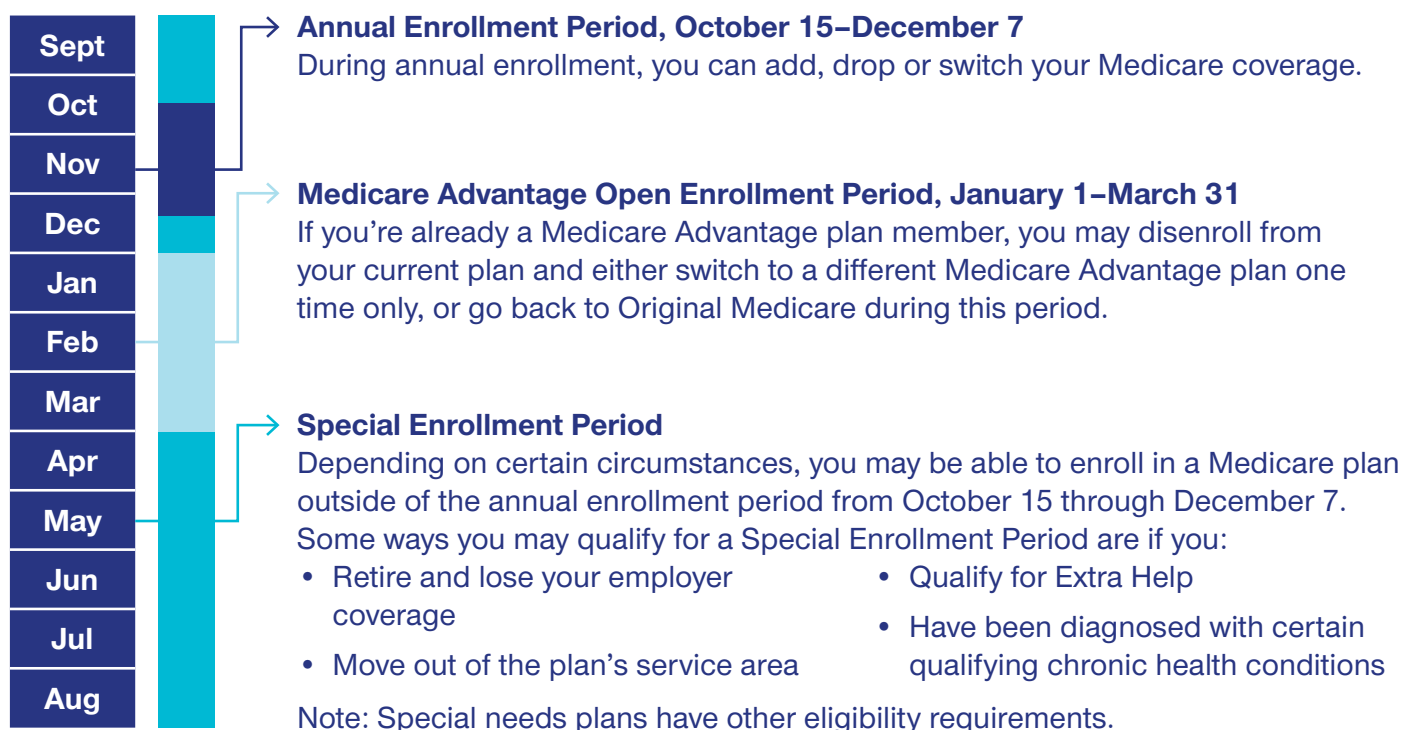
Initial Enrollment Period (IEP)

For those who become eligible due to age, your IEP includes your 65th birthday month, the 3 months before and the 3 months after. Your IEP begins and ends 1 month earlier if your birthday is on the first of the month. You have 6 months to be guaranteed coverage in a Medicare Supplement insurance plan (Medigap), starting the first month you are age 65 or older and enrolled in both Medicare Part A and Part B. You may apply at other times, but you could be denied coverage or charged a higher premium based on your health history. Some states may have additional open enrollment rights under state law.



Eligible due to a disability?

Your 7-month IEP includes the month you receive your 25th disability check, the 3 months before and 3 months after.



A woman with curly brown hair, wearing glasses and a blue denim shirt, is looking down at her smartphone. She is wearing a necklace with orange beads and a silver pendant, and a ring on her finger. The background is a bright, out-of-focus window.

10 things to know about Medicare Advantage

- 1 You must continue to pay your Medicare Part B premium.**

Medicare then gives your premium to your UnitedHealthcare® Medicare Advantage plan to help pay for your additional coverage.
- 2 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.
- 3 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.
- 4 It's best to 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.
- 5 You may qualify for financial assistance.**

Depending on your financial situation, you may qualify for help paying your plan premiums or Part D prescription drugs through a low-income subsidy or Extra Help.
- 6 If you enroll in Part D late, you may pay a penalty.**

This is an additional amount charged by Medicare that will be added to your Part D premium if you didn't enroll in prescription drug coverage when initially eligible for Medicare and didn't have other creditable drug coverage, or you didn't enroll in prescription drug coverage within 63 days of losing your creditable drug coverage.
- 7 A Medicare Supplement insurance plan (Medigap policy) 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 often Part D, into a single plan.
- 8 Keep your member ID card handy.**

Members must present their UnitedHealthcare member ID card, not their Original Medicare card, when receiving services.
- 9 Medicare Advantage offers the same protections as Original Medicare.**

Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as with Original Medicare.
- 10 You have a built-in financial safety net.**

Your plan's annual out-of-pocket maximum is your safety net that ensures you'll never pay more than a certain amount out of pocket in a given plan year for covered medical services. Costs that do not count towards the out-of-pocket maximum include premium payments, drug costs, and costs of extra services a plan may offer such as routine dental or vision.

Prescription drug coverage

Understanding Medicare drug payment stages

Your prescription drug costs change during the year, depending on which payment stage you are in. The payment stages usually start over on January 1 with the Annual Deductible stage and the dollar limits in each stage may change each year. The coverage limits are determined by benchmarks set by the Centers for Medicare & Medicaid Services (CMS).

Payment stages	Member typically pays	Plan typically pays	Stage limit
Annual deductible*	100% until you reach the plan deductible	0%	Varies by plan
Initial coverage	A copay or coinsurance	Balance after copay and coinsurance	Total drug costs reach \$5,030
Coverage gap	25% of your drug costs	5%–75%	Total out-of-pocket costs reach \$8,000
Catastrophic coverage	You pay \$0	Varies	Through the end of the plan year

* If your plan doesn't have a deductible, you skip this stage.



What's the difference between total drug costs and out-of-pocket costs?

Total drug costs

What you pay for prescription drugs each year, plus what your plan pays. Does not include your monthly plan premium.

Out-of-pocket costs

The total amount you pay for your covered prescription drugs, and any discounts paid by drug manufacturers while you are in the coverage gap. Does not include your monthly plan premium.



If you get **Extra Help** from Medicare with your Part D costs, **the coverage gap doesn't apply to you**. Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays.

Prescription drug coverage defined

Pharmacy network

To receive benefits, you must use an in-network pharmacy and show your UnitedHealthcare member ID card. You may receive additional savings 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 list (formulary)

A formulary is a list of the drugs that a plan covers. See your enrollment guide to find the drug list.

Tiered formulary

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

- **Tier 1** – Preferred generic drugs
- **Tier 2** – Generic drugs
- **Tier 3** – Preferred brand name drugs
- **Tier 4** – Non-preferred 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 brand name drug you are currently taking.

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 may need 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 the prescribed drug.

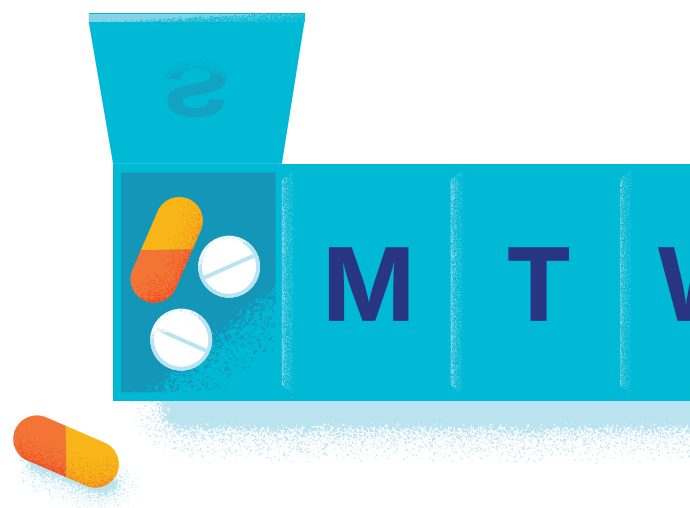
Asking for an exception

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.

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.



When it comes to Medicare, everyone has different needs



An agent can help you take the next step today

UnitedHealthcare licensed sales agents are specially trained to provide personalized support, answers and advice that can help you choose a plan with confidence.

Ask your agent to help you:



Look up your providers, hospitals, specialists and clinics to make sure they're part of the large UnitedHealthcare provider network



Check your prescription medications to make sure they're included and help you understand your anticipated costs



Access additional services, including unique benefits available to UnitedHealthcare plan members



Find out if you're eligible for more benefits if you have certain medical conditions or qualify for both Medicare and Medicaid



Understand how a Medicare Advantage plan from UnitedHealthcare can work with the care you receive from the VA

Additional resources

In addition to your licensed sales agent, here are other resources that may be useful to you

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. Find out more at **MedicareMadeClear.com**.

Medicare

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit **Medicare.gov** or call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week (except some federal holidays).

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at **Medicare.gov** or call the Medicare Helpline to request a copy.

Online plan finders

For online tools to find and compare drug plans, Medicare Advantage plans and Medicare Supplement plans, go to **Medicare.gov**.

Social Security

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for Extra Help. Call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday. Or go to **SSA.gov**.

Low-Income Subsidy (LIS)

Extra Help with prescription drug costs

“Extra Help” is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs. To see if you qualify, visit **SSA.gov**.

Administration on Aging

Eldercare locator

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call **1-800-677-1116**, TTY **711**, 8 a.m.–9 p.m. ET, Monday–Friday. Or go to **Eldercare.acl.gov**.

State resources

State Health Insurance Assistance Program (SHIP)

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare.

ShipHelp.org

Why UnitedHealthcare?

Not all Medicare Advantage plans are the same. Many private insurance companies offer Medicare Advantage plans. Learn more about your plan choices from the nation's most chosen Medicare Advantage plan provider¹.

Reasons to choose UnitedHealthcare:

- 4 out of 5 members would recommend UnitedHealthcare Medicare Advantage to family and friends²
- UnitedHealthcare has more than 45 years of experience serving members
- Talk to a UnitedHealthcare Medicare Plan Expert for no cost. It's part of the UnitedHealthcare Right Plan Promise – our commitment to helping you find the right plan for your needs.

Talk to a UnitedHealthcare Medicare Plan Expert or use our easy-to-use online shopping tools to help you find your new plan with confidence.



Or call toll-free at **1-855-868-8374**, TTY 711,
8 a.m.–8 p.m. local time, 7 days a week. Se habla español.



Go online anytime to **uhc.com/medicare**.



From the UnitedHealthcare family of Medicare plans.



UnitedHealthcare® Medicare Advantage

¹Based on total plan enrollment from CMS Enrollment Data, May 2023

²Member recommendation based on Human8, May 2023

Medicare Plan Expert is a licensed insurance sales agent/producer. Provider network may vary by local market. The 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. 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 recommendations for individuals. AARP does not employ or endorse agents, producers or brokers.

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