



2021 Medicare Advantage

Clarity Guide



Clear answers to your Medicare questions.

United
Healthcare®

Understanding Your Medicare Choices

Step 1

Enroll in Original Medicare.

Original Medicare

Provided by the federal government



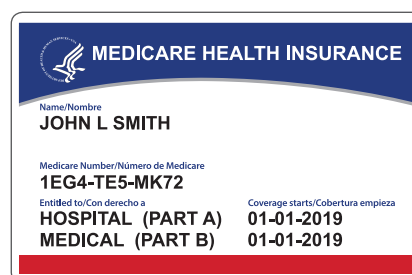
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



In 2020, the annual deductible was \$1,408 for Medicare Part A (hospital) and \$198 for Part B (medical services). The standard monthly premium for Part B beneficiaries in 2020 was \$144.60.

Step 2

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

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance

Offered by private companies



Medicare Supplement

Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Part C

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



Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Eligibility and Enrollment

Medicare eligibility.

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

You're at least 65 years old, or you're under 65 and qualify on the basis of a disability or other special situation.

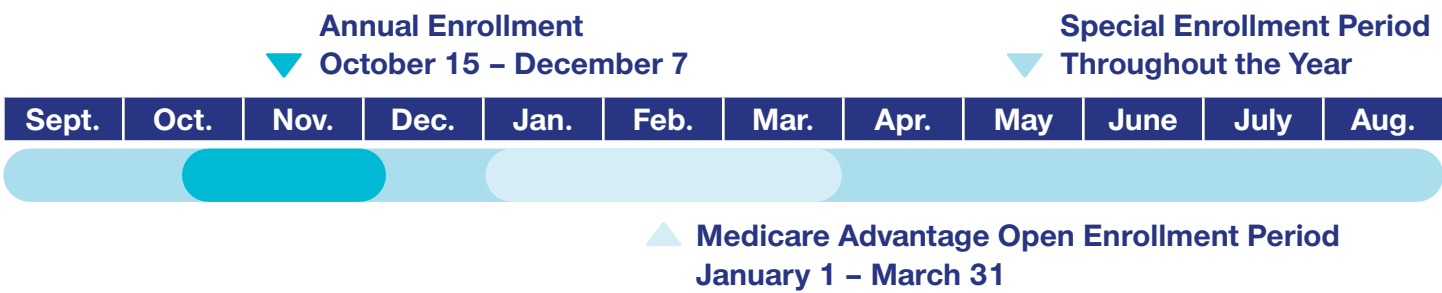
AND

You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years.

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

Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment.



Annual Enrollment Period, October 15 – December 7

During annual enrollment, you can add, drop or switch your Medicare coverage.

Medicare Advantage Open Enrollment Period, January 1 – March 31

If you're already a Medicare Advantage plan member, you may disenroll from your current plan and either switch to a different Medicare Advantage plan one time only, or go back to Original Medicare during this period.

Special Enrollment Period

Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:

- **Retire** and lose your employer coverage
 - **Move** out of the plan's service area
- Qualify for **Extra Help**
 - Have been **diagnosed with certain qualifying chronic health conditions**

Special needs plans have other eligibility requirements.

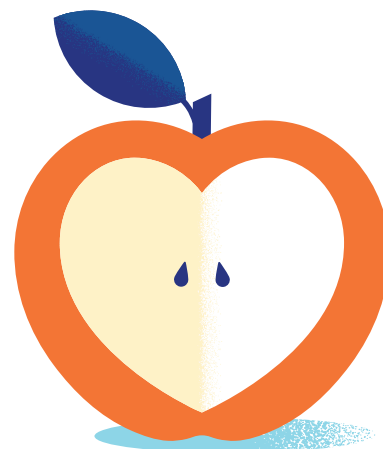
The Advantages of Medicare Advantage

Medicare Advantage plans have high member satisfaction.

24+ million people enrolled in a Medicare Advantage plan as of February 2020¹

93% satisfaction among seniors with a Medicare Advantage plan²

25% less spent on health care compared to Original Medicare³



Compare your coverage.

Original Medicare doesn't cover all medical expenses and doesn't cover prescriptions.

Benefits and Features	Medicare Advantage*	Original Medicare
Coverage for hospital stays	✓	✓
Coverage for some medical care, like doctor visits	✓	✓
Preventive services, like flu shots	✓	✓
Prescription drugs	✓	No coverage
Routine vision coverage	✓	No coverage
Routine hearing exam and hearing aid coverage	✓	No coverage
Limits your annual out-of-pocket costs	✓	No protection

*Benefits vary by plan.

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 medications 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 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.

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.

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 stages start over on January 1 and the dollar limits can change each year. The coverage limits are determined by benchmarks set by the Centers for Medicare & Medicaid Services (CMS).

Payment Stages	Member Pays	Plan 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 \$4,130
Coverage Gap (Donut Hole)	25% of your drug costs	5%–75%	Total out-of-pocket costs reach \$6,550
Catastrophic Coverage	A \$3.70 copay for generic drugs (including brand name drugs treated as generic) and \$9.20 copay for all other drugs, or 5% coinsurance for all drugs, whichever is greater	15%	Through the end of the 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 prescription drugs, including your deductible and any discounts paid by drug manufacturers while you are in the donut hole. Does not include what the plan pays or your monthly plan premium.



If you get **Extra Help** from Medicare with your Part D costs, ask your agent how the Part D deductible and coverage gap apply to you.

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 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. Each plan has its own 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.

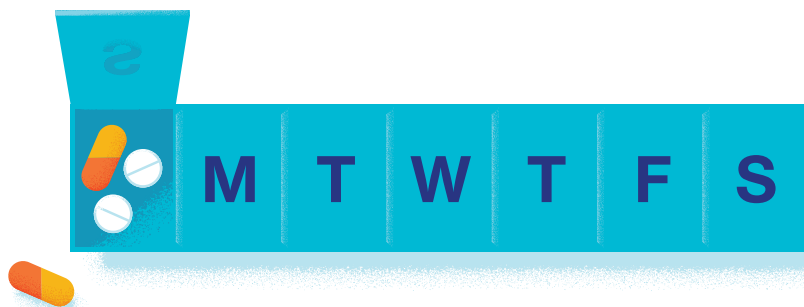
Asking for an exception

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 doctors, 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 or TRICARE FOR LIFE coverage

Why UnitedHealthcare?

Not all Medicare Advantage plans are the same. Many private insurance companies offer Medicare Advantage plans. But when you choose UnitedHealthcare, you're choosing an industry leader.

Reasons to choose UnitedHealthcare:

- More than 40 years serving the Medicare community.
- More people choose UnitedHealthcare for their Medicare plans than any other insurance provider.⁴
- Members like and keep our Medicare Advantage plans.⁵
- You have our promise and commitment to helping you live a healthier life.

Talk to an agent today.

If you have questions or are ready to enroll, contact your sales agent.

Or call toll-free at **1-855-262-3326**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week.⁶ Se habla español.

Go online anytime to **UHCclarity.com**.



From the UnitedHealthcare[®] family of Medicare plans.



**Preferred
Care Partners**
A UnitedHealthcare Company



Medicare Plans
from **UnitedHealthcare**



**MEDICA
HEALTHCARE**
A UnitedHealthcare Company

UnitedHealthcare[®] Medicare

¹"State_County_Penetration_MA_2020_02.csv," in "MA State/County Penetration – February 2020 ZIP file," "<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/mcradvpartdenrolldata-ma-state-county/ma-state-county-penetration-2020-01>" Centers for Medicare & Medicaid Services (CMS), Report Period: February 2020.

²"Medicare Advantage Polling Report," Morning Consult, "<https://medicarechoices.org/medicare-advantage-polling-report/>" The Coalition for Medicare Choices (CMC), 1/16/20.

³Vilsa Curto, Liran Einav, Amy Finkelstein, Jonathan D Levin, and Jay Bhattacharya, "Healthcare Spending and Utilization in Public and Private Medicare," <https://www.nber.org/papers/w23090.pdf>, 1/2017.

⁴Based on national market share, as of February 2019.

⁵Based on an average member stay of 4.5 years, as of February 2018, and a Net Promoter Score of 62, as of March 2018.

⁶In Hawaii, 8 a.m. – 8 p.m., Monday – Friday; 8 a.m. – 5 p.m., Saturday.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance 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. 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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Additional Resources

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

Medicare Made Clear

An educational platform developed by UnitedHealthcare to help you better understand Medicare. 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](https://www.Medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at [Medicare.gov](https://www.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](https://www.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 financial help. Call 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. – 7 p.m., Monday–Friday. Or go to [SSA.gov](https://www.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, 9 a.m. – 8 p.m. ET, Monday–Friday. Or go to [Eldercare.gov](https://www.Eldercare.gov).

State Resources

Your state's Medical Assistance or Medicaid office

To learn whether you're eligible for financial help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program.

You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office.

Verify that your doctors and medications are covered.

Although this section is optional, we encourage you to jot down the doctors you see and the prescriptions you take so your sales agent can verify that they are covered by the plan.

First Name: _____

Doctors

[illegible]

Prescriptions

[illegible]