



# Enrollment Guide 2023



**Take advantage of all your Medicare  
Advantage plan has to offer**

**AARP® Medicare Advantage Patriot (HMO-POS)**

H4527-024-000

**Service area:** Texas - Aransas, Austin, Bastrop, Bee, Bell, Blanco, Brazoria, Brazos, Brooks, Burnet, Caldwell, Calhoun, Cameron, DeWitt, Dimmit, Duval, El Paso, Falls, Fort Bend, Galveston, Gillespie, Goliad, Grimes, Hardin, Harris, Hays, Hidalgo, Hill, Jefferson, Jim Hogg, Jim Wells, Kleberg, Liberty, Llano, Matagorda, Maverick, McLennan, Montgomery, Nueces, Orange, Refugio, San Patricio, Starr, Travis, Uvalde, Victoria, Webb, Wharton, Willacy, Williamson, Zapata, Zavala counties

# It's easier than ever to get more for your Medicare dollar



## Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget. Choose from plans with copays and premiums as low as \$0. And we offer the only Medicare plans that carry the AARP name.



## Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, UnitedHealthcare's expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard™ makes it easier than ever to unlock more from your Medicare plan.



## Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.<sup>1</sup> UnitedHealthcare is proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.

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**Questions? We're here to help.**



**AARPMedicarePlans.com**



Call toll-free **1-844-723-6473**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week

# Start With Medicare Basics

## Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



**Hospital stays and inpatient care.**  
This is called Part A.



**Doctor visits.** This is called Part B –  
you pay a monthly premium for it.

### Original Medicare does NOT include prescription drug coverage



**Prescription drug coverage.** This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D. This is called a Late Enrollment Penalty (LEP).

## Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

### Option 1: Enroll in a Medicare Advantage plan



#### Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage is all in one plan



#### Extras

Some plans may include extra benefits not included with Original Medicare

### Option 2: Add one or both of these to Original Medicare



#### Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



#### Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

# Enroll in a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

Your plan does not cover medical care from providers outside our network. However, you have access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

If you need to see a network specialist, make sure you get a referral from your primary care provider (PCP) first.

## Here's how this HMO-POS plan works



**Always see network providers for your care.** The plan does not cover medical care from providers outside our network, except for emergency care, urgent care and renal dialysis services.



**Emergency and urgently needed services are covered no matter where you go.**



**Select a primary care provider (PCP).**

This plan requires you to select a PCP to oversee and help manage your care.



**A referral is needed to see a network specialist or other provider.**



**You pay your plan copay or coinsurance when you visit a network provider\*.**

If you see a provider outside the network, you will have to pay the full cost for services yourself, except for covered dental care.



**There's an out-of-pocket spending limit for network care each plan year.**

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



**Remember**, you are not required to enroll in a Part D plan, but if you don't, you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D.

\*Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

# Are you eligible to enroll in this plan?

You are eligible to enroll in this Medicare Advantage plan if:

- ✓ You are enrolled in Original Medicare Parts A and B, and continue to pay your Part B premium
- AND
- ✓ Live in the plan's service area

## Helpful Resources

### Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.

 [MedicareMadeClear.com](https://www.MedicareMadeClear.com)

### You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- Your state Medicaid office



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# Plan Information

# Benefit Highlights

## AARP® Medicare Advantage Patriot (HMO-POS)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

<b>Monthly plan premium</b>	\$0
<b>Part B Premium Reduction</b>	Up to \$50

### Medical benefits

	Your cost
<b>Annual Medical Deductible</b>	No deductible
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$5,500
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$35 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive services</b>	\$0 copay
<b>Inpatient hospital care</b>	\$225 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$196 copay per day: days 21-49 \$0 copay per day: days 50-100
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$200 copay
<b>Outpatient mental health</b>	
Group therapy	\$15 copay
Individual therapy	\$20 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Diabetes monitoring supplies</b>	\$0 copay
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$125 copay

## Medical benefits

	Your cost
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay
<b>Ambulance</b>	\$250 copay for ground or air
<b>Emergency care</b>	\$90 copay (\$0 copay for emergency care outside the United States) per visit
<b>Urgently needed services</b>	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit

## Benefits and services beyond Original Medicare

	Your cost
<b>Routine physical</b>	\$0 copay, 1 per year
<b>Routine eye exams</b>	\$0 copay, 1 per year
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$250 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.  Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).
<b>Dental - preventive (covered in-network and out-of-network)</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental - comprehensive (covered in-network and out-of-network)</b>	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	\$500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
<b>Hearing - routine exam</b>	\$0 copay, 1 per year
<b>Hearing aids</b>	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.  Includes hearing aids delivered directly to you with virtual follow-up care (select models).
<b>Fitness program</b>	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.

	Your cost
<b>Routine transportation</b>	\$0 copay; 26 one-way trips per year to or from approved locations.
<b>Personal Emergency Response System</b>	\$0 copay for a personal emergency response system (PERS)
<b>Over-the-counter (OTC) credit</b>	\$40 credit every quarter to buy covered OTC products
<b>NurseLine</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

\* Benefits combined in and out-of-network

**Optional riders available – See the Summary of Benefits or Evidence of Coverage for information**



This information is not a complete description of benefits. Contact the plan for more information.

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# Explore Your Additional Services

## Unlock your benefits with UnitedHealthcare® UCard

UnitedHealthcare UCard is your member ID and much more. It makes it easier to access your benefits and programs, so it's simple to take advantage of what your plan has to offer. Reach for your UCard when you check in at your provider or pharmacy, go to the gym, spend your credits on over-the-counter items and spend your earned rewards.

## Social and Government Referral Assistance Program

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:

- Save on utility bills, prescription drug expenses and even home repair costs
- Find low-cost, easy-to-use transportation
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Learn about Veterans' Services and Support

## Questions? We are here to help.

If you are a veteran please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

# Supplemental Benefit

## Routine Dental vs. Platinum Dental Rider

### Additional coverage that may make you smile

As a UnitedHealthcare member, you may have routine dental benefits included in the plan you select. For an additional monthly premium, change your plan to get up to \$1500 for dental through the Platinum Dental Rider. You can enroll in a dental rider at the time you enroll in your plan or within 3 months after the effective date of your plan. If you enroll in the rider at the time you enroll in your plan you will have access to rider coverage on your plan effective date. If you wait to enroll within the 3 months after your plan effective date you will be able to start using your rider coverage on the first day of the month after the rider is purchased.

Call Customer Service at **1-800-555-5757** to learn more or tell us you'd like to enroll in the rider. For current members, please call the number on the back of your Member ID card. You can also enroll in the Platinum Dental Rider through the Coverage & Benefits section of your digital member portal at **[www.medicare.uhc.com](http://www.medicare.uhc.com)**.

### With routine dental you get:

- No deductible.
- Up to \$500.00 per year for covered dental services.
- \$0 copay for network exams, cleanings, fillings, crowns, bridges, root canals, dentures, implants and more.
- Access to Medicare Advantage's largest dental network.
- Freedom to see any dentist you choose. Seeing an out-of-network dentist may cost more.\*

### For \$50 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get access to dental coverage that includes:

- No deductible.
- Up to \$1,500 per year for covered dental services.
- \$0 copay for network exams, cleanings, fillings, crowns, bridges, root canals, dentures, implants and more.
- Access to Medicare Advantage's largest dental network, the UHC Dental National Medicare Advantage Network. Out-of-network coverage is available, however seeing an out-of-network dentist may cost more.

**To find a network dentist in your area, go to [www.UHC Medicare Solutions.com](http://www.UHC Medicare Solutions.com) and click on 'Search Dentists' located under the 'Shop For a Plan' tab. When prompted, select the National Medicare Advantage Network.**

\*\$0 cost-share for network dental care, specified services only. If your plan offers out-of-network dental coverage and you see an out-of-network dentist you might be billed more, even for services listed as \$0 copay.

**Exclusions may apply:**

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice, sales tax or duplicating/coping patient records.
14. Tooth bleaching
15. Veneers
16. Orthodontics
17. COVID screening, testing, and vaccination
18. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
19. Space Maintenance
20. Any unspecified procedure by report (Dental codes: D##99)



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The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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# Routine Vision Benefits

Help protect your eyesight and health. Routine vision coverage is just one of the many extra benefits you get with this plan. A routine eye exam can help catch problems like glaucoma or diabetes-related eye diseases.

## Some of the many ways to take advantage of our vision benefits:



\$0 copay for a yearly routine eye exam and a \$250 allowance for frames or contacts every year



Free standard prescription lenses, including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades, including tinting, UV/anti-reflective coating and polycarbonate lenses



Access to one of Medicare Advantage's largest national vision networks, including in-store and online retailers



Eyewear available through online providers, including Warby Parker, GlassesUSA, UHCglasses.com and others



To find an UnitedHealthcare Vision provider, go to [medicare.myuhcvision.com](https://www.medicare.myuhcvision.com)

Vision benefits vary by plan and are not available with all plans. Limitations and exclusions apply. Additional charges may apply for out-of-network items and services. Annual routine eye exam and an allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Lens savings based on comparison to retail. Other vision providers are available in our network. Network size varies by local market.

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# Over-the-Counter (OTC) Credit

Get more help with your everyday needs. Your plan comes with a credit of \$40 that will be loaded to your UnitedHealthcare UCard every quarter for covered OTC products.

## Use the credit on your UCard to:



Choose from brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops and more



Shop at thousands of participating stores, including Walmart, Walgreens, CVS and Kroger, or at neighborhood stores near you



Order online at [myuhcmedicare.com/HWP](https://myuhcmedicare.com/HWP)



You can learn more at [myuhcmedicare.com/HWP](https://myuhcmedicare.com/HWP)

Benefits and features vary by plan/area. Limitations and exclusions apply. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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# Renew Active<sup>®</sup>

## Stay active. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no additional cost. Stay active with a free gym membership, at a fitness location you select from a national network, including many premium gyms. You get an annual personalized fitness plan plus access to group classes. If you prefer to exercise at home, you can view thousands of on-demand workout videos and live streaming fitness classes.

### Renew Active includes:



A free gym membership at a gym near you



Access to the largest national network of gyms and fitness locations, including many premium gyms



An annual personalized fitness plan



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events. Access to the online Fitbit<sup>®</sup> Community for Renew Active – no Fitbit<sup>®</sup> device needed. Joining the community also provides access to Fitbit Premium<sup>™</sup>



An online program from AARP<sup>®</sup> Staying Sharp<sup>®</sup> offering content about brain health, including a brain health assessment and exclusive content including fun activities like interactive challenges, videos and games for Renew Active members



Plus, you may be eligible to earn \$10 per month in rewards for staying active



To learn more about all Renew Active has to offer, visit [UHCRenewActive.com](https://UHCRenewActive.com) or contact your sales representative

Reward offerings will vary by member and terms of participation apply. Rewards not available in all plans.



# Routine Hearing Benefits

Better hearing starts here. Take advantage of hearing benefits with help every step of the way, from arranging a hearing exam to finding the right custom-programmed hearing aid for your needs and budget.

## Get hearing benefits including:



\$0 copay for a routine hearing exam and copays as low as \$175 for a broad selection of hearing aids



Access to one of the largest national networks of hearing professionals with more than 7,000 locations



Up to 80% off industry prices with UnitedHealthcare Hearing's state-of-the-art brand, Relate™



Access to popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®



3-year manufacturer warranty on all hearing aids covers a trial period and damage or repair during warranty period



Take an online hearing test and learn about hearing aid options at [uhchearing.com/Medicare](https://uhchearing.com/Medicare)

Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market. One-time professional fee may apply. Hearing aid savings based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any questions about a medical condition.





# Summary of Benefits 2023

**AARP® Medicare Advantage Patriot (HMO-POS)**  
H4527-024-000

Look inside to take advantage of the health services the plan provides.  
Call Customer Service or go online for more information about the plan.



**Toll-free 1-844-723-6473, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week



**[AARPMedicarePlans.com](https://www.AARPMedicarePlans.com)**

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

# Summary of Benefits

## January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at [myAARPMedicare.com](http://myAARPMedicare.com) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## About this plan

AARP® Medicare Advantage Patriot (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

**Texas:** Aransas, Austin, Bastrop, Bee, Bell, Blanco, Brazoria, Brazos, Brooks, Burnet, Caldwell, Calhoun, Cameron, DeWitt, Dimmit, Duval, El Paso, Falls, Fort Bend, Galveston, Gillespie, Goliad, Grimes, Hardin, Harris, Hays, Hidalgo, Hill, Jefferson, Jim Hogg, Jim Wells, Kleberg, Liberty, Llano, Matagorda, Maverick, McLennan, Montgomery, Nueces, Orange, Refugio, San Patricio, Starr, Travis, Uvalde, Victoria, Webb, Wharton, Willacy, Williamson, Zapata, Zavala.

## Use network providers

AARP® Medicare Advantage Patriot (HMO-POS) has a network of doctors, hospitals, and other providers. For routine dental services, you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP.

You can go to [AARPMedicarePlans.com](http://AARPMedicarePlans.com) to search for a network provider using the online directory.

# AARP® Medicare Advantage Patriot (HMO-POS)

## Premiums and Benefits

	In-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.
<b>Part B Premium Reduction</b>	Up to \$50
<b>Annual Medical Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Amount</b>	<p>\$5,500 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p>

# AARP® Medicare Advantage Patriot (HMO-POS)

## Benefits

		In-Network
<b>Inpatient Hospital Care</b> <sup>1,2</sup>		\$225 copay per day: days 1-5 \$0 copay per day: days 6 and beyond  Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>1,2</sup>	\$0 copay for a diagnostic colonoscopy \$150 copay otherwise
	Outpatient Hospital, including surgery <sup>1,2</sup>	\$0 copay for a diagnostic colonoscopy \$200 copay otherwise
	Outpatient Hospital Observation Services <sup>1,2</sup>	\$200 copay
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay
	Specialists <sup>1,2</sup>	\$35 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Preventive Services</b>	Medicare-covered	\$0 copay  Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

**Benefits**

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay, 1 per year
<b>Emergency Care</b>		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$40 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p>

## Benefits

		In-Network
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1,2</sup>	\$0 copay for each diagnostic mammogram \$125 copay otherwise
	Lab services <sup>1,2</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1,2</sup>	\$0 copay
	Therapeutic Radiology <sup>1,2</sup>	\$60 copay per service
	Outpatient X-rays <sup>1,2</sup>	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1,2</sup>	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids <sup>2</sup>	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.  Includes hearing aids delivered directly to you with virtual follow-up care (select models).
<b>Routine Dental Benefits</b>	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive <sup>2</sup>	\$0 copay for comprehensive dental services*
	Benefit limit	\$500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay

## Benefits

		In-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1,2</sup>	\$0 copay
	Eyewear after cataract surgery <sup>1</sup>	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	<p>\$0 copay Plan pays up to \$250 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>
<b>Mental Health</b>	Inpatient visit <sup>1,2</sup>	\$225 copay per day: days 1-5 \$0 copay per day: days 6-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1,2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$20 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
<b>Skilled Nursing Facility (SNF)<sup>1,2</sup></b>		<p>\$0 copay per day: days 1-20 \$196 copay per day: days 21-49 \$0 copay per day: days 50-100</p> <p>Our plan covers up to 100 days in a SNF.</p>

## Benefits

		In-Network
<b>Outpatient Rehabilitation Services</b>	Physical therapy and speech and language therapy visit <sup>1,2</sup>	\$20 copay
	Occupational Therapy Visit <sup>1,2</sup>	\$20 copay
	Virtual Visit	\$0 copay
<b>Ambulance</b> <sup>1,2</sup>  Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$250 copay for ground \$250 copay for air
<b>Routine Transportation</b>		\$0 copay; 26 one-way trips per year to or from approved locations.
<b>Medicare Part B Prescription Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>2</sup>	20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens 20% coinsurance for all others

## Additional Benefits

		In-Network
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1,2</sup>	\$20 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance
<b>Fitness program</b>		\$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1,2</sup>	\$35 copay
<b>Home Health Care</b> <sup>1,2</sup>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

## Additional Benefits

		In-Network
<b>Opioid Treatment Program Services<sup>2</sup></b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1,2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1,2</sup>	\$20 copay
<b>Over-the-counter (OTC) credit</b>		\$40 credit every quarter to buy covered OTC products. Shop at network retail locations or get home delivery by ordering online, by phone or by mail through your OTC catalog.
<b>Personal Emergency Response System</b>		\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
<b>Renal Dialysis<sup>1,2</sup></b>		20% coinsurance

<sup>1</sup> May require a referral from your doctor.

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network

## Optional Supplemental Benefits

### Premiums and Benefits

<b>Platinum Dental Rider</b>	Premium	Additional \$50.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in these plans 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. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-550-4736 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-550-4736, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The provider network may change at any time. You will receive notice when necessary.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.



# Important information: 2022 Medicare star ratings



## UnitedHealthcare - H4527

For 2022, UnitedHealthcare - H4527 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ 4 stars
- Health Services Rating: ★ ★ ★ ★ 4 stars
- Drug Services Rating: ★ ★ ★ ★ ½ 4.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugaraha.



# Ready to Enroll

# Plan Recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

## Plan Information

The name of my new plan is: \_\_\_\_\_

My new plan is a:  Medicare Advantage plan  Medicare Advantage Special Needs plan  
 Medicare Part D plan  Medicare Supplement Insurance (Medigap) plan

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan type:  Requires referrals  Does not require referrals

Includes a medical deductible, unless the state or another third party pays it for me

Does not include a medical deductible

My plan will provide:  All Medicare health coverage  All Medicare prescription drug coverage

I have purchased rider(s) as part of my plan:  Yes  No  N/A

Proposed effective date: - -

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is \_\_\_\_\_. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

**Circle the correct answer: I should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

I have **opted / not opted** to access some plan documents electronically. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.

## Premium Information

My plan has a \$ \_\_\_\_\_ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less. I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless it's paid by the state or a third party. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to pay the LEP in addition to my premium each month.

**Select the payment method you will use to pay your monthly premium:**

Direct bill each month  Deduction from my Railroad Retirement check  
 Deduction from my Social Security check  Automatic payment from my bank account

Deductions from your Social Security check may be denied by the Centers for Medicare & Medicaid Services (CMS). If approved, it may take a month or 2 for payments to begin. We'll send you a bill until your Social Security payment is accepted and set up.

## Network Information

With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network.  **Yes**  **No**

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider Type (PCP/Specialist/Hospital)	Network (Yes/No)	Referral (Yes/No)
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### Contact your Licensed Sales Representative

If I have questions about my plan, I will call \_\_\_\_\_ at \_\_\_\_\_ or Customer Service at \_\_\_\_\_.

TEAR HERE

TEAR HERE



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.

# How to Enroll

You can enroll by phone, online, by mail or by fax. Simply choose the way that is easiest for you and follow the directions below.



## By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-723-6473, TTY 711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with a licensed sales representative in your area.



## Online

Go to **AARPMedicarePlans.com** and follow the step-by-step instructions to enroll.



## By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
P.O. Box 30770  
Salt Lake City, UT 84130-0770



## By fax

Fill out the Enrollment Request Form and fax it to:  
Fax: 1-888-950-1170

## Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your Date of Birth
- ✓ Verify your providers accept the plan you are choosing
- ✓ Provide the name of your primary care provider (PCP)

# Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.):**

- Medicare Advantage Plans (Part C) and Cost Plans
- Stand-alone Medicare Prescription Drug (Part D) Plan
- Medicare Supplement (Medigap) Products
- Dental-Vision-Hearing Products
- Hospital Indemnity Products

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

### Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative

Today's Date

MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First\_Last)

Relationship to Beneficiary

### To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First\_Last)

Licensed Sales Representative Phone

Licensed Sales Representative ID

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■

Beneficiary Name (First\_Last)

Beneficiary Phone

Date Appointment will be Completed

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■

MM - DD - YYYY

Beneficiary Address

Initial Method of Contact

Plan(s) the Licensed Sales Representative will Represent During the Meeting

Licensed Sales Representative Signature

TEAR HERE

TEAR HERE

Ready to Enroll

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO Point-of-Service (HMO-POS) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Stand-alone Medicare Prescription Drug (Part D) Plan

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

## Other Related Products

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

**Dental/Vision/Hearing Products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



# 2023 Enrollment Request Form

AARP® Medicare Advantage Patriot (HMO-POS) H4527-024-000 - APC

## Select optional supplemental benefits in addition to what is included with your plan

You can add the following benefit rider(s) for an extra cost. You can purchase the rider now while you are enrolling, or within 3 months after your effective date. See the Summary of Benefits for more information, including costs.

**Platinum Dental Rider**

### Information about you (Please type or print in black or blue ink)

Last Name		First Name		Middle Initial
Birth Date			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone Number (     )     -			Mobile Phone Number (     )     -	
Medicare Number				

Permanent Residence Street Address (**P.O. Box is not allowed**)

City	County	State	ZIP Code
------	--------	-------	----------

Mailing Address (**Only if it's different from above. You can give a P.O. Box.**)

City	State	ZIP Code
------	-------	----------

Email Address (Optional)

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

## How do you want to pay?

Enrollee Name \_\_\_\_\_  
 Agent Name / ID No. \_\_\_\_\_  
 Y0066\_ERFMA\_2023\_C CSTX23HP0050341\_000

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If yes, please complete the following:

Name of Health Insurance Company

Member Number

**3. Please give us the name of your primary care provider (PCP), clinic or health center.**

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name

Provider/PCP Number:

12 empty boxes for entering the provider/PCP number.

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider?  Yes  No

**Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.**

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

**If you would rather have hard copies of required materials mailed to you, please check here:**

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

**Please read and sign**

**By completing this form, I agree to the following:**

- I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans

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as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).

- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**When I sign below, it means that I have read and understand the information on this form**

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare® UCard, I can call Customer Service at the number on my UnitedHealthcare UCard to update my authorization information on file.

**Signature of Applicant/Member/Authorized Representative    Today's Date**

**If you are the authorized representative, please sign above and complete the information below**

**\*NOT A SALES AGENT**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number (       )       -		Relationship to Applicant	

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**For licensed sales representative/agency use only**

Employer Group Name

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
Licensed Sales Representative/Writing ID	Initial Receipt Date
Licensed Sales Representative/Agent Name	Proposed Effective Date

**Agent must complete**

- IEP (MA-PD enrollees)
- ICEP (MA enrollees)
- IEP (MA-PD enrollees eligible for 2nd IEP)
- OEP (Jan 1 - Mar 31)
- OEP (Newly eligible)
- SEP (Dual LIS change of status)
- SEP (Change in residence)
- SEP (Loss of EGHP coverage)
- SEP (Chronic)
- SEP (Dual LIS maintaining)
- AEP (October 15-December 7)
- OEPI
- SEP (SEP Reason) \_\_\_\_\_

**Licensed Sales Representative Signature (Optional)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail or fax this completed form to:**

UnitedHealthcare  
P.O. Box 30770  
Salt Lake City, UT 84130-0770  
Fax: 1-888-950-1170

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**PRIVACY ACT STATEMENT:** The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2023

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## Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

### Understanding the Benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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# 2023 Enrollment Receipt

## To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare® UCard. This receipt is not a guarantee of enrollment.

**This copy is for your records only. Please do not resubmit enrollment.**

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### Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

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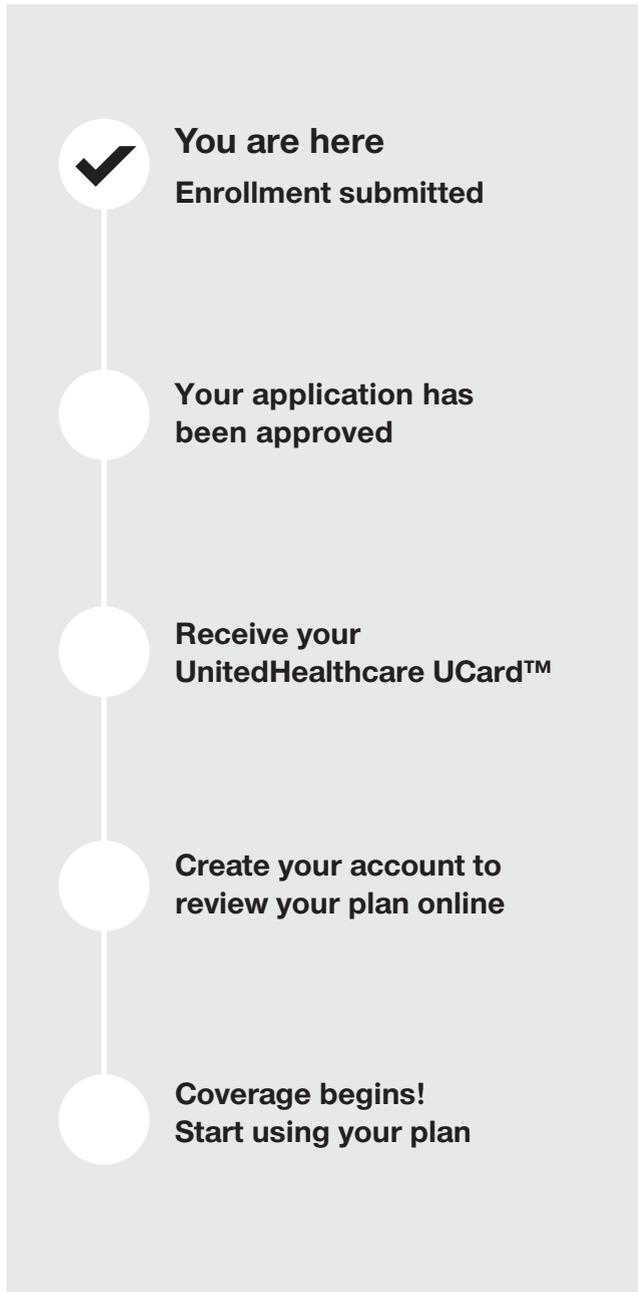
**We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-844-723-6473, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week.**

**Important Reminder** - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



# Take Advantage of What's Next

Your enrollment application was submitted! We're here for you and will check in to make sure you're getting the most out of your plan. Learn more about what to expect next on this page.



## Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at **myAARPMedicare.com**. Online you can:

- Find providers
- Complete your health assessment
- View plan documents



## Once your coverage begins

- Schedule your annual wellness visit



## Thank you for choosing UnitedHealthcare

If you have any questions, you can call the UnitedHealthcare Customer Service number on your UCard.

















# Vendor Information

## AARP® Medicare Advantage Patriot (HMO-POS)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-550-4736, TTY 711, 24 hours a day, 7 days a week.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355 UHChearing.com/Medicare
Routine Vision Services	Plan network providers in your service area	1-866-550-4736 myAARPMedicare.com If you belong to a medical group or IPA, refer to the Provider Directory.
Routine Dental Benefits	UnitedHealthcare Dental	1-866-550-4736 myAARPMedicare.com
NurseLine	Nurseline	1-877-365-7949
Transportation	Comfort Care	1-866-879-8023
Over-the-counter (OTC) credit	Solutran	1-833-845-8798 myuhcmedicare.com/HWP
Personal Emergency Response System	Lifeline	1-855-596-7612 lifeline.com/UHCMedicare
Fitness Program	Renew Active®	1-866-550-4736 UHCRenewActive.com

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**For 1-on-1 support, please contact the plan or your licensed sales representative.**



Call UnitedHealthcare toll-free **1-844-723-6473**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



**AARPMedicarePlans.com**

Important plan information