



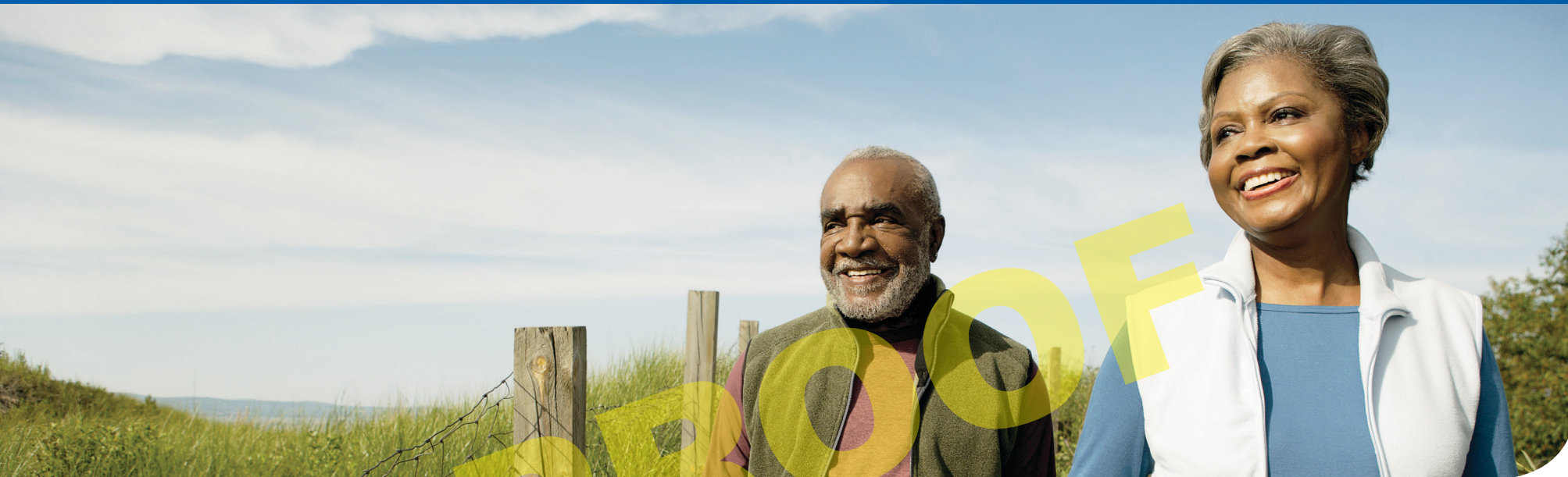
# CLARITY

## YOUR GUIDE TO MEDICARE ADVANTAGE

**Medicare doesn't have to be complicated.** This guide is provided to help you better understand Medicare and how a Medicare Advantage plan may offer the coverage you want.



# Welcome



**Thank you to our current members for choosing a UnitedHealthcare® Medicare plan.**

## Agenda

- The UnitedHealthcare Member Experience
- Medicare Made Clear™
- Understanding Your Needs
- Medicare Advantage
- Prescription Drug Coverage
- Helpful Resources
- Decision-Making Tools
- Plan Information



# Welcome



## Did we cover that? Check.

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

# The UnitedHealthcare Member Experience

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

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

- **Providing** you with access to care from a local network of doctors and convenient neighborhood pharmacies
- **Empowering** you to take control of your health care coverage, with convenient tools and programs to help make it happen
- **Bringing** you exclusive savings and discounts
- **Sharing** our experience and know-how as a company serving Medicare beneficiaries for more than 30 years



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





# Medicare Made Clear



## When are you eligible for Medicare?



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

You're at least 65 years old **OR** 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 five consecutive years.

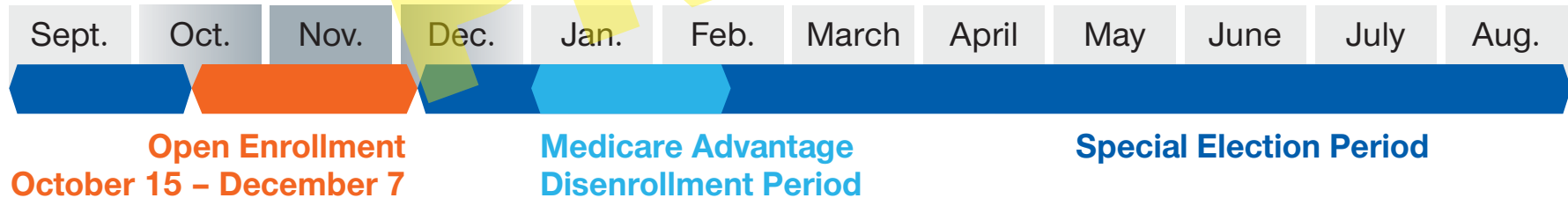
# Medicare Made Clear

## When can you enroll?



### Initial Enrollment Period

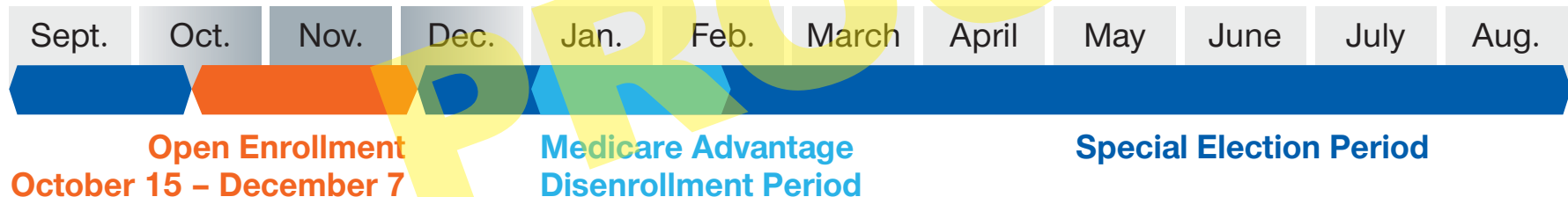
When you turn 65 or otherwise become eligible for Medicare, you'll have your Initial Enrollment Period (IEP). Your IEP begins three months before and ends three months after the month of your 65th birthday (a seven-month window). If you have employer or plan-sponsored coverage when you first become eligible,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



# Medicare Made Clear

## When can you enroll?

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





# Medicare Made Clear

## When can you enroll?



### Special Election Period

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

**You may qualify for a Special Election Period if you:**

- **Retire** and lose your employer coverage
- **Move** out of the plan's service area
- **Receive assistance** from the state
- Have been **diagnosed with certain qualifying disabilities or chronic health conditions**

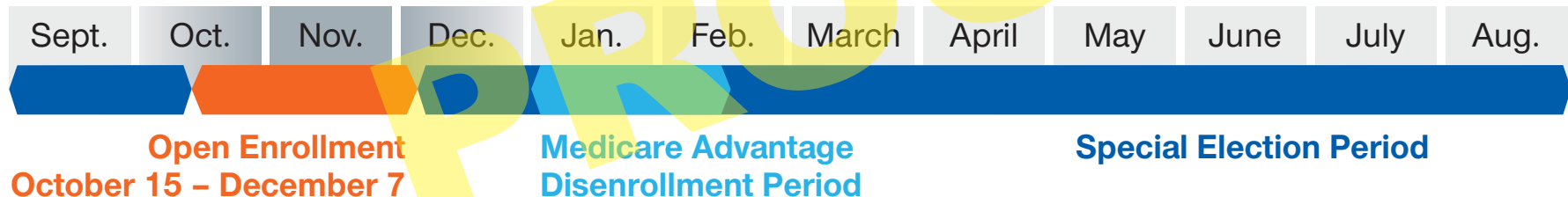
Note: Special Needs Plans have other eligibility requirements.



# Medicare Made Clear

## When can you enroll?

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



# Medicare Made Clear

## Medicare choices.

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

STEP  
**1**

Enroll in Original Medicare when you become eligible.

**Original Medicare**  
Provided by the government

**PART  
A**

**Part A** covers  
hospital stays

**PART  
B**

**Part B** covers  
doctor and  
outpatient visits

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>YOUR NAME HERE</b>			
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>		SEX	
IS ENTITLED TO <b>HOSPITAL MEDICAL</b>		EFFECTIVE DATE <b>(PART A) 07-01-2005 (PART B) 07-01-2005</b>	
SIGN HERE			



# Medicare Made Clear

## Medicare choices.

STEP  
2

If you need to add more coverage, you have two options.

Add one or both of the following to Original Medicare:

**Medicare Supplement Insurance**  
Offered by private companies



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

**Medicare Part D**  
Offered by private companies



**Part D** covers prescription drugs

Add additional coverage by choosing a Medicare Advantage plan:

**Medicare Advantage (Part C)**  
Offered by private companies



**Part C** combines Parts A (hospital) and B (doctor)



Provides additional benefits



Most plans cover prescription drugs

If you are interested in the option on the left, ask your sales representative what plans are available in your area.

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# Understanding Your Needs

## Different life situations affect your health care coverage options.

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

### 1 Currently enrolled in Medicare

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

### 2 Eligible for Medicare and working

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

### 3 Eligible for Medicare and not working

- Review the Medicare plan choices in your area
- Talk to your local sales representative or call UnitedHealthcare to determine when you can enroll in a Medicare plan
- If you have benefits through your previous employer, check with them before making any changes

# Understanding Your Needs

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

### 4 Eligible for Medicare and retiring soon or losing coverage

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

### 5 Not eligible for Medicare and retiring soon or losing coverage

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



# Understanding Your Needs

## When choosing a health plan, it's important to select one that is a good fit for your needs and your budget.

Here are some important questions to think about as you focus on the “big picture” of your health coverage for the coming year.

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



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

# Medicare Advantage

## What's the advantage of a Medicare Advantage plan?

UnitedHealthcare Medicare Advantage plans can offer you more coverage than Original Medicare. The payments we receive from Medicare help with the cost of the plan. Most of our plans have provider networks that provide services at discounted rates. Other plan features also give us the ability to manage costs and offer the coverage of Medicare Parts A and B at a lower cost than Original Medicare.

**Some of the extra benefits you could get with a Medicare Advantage plan include:**



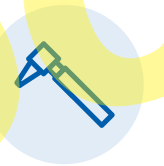
**Prescription  
drug coverage**



**Access to  
wellness programs**



**Gym membership  
discounts**



**Routine hearing  
coverage**



**Routine vision  
coverage**



**Routine dental  
coverage**

# Medicare Advantage

## What's the advantage of a Medicare Advantage plan?

### Are there Medicare Advantage plans for those with special needs?

Absolutely. There are special types of Medicare Advantage plans called Special Needs Plans. These plans include focused and specialized health care coverage for specific groups:

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

PROOF



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



# Medicare Advantage



## Eligibility checklist.

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

# Medicare Advantage

Nationally, Medicare Advantage members have:<sup>1</sup>

**7% more**  
primary care visits

**9% lower**  
hospital admission rates

**19% fewer**  
days spent in hospital

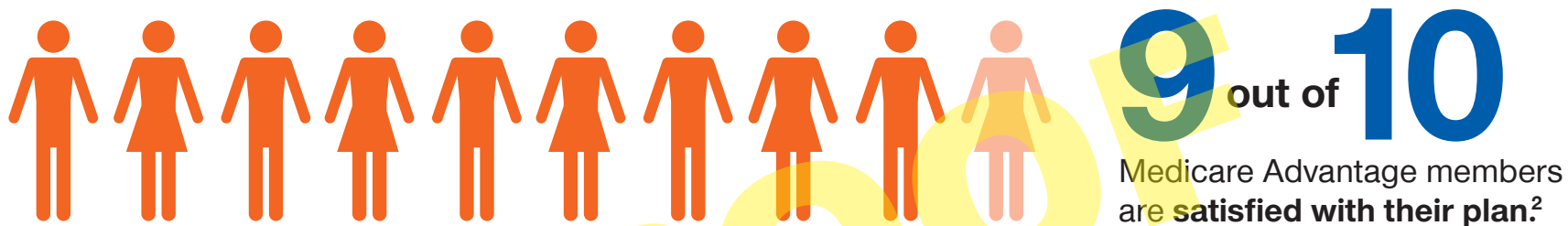
**28% fewer**  
hospital readmissions



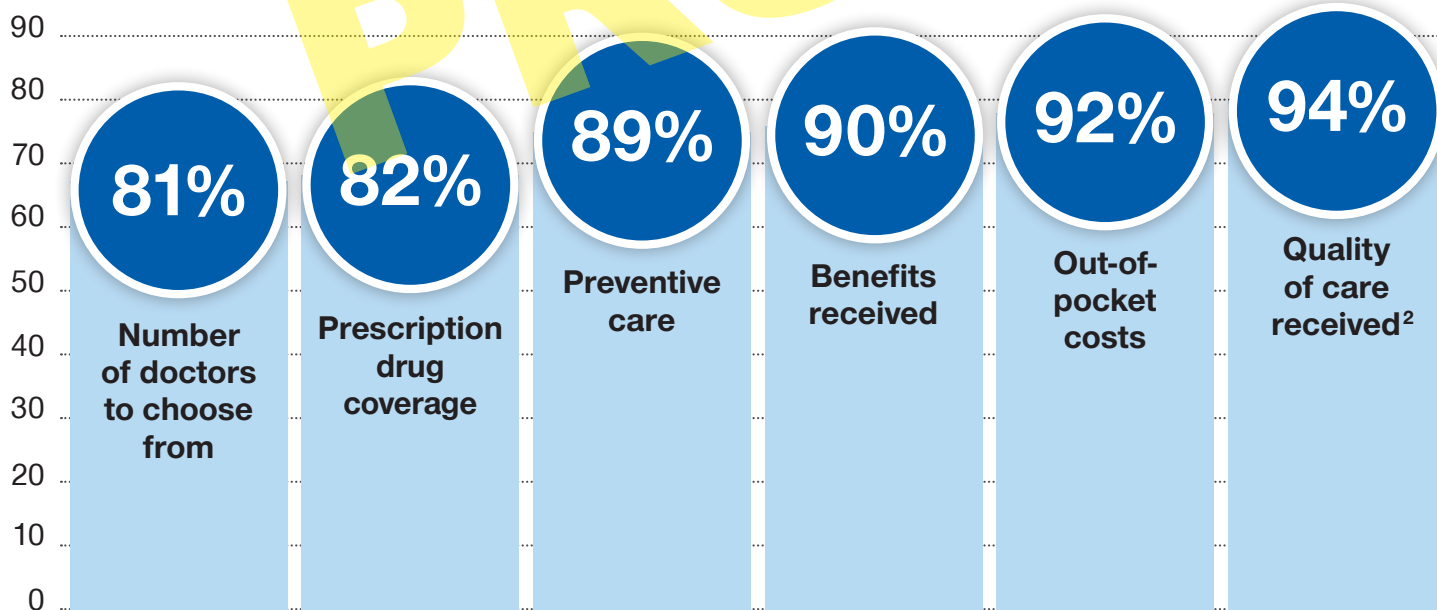


# Medicare Advantage

Nationally, Medicare Advantage members express high satisfaction in the following areas:




## Measuring satisfaction




# Medicare Advantage


## 10 important 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.


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


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

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

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

# Medicare Advantage

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



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



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

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

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

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

# Medicare Advantage

## The advantages of being a UnitedHealthcare Medicare Advantage plan member.

For over 30 years,<sup>3</sup> UnitedHealthcare has remained committed to offering Medicare beneficiaries the benefits and services they may need to live a healthier, happier life — all in one simple plan.

### Large network

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

### Predictable costs

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

### One-card convenience

Bundle your benefits and get your Medicare coverage in one plan.<sup>4</sup>

### More benefits

Depending on your plan, you may have access to extras like health management programs, routine vision or hearing services, or fitness programs.<sup>5</sup>

### Peace of mind

From New York to Hawaii, UnitedHealthcare is helping more than 9 million Medicare members live healthier lives.<sup>6</sup>



# Medicare Advantage

## Online. Anytime.

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

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

- **Review** your claims history
- **View** your benefit details
- **Track** and pay your premium
- **Access** forms and plan materials
- **Find** local doctors, specialists and pharmacies with ease
- **Print** health records that you can bring to appointments

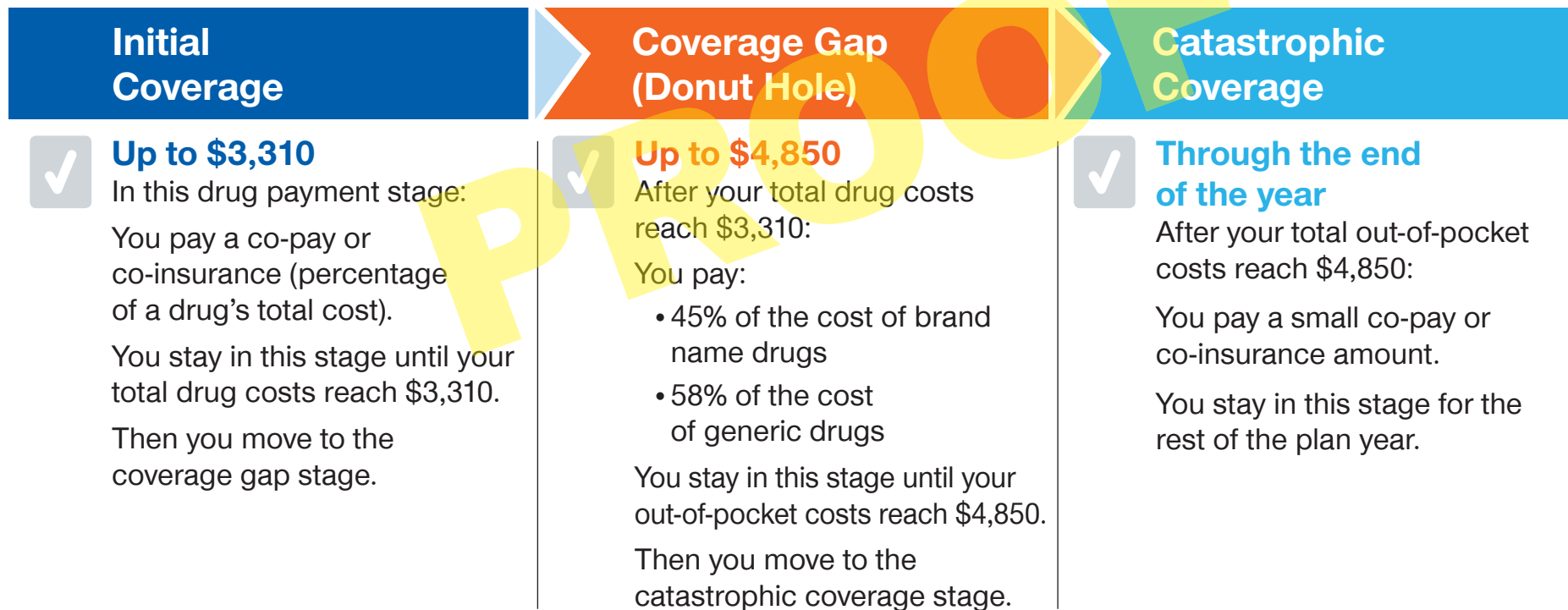


You can access your member website as soon as your plan is active. Speak with your sales representative to learn more or log on to **UHCclarity.com**.

# Prescription Drug Coverage

## Drug payment stages.

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



**Note:** On January 1 of each year, the coverage cycle starts over. Medicare sets the rules about which payments count toward your out-of-pocket and total drug costs. Amounts listed reflect the 2016 plan year.

# Prescription Drug Coverage

## 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 discounts on your prescriptions by using a preferred retail pharmacy, or by using the mail service pharmacy and having your medications delivered to your mailbox.
- ✓ **Drug formulary (list of drugs)**  
A formulary is a list of the drugs that a plan covers. Each plan has its own formulary. Before you enroll, be sure to ask for a copy of the plan's formulary or check the plan's website to review the drugs covered.
- ✓ **Tiered formulary**  
Many plans use tiered formularies to group covered drugs according to cost. For example:
  - **Tier 1** – Preferred generic drugs
  - **Tier 2** – Generic drugs
  - **Tier 3** – Preferred brand name drugs
  - **Tier 4** – Non-preferred brand name drugs
  - **Tier 5** – Specialty drugs
- ✓ **Step therapy**  
One way UnitedHealthcare can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the drug you are currently taking.

# Prescription Drug Coverage

## Prescription drug coverage defined. (continued)



### Asking for an exception

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

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



### Quantity limits

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



### Prior authorization

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

### Coverage decisions

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

# Helpful Resources



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

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

For a full list of resources and contact information, see page 14 in your **“Clarity Guide to Medicare Advantage.”**

# Decision-Making Tools

## Using your Medicare Advantage Enrollment Guide.

### **Benefit Highlights**

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

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### **Summary of Benefits**

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

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### **Medicare Plan Ratings**

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

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### **Multi-Language Interpreter Services**

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

# Decision-Making Tools

## Using your Medicare Advantage Enrollment Guide. (continued)



### **Drug List**

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

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### **Plan Information**

Find helpful information about how your plan works, including additional programs and services it offers beyond what Original Medicare covers.

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### **Ready to Enroll**

Your Enrollment Guide includes everything you need to enroll, including enrollment forms and an enrollment checklist.



# Plan Information

## Enrollment Guide.

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

- Plans offered in your area
- Star Ratings<sup>8</sup>
- Plan benefits
- How to enroll

## Lacey Manning

Licensed Sales Representative



**215-876-6246, TTY 711**

PROOF



<sup>1</sup><http://medicarechoices.org/medicare-advantage-why-it-matters-to-16-million-beneficiaries>. Comparison is being made to Original Medicare.

<sup>2</sup>Coalition for Medicare Choices, December 17, 2014, <http://www.medicarechoices.org/high-satisfaction-better-quality-care-2>.

<sup>3</sup>June 2014, UnitedHealthGroup.com.

<sup>4</sup>Those participating in certain Medicare Advantage-only plans may require a second membership card if enrolled in separate Part D coverage.

<sup>5</sup>Benefits and services vary by plan. For more information, see the plan's Summary of Benefits.

<sup>6</sup>June 2014, Centers for Medicare & Medicaid Services (CMS) Enrollment Data.

<sup>7</sup>Capabilities may vary based on the plan you have.

<sup>8</sup>Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-492-5843. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.