

# 2019 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage plan.

## **AARP® MedicareComplete Essential® (HMO)**

H3307-018

**Service area:** New York - Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, Westchester counties

**Plan Year:** January 1, 2019 through December 31, 2019

# Benefits Beyond Expectations

## More choice and more guidance

Everyone's health needs are different. That's why we offer a broad range of Medicare products. And we're here to help guide you through finding the right plan.

## Customer service that puts you first

Our compassionate Customer Service Advocates are an important part of your personal health care team — ready to answer your questions, schedule your appointments and help you manage your health.

## A health care company you can rely on

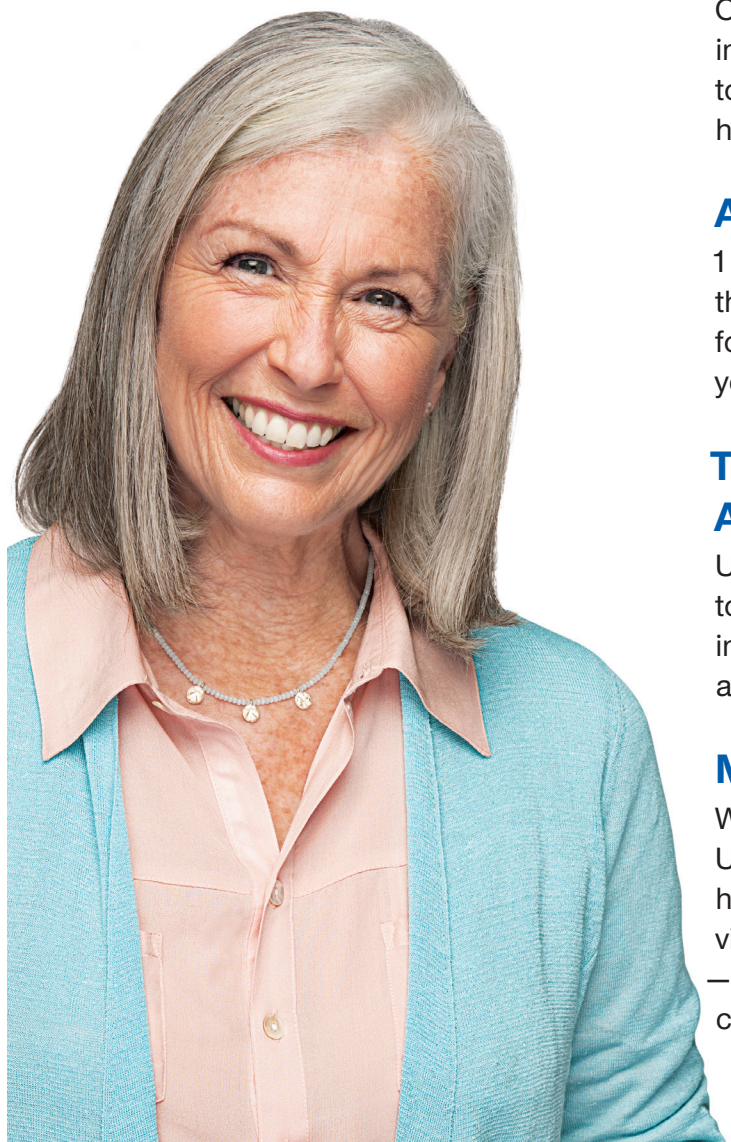
1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage.<sup>1</sup> And we've been serving people just like you for more than 40 years — so you know we'll be here when you need us.

## The only Medicare plans that carry the AARP name

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name. We're aligned in believing Medicare beneficiaries should have access to affordable, quality health care.

## Member-only Health & Wellness Experience

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide. With Renew, you'll have access to inspiring lifestyle tips, learning activities, videos, recipes, interactive health tools, rewards and more — all designed to help you live your best life at no additional cost to you.<sup>2</sup>



<sup>1</sup>2018 Internal Company Data

<sup>2</sup>Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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**Have questions? We can help**

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

Learn more online at  
**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**


# Start With Medicare Basics

## Make sure this plan is a good fit by reviewing the basics

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.


**Original Medicare**  
Provided by the federal government

PART  
**A**



Helps pay for hospital stays and inpatient care

PART  
**B**



Helps pay for doctor visits and outpatient care

**Your options for more coverage:**


OPTION 1

OR

OPTION 2

**Add one or both of the following to Original Medicare:**


**Medicare Supplement Insurance Plan**  
Offered by private companies



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

**Medicare Part D Plan**  
Offered by private companies

PART  
**D**




Helps pay for prescription drugs

**Choose a Medicare Advantage plan:**


**Medicare Advantage Plan**  
Offered by private companies

PART  
**C**




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

PART  
**D**



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear® brought to you by UnitedHealthcare®

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**This is a Medicare Advantage Part C Health Maintenance Organization (HMO) plan**

Your plan is a Health Maintenance Organization (HMO) plan. That means you need to get health care services through a network of local doctors and hospitals.

**Here’s how your HMO plan works**



**You will need to select a primary care provider (PCP).**

This health plan requires you to select a PCP from the network. Your PCP can oversee and help manage your care.



**You have coverage for emergency care.**

Emergency Services and Urgently Needed Services are covered no matter where you go.



**There’s an out-of-pocket spending limit each plan year.**

Once you reach that limit, the plan pays 100% of the future costs for covered services.

**A network of providers for coordinated care**

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	No
Does this plan require a referral to see a Specialist or other providers?	No	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	In most cases, you will have to pay the full cost for services.

**There’s a Medicare Part D Late Enrollment Penalty**



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. 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 for this plan?

You are eligible for a Medicare Advantage plan if:



You are enrolled in Original Medicare Parts A and B and live in the plan’s service area



You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful resources

**Medicare Made Clear™**

An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at **MedicareMadeClear.com**.

**You may qualify for Extra Help**

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

# **Plan Information**

# Benefit Highlights

## AARP® MedicareComplete Essential® (HMO)

This is a short description of your 2019 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

### Plan Costs

	Your Cost
Monthly plan premium	\$0

### Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$20 copay Specialist: \$40 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$345 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100
Outpatient surgery	\$320 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	\$10 copay
Outpatient x-rays	\$14 copay
Ambulance	\$225 copay for ground \$225 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700

## Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)
Dental – preventive	\$0 copay for covered services (exam, cleaning, x-rays)
Hearing - routine exam	\$20 copay; 1 per year
Hearing aids	\$330 - \$380 copay for each hearing aid provided through hi HealthInnovations®; up to 2 hearing aids per year.
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.myrenewactive.com">www.myrenewactive.com</a> , and click the link in the footer entitled Terms and Conditions.
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
Foot care - routine	\$40 copay; 6 visits per year
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.amwell.com">www.amwell.com</a>

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. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

# Explore Your Additional Benefits

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## Get all the benefits of Original Medicare – and more.

With this plan, you get additional benefits and services designed to help you live a healthier life — most at little or no additional costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



### A health and wellness program that comes to you

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive health care visit from one of our licensed healthcare practitioners for no additional cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.



### My Advocate

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. My Advocate acts on behalf of your plan to help determine if you're eligible to apply for government or other community assistance programs.



### Dental coverage

This plan covers dental services that may include exams, cleanings, X-rays or other comprehensive services.



### Hearing coverage

A routine hearing exam and hearing aid benefit is included in this plan. Don't let hearing loss affect your life.



### Renew Active™

Renew Active™ is a fitness program for mind and body that's designed for you and your goals. This program includes online brain exercises and fitness class access.



### Vision coverage

This plan includes routine vision care and may include a credit toward contact lenses or eyeglasses. Help protect your eyesight and health with routine eye exams.



### Solutions for caregivers

Speak to an experienced care manager who can help you plan and access resources on behalf of a loved one. Solutions for Caregivers services available, 24 hours a day, 7 days a week.



### Virtual visits

Talk to a doctor whenever, wherever with virtual doctor visits. You can have a live video chat with a virtual doctor using your computer, tablet, smartphone or any other webcam-enabled device.



### Speak to a nurse 24/7

Health questions can come up anytime. NurseLine<sup>SM</sup> provides you 24/7 access to a registered nurse who can help you with health concerns.



### Podiatry coverage

We provide the exams you need to help keep your feet healthy.



**Illinois** Bond, Boone, Bureau, Carroll, Clinton, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jersey, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, Lee, Macoupin, Madison, Marshall, McHenry, McLean, Mercer, Monroe, Ogle, Peoria, Putnam, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford

**Indiana** Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, La Porte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wells, White, Whitley

**Iowa** Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Polk, Pottawattamie, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster

**Kansas** Butler, Douglas, Franklin, Harvey, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Wyandotte

**Kentucky** Boone, Bullitt, Campbell, Fayette, Franklin, Hardin, Jefferson, Jessamine, Kenton, Larue, Madison, Marion, Nelson, Oldham, Shelby, Spencer, Woodford

**Louisiana** Jefferson, Lafourche, Orleans, St. Bernard, St. Charles

**Maine** All counties in the state of Maine

**Massachusetts** All counties in the state of Massachusetts

**Minnesota** Anoka, Carlton, Carver, Dakota, Hennepin, Ramsey, Scott, St. Louis, Washington

**Missouri** Audrain, Barry, Boone, Buchanan, Callaway, Camden, Cass, Christian, Clay, Clinton, Cole, Crawford, Dade, Dallas, DeKalb, Franklin, Gasconade, Greene, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, Miller, Montgomery, Newton, Osage, Platte, Polk, Ray, St. Charles, St. Louis, St. Louis City, Ste. Genevieve, Stone, Taney, Warren, Washington, Webster, Wright

**Nebraska** Burt, Butler, Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward, Washington

**New Hampshire** All counties in the state of New Hampshire

**New Jersey** Bergen, Burlington, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

**New Mexico** Bernalillo, Dona Ana, Grant, Hidalgo, Luna, Sandoval, Santa Fe, Sierra, Valencia

**New York** All counties in the state of New York

**North Carolina** Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Graham, Guilford, Harnett, Haywood, Henderson, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Nash, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Sampson, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Wayne, Wilkes, Wilson, Yadkin, Yancey

**Ohio** Ashland, Ashtabula, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Muskingum, Pickaway, Portage, Preble, Richland, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wayne, Wood

**Oklahoma** Canadian, Cherokee, Cleveland, Craig, Creek, Grady, Kingfisher, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Osage, Pottawatomie, Rogers, Seminole, Tulsa, Wagoner

**Oregon** Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

**Pennsylvania** Allegheny, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Dauphin, Erie, Fayette, Forest, Greene, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Northampton, Philadelphia, Venango, Warren, Washington, Westmoreland, York

**Rhode Island** All counties in the state of Rhode Island

**South Carolina** Aiken, Beaufort, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Greenville, Horry, Lancaster, Lexington, Newberry, Orangeburg, Pickens, Richland, Spartanburg, Sumter, Williamsburg, York

**Tennessee** Anderson, Blount, Bradley, Campbell, Carter, Cheatham, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Fayette, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hawkins, Haywood, Hickman, Jackson, Jefferson, Johnson, Knox, Loudon, Maury, McMinn, McNairy, Meigs, Monroe, Morgan, Polk, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Sullivan, Sumner, Unicoi, Union, Washington, Wayne, White, Williamson

**Texas** Andrews, Atascosa, Austin, Bell, Bexar, Brazoria, Brazos, Comal, Ector, El Paso, Falls, Fort Bend, Galveston, Grimes, Guadalupe, Hardin, Harris, Hays, Hill, Jefferson, Kendall, Liberty, Matagorda, McLennan, Midland, Montgomery, Orange, Tom Green, Travis, Wharton, Williamson, Wilson

**Utah** Box Elder, Cache, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Weber

**Vermont** All counties in the state of Vermont

**Virginia** Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bland, Botetourt, Bristol City, Buchanan, Buena Vista City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Floyd, Franklin, Frederick, Goochland, Grayson, Hampton City, Hanover, Henrico, James City, Lee, Lexington City, Loudoun, Manassas City, Manassas Park City, Montgomery, Newport News City, Norfolk City, Norton City, Petersburg City, Portsmouth City, Powhatan, Prince William, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Russell, Salem City, Scott, Smyth, Staunton City, Suffolk City, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Williamsburg City, Winchester City, Wise, Wythe, York

**Washington** Spokane

**West Virginia** Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hancock, Hardy, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Nicholas, Ohio, Pendleton, Preston, Putnam, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

**Wisconsin** Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

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**UnitedHealthcare® Medicare**

You must be a member of a plan that offers the UnitedHealth Passport program in order to participate. Please check your Evidence of Coverage or look for the Passport logo on the front of your UnitedHealthcare member ID card to ensure your plan has Passport.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. 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.

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

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# Routine Dental Benefit Basics

## Additional coverage that may make you smile.

Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

With Routine Dental¹, you get:

✓ No Deductible

✓ 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings²

✓ Freedom to see any IN-NETWORK dentist you choose

## Covered Routine Dental Services

In-Network Providers You Pay	
Exams - Two procedures per plan year	
periodic oral evaluation – established patient	\$0 copay
limited oral evaluation – problem focused	\$0 copay
comprehensive oral evaluation – new or established patient	\$0 copay
Bitewings - One set per plan year	
bitewings – two radiographic images	\$0 copay
bitewings – four radiographic images	\$0 copay
Intraoral X-rays (inside the mouth) - One procedure per every three years	
intraoral – complete series of radiographic images	\$0 copay
Cleanings - Two procedures per plan year	
prophylaxis – adult	\$0 copay
prophylaxis – child	\$0 copay

To find a network dentist in your area, go to [www.UHCMedicareDentistSearch.com](http://www.UHCMedicareDentistSearch.com) and select the National Medicare Advantage Network. For more information or to find a network dentist, call the number on the back of your member id card.

<sup>1</sup> Treatment plans may vary. Talk to your Dentist to find out specifics.

<sup>2</sup> Your health conditions may affect your ability to receive some services in the same day. For example, if you have an oral infection present, a cleaning may be delayed until the infection is no longer present.

*Note: Any services not listed above are not covered.*

#### UnitedHealthcare® Medicare

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# NOTES

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# 2019 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareComplete Essential® (HMO)**

H3307-018

Look inside to learn more about 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



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

**AARP® | MedicareComplete®**  
insured through **UnitedHealthcare**

Our service area includes these counties in:

**New York:** Bronx, Kings, New York, Orange, Queens, Richmond, Rockland, Westchester.

# Summary of Benefits

## January 1st, 2019 - December 31st, 2019

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

### About this plan.

AARP® MedicareComplete Essential® (HMO) is a Medicare Advantage HMO 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 inside the cover, and be a United States citizen or lawfully present in the United States.

### Use network providers.

AARP® MedicareComplete Essential® (HMO) has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for those services.

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

# AARP® MedicareComplete Essential® (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount	<p>\$6,700 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® MedicareComplete Essential® (HMO)

Benefits		In-Network
Inpatient Hospital		\$345 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital		\$320 copay  Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		\$320 copay
Doctor Visits	Primary	\$20 copay
	Specialists	\$40 copay
Preventive Care	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 Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

Benefits		In-Network
		Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)
		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.
	Routine physical	\$0 copay; 1 per year
Emergency Care		\$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.
Urgently Needed Services		\$30 - \$40 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	20% coinsurance
	Lab services	\$10 copay
	Diagnostic tests and procedures	20% coinsurance
	Therapeutic Radiology	20% coinsurance
	Outpatient X-rays	\$14 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$20 copay
	Routine hearing exam	\$20 copay; 1 per year
	Hearing aid	\$330 - \$380 copay for each hearing aid provided through hi HealthInnovations®; up to 2 hearing aids per year
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)

Benefits		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)
Mental Health	Inpatient visit	\$345 copay per day: for days 1-4 \$0 copay per day: for days 5-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-62 \$0 copay per day: for days 63-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit		\$40 copay
Ambulance		\$225 copay for ground \$225 copay for air
Routine Transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% coinsurance

Additional Benefits		In-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$20 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
<b>Fitness program through Renew Active™</b>		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.myrenewactive.com">www.myrenewactive.com</a> , and click the link in the footer entitled Terms and Conditions.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$40 copay
	Routine foot care	\$40 copay; for each visit up to 6 visits every year
<b>Home Health Care</b>		\$0 copay

Additional Benefits		In-Network
<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
<b>Occupational Therapy Visit</b>		\$40 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
<b>Outpatient Surgery</b>		\$320 copay
<b>UnitedHealth Passport®</b>		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
<b>Renal Dialysis</b>		20% coinsurance
<b>Solutions for Caregivers</b>		\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
<b>Virtual Doctor Visits</b>		Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.amwell.com">www.amwell.com</a> .

## 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.

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 <https://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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

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

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

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not

endorse and are not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

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.

# Enrollment Checklist

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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

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online 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.

## 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, premiums and/or copays/coinsurance may change on January 1, 2019.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

## Vendor Information

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.myAARPMedicare.com">www.myAARPMedicare.com</a>
Hearing Aids	hi HealthInnovations®	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. CT, Monday - Friday <a href="http://www.hihealthinnovations.com">www.hihealthinnovations.com</a>
Vision Care	UnitedHealthcare Vision®	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.myAARPMedicare.com">www.myAARPMedicare.com</a>
Dental Services	UnitedHealthcare Dental	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: <a href="http://www.UHCMedicareDentistSearch.com">www.UHCMedicareDentistSearch.com</a>
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Fitness Membership	Renew Active™	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.myrenewactive.com">www.myrenewactive.com</a>
Virtual Visits	Amwell	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.Amwell.com">www.Amwell.com</a> Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.
Supports for Caregivers	UnitedHealthcare	1-888-303-6163, TTY 711 24 hours a day, 7 days a week <a href="http://www.UHCforCaregivers.com">www.UHCforCaregivers.com</a>

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

## UnitedHealthcare - H3307

### 2018 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★  
3.5 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

**Health Plan Services:** ★★★★★  
3 stars

**Drug Plan Services:** ★★★★★  
4 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 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 800-643-4845 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711).

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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.

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 yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodiilnih.

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 buugyaraha.



**Ready to Enroll**

# How to enroll

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You can enroll by phone, online, by mail or 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** during 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 agent in your area.



### Online

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



### By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
3315 Central AVE  
Hot Springs, AR 71913



### By fax

Fill out the Enrollment Request Form and fax it to:  
Fax: 1-501-262-7070

### Enrollment Request Form Checkpoints

✓ Print your name exactly as it appears on your red, white and blue Medicare card	✓ Sign and date where indicated
✓ Make sure you have chosen the plan type that works best for you	✓ Verify your Date of Birth
✓ Make sure your permanent address is correct	✓ 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:**

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

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
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**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
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Licensed Sales Representative Signature

Agent: Fax completed form to 1-866-994-9659

TEAR HERE

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Ready to Enroll

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

**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.

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

**Medicare Health Maintenance Organization (HMO)** — 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) Plans** — 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.

## Other Related Products

**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.

**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.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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## 2019 Enrollment Request Form

Please contact the plan if you need this information in another language or an accessible format (Braille).

☐ **AARP MedicareComplete Essential (HMO) H3307-018 - AE**

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
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Birth Date <b>MM-DD-YYYY</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Daytime Phone Number (       )       -	Mobile Phone Number (       )       -
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Permanent Residence Street Address (**P.O. Box is not allowed**)

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

City	County	State	ZIP Code
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Email Address

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Enrollee Name \_\_\_\_\_

Agent Name / ID No. \_\_\_\_\_

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**To select paperless delivery complete and sign the application and provide your email address.**

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

**Check here to opt out of paperless delivery.**

- ☐ 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. We will only use your email address if you change delivery preference or if we have other information to share with you.

**Information about your Medicare.**

Please take out your red, white and blue Medicare card to complete this section.

- ☐ Fill out this information as it appears on your Medicare card.
- OR-
- ☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.
- Name (as it appears on your Medicare card):  
\_\_\_\_\_
- Medicare Number: \_\_\_\_\_
- Sex: \_\_\_\_\_
- Is Entitled to \_\_\_\_\_ Effective Date \_\_\_\_\_
- Hospital (Part A) \_\_\_\_\_ MM-DD-YYYY
- Medical (Part B) \_\_\_\_\_ MM-DD-YYYY
- You must have Medicare Part A and Part B to join a Medicare Advantage plan.

**How do you want to pay?**

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. You can also pay from your bank account through Electronic Funds Transfer (EFT), online or by mail.

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

If you don't choose an option, we'll send a bill each month to your mailing address.

☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

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We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a bank account.**

- ☐ Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- ☐ Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

**Account Type** ☐ **Checking** ☐ **Savings**

Account Holder Name: \_\_\_\_\_

Bank Routing Number

Bank Account Number

**Signature** \_\_\_\_\_ **Date** **MM-DD-YYYY**

☐ **I want to pay online.**

Visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to make a payment directly from a bank account.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

**If you want to pay by credit card.**

After you become a member, you can call us to have your monthly payment charged to your Visa or Mastercard. Until then, we'll send you a bill each month.

Enrollee Name \_\_\_\_\_  
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**A few notes about your costs.**

**If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)**

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

**Need help with your prescription drug costs?**

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

**A few questions to help us manage your plan.**

**1. Would you prefer plan information in another language or an accessible format?** ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Other \_\_\_\_\_

If you don't see the language or format you want, please call us toll-free at 1-844-723-6473, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) for online help.

**2. Do you have end stage renal disease?** ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis; otherwise, we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company \_\_\_\_\_

Member Number \_\_\_\_\_

**3. Are you enrolled in your State Medicaid program?** ☐ Yes ☐ No

If yes, please give us your Medicaid number: \_\_\_\_\_

Enrollee Name \_\_\_\_\_

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4. Do you live in a nursing home or a long-term care facility?

☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name			
Address	City	State	ZIP Code
Phone Number (       )       -		Date You Moved There <b>MM-DD-YYYY</b>	

5. Do you have health insurance with an employer or union right now?

☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group Number
Member Number	Effective Dates (if applicable) <b>MM-DD-YYYY - MM-DD-YYYY</b>

7. 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	Phone Number (       )       -
Provider/PCP Number: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	(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 doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Please read and sign.**

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

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- ☐ I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network services, this plan provides refunds for all medically necessary covered benefits.
- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.

Enrollee Name \_\_\_\_\_  
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- ☐ If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose 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 you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

**Signature of Applicant/Member/Authorized Representative**      Today's Date **MM-DD-YYYY**

**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.**

- ☐ New Member  
☐ Plan Change

Employer Group Name

Employer Group ID

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Branch ID

■ ■ ■ ■ ■ ■ ■ ■

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number (       )

–

Where did this application originate?

- ☐ National Retail/Mall Program    ☐ Community Meeting    ☐ Appointment    ☐ Other  
☐ Member Meeting    ☐ Local Event Outreach    ☐ Walmart Program

How was this application submitted?

- ☐ Mail    ☐ Fax    ☐ Online

**Agent must complete**

- ☐ AEP    ☐ SEP (Chronic)    ☐ IEP (MA-PD enrollees eligible for 2nd IEP)  
☐ OEPI    ☐ IEP (MA-PD enrollees)    ☐ SEP (Partial Dual Eligible)  
☐ ICEP (MA enrollees)    ☐ SEP (Full Dual Eligible)    ☐ SEP (Dual Eligible)  
☐ OEP (Jan1 – Mar 31)    ☐ OEPNEW  
☐ SEP (SEP Reason) \_\_\_\_\_  
☐ SEP Eligibility Date MM-DD-YYYY

**Licensed Sales Representative Signature (required)** MM-DD-YYYY

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

UnitedHealthcare  
3315 Central AVE  
Hot Springs, AR 71913

Fax: 1-501-262-7070

Enrollee Name \_\_\_\_\_

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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# Plan Recap

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

✓ Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

**i PLAN INFORMATION** Here are some details about your new plan.

My new plan is (circle one):	Medicare Advantage plan	Medicare Part D plan
	Medicare Supplement Insurance (Medigap) plan	

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

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

My plan type: ☐ Requires referrals ☐ Does not require referrals

My plan will provide: ☐ all my Medicare health coverage  
☐ all my Medicare prescription drug coverage

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

Proposed effective date: MM / DD / YYYY

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at \_\_\_\_\_. 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. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

**\$ PREMIUM INFORMATION** What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.
---



**NETWORK INFORMATION** Understanding your network is important.

Provider Name	Provider type (PCP/Specialist)	Network (Yes/No)	Referral (Yes/No)

**Circle the correct answers:** I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.

I have the option to access my plan documents, such as Explanation of Benefits (EOB), electronically.

- ☐ I have opted to access documents electronically.
- ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
- ☐ I do not have an email address; should I get one in the future I can provide it to the plan to provide other ways to reach me with important information.

**Contact your Licensed Sales Representative.**

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

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# 2019 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® member ID card. This receipt is not a guarantee of enrollment.

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

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application Date MM / DD / YYYY	Application Date MM / DD / YYYY
Proposed Effective Date MM / DD / YYYY	Proposed Effective Date MM / DD / YYYY
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	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.

□ □ □ - □ □ □ - □ □ □ □

**We're here to help. If you have additional questions you can call 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 should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.



Ready to Enroll

# NOTES

[illegible]

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# NOTES

[illegible]

[illegible]

# NOTES

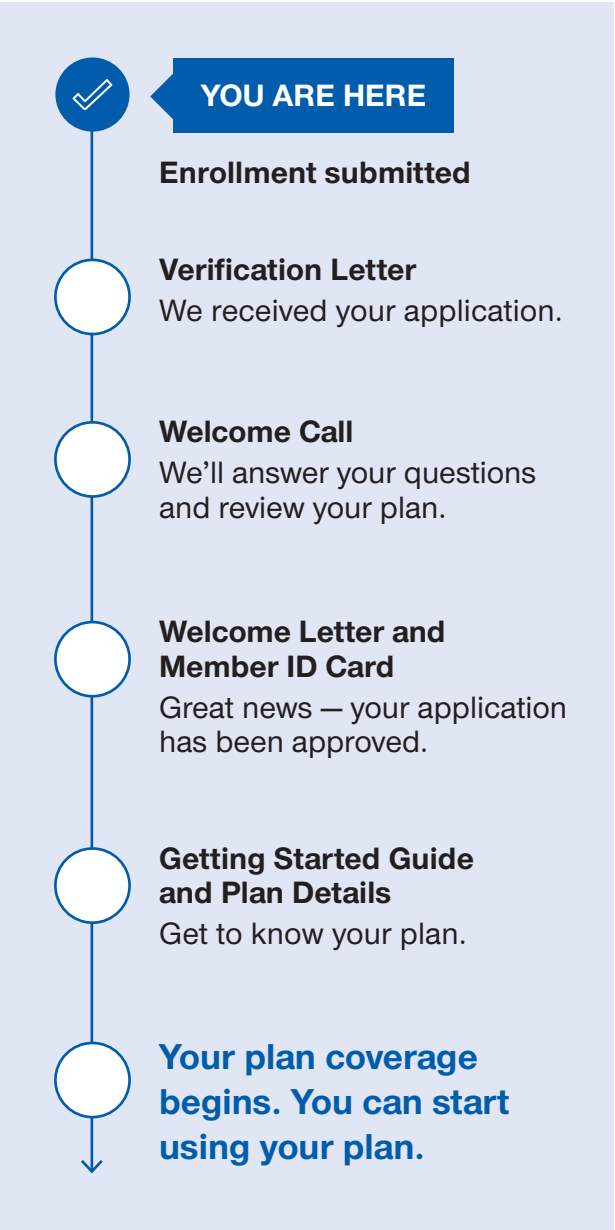
[illegible]

# Here's What You Can Expect Next

We want to help you take advantage of everything your plan has to offer. Keep this page and track your progress as you go. We'll be here to help every step of the way.

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## Get ready to use your plan to your advantage

Once your coverage begins, there are things you can do to get the most out of your plan. We'll contact you to help you:



**Schedule your annual physical and wellness visit.** Preventive care is an important step to living a healthier life. Call to schedule your visit soon after your plan coverage begins.



**Take advantage of a UnitedHealthcare® HouseCalls visit.** A yearly in-home preventive care visit with a health care practitioner is also included in your plan. Learn more at [UHCHouseCalls.com](https://www.uhhousecalls.com).



**Complete your Health Assessment.** Once your coverage begins, answering a few simple questions by phone or mail will help us connect you to programs and services.

## Thank you for choosing UnitedHealthcare®

When you receive your UnitedHealthcare member ID card you can use it to register online at [myAARPMedicare.com](https://myAARPMedicare.com). After you register you can find providers in your area and view plan documents. If you have any questions, you can call the Customer Service number on the back of your member ID card.

Questions? We're here to help.



For additional information, please contact the plan or your Licensed Sales Representative.



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



Learn more online at  
**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**