2019 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage plan.

UnitedHealthcare® MedicareComplete Choice® Essential (Regional PPO)

R5342-002

Service area: New York

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.¹ 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.

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.²

¹2018 Internal Company Data ²Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare. Y0066_180705_025059 Accepted UHEX19HM4305445_000

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Ready to Enroll

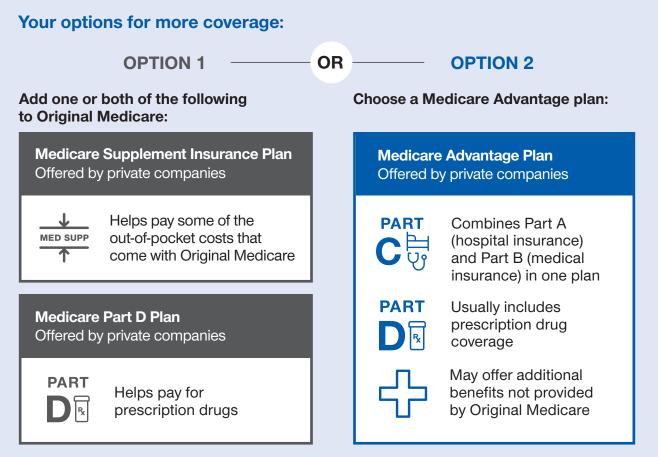
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Have questions? We can help

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.UHCMedicareSolutions.com

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 MedicareProvided by the federal governmentPART
AHelps pay for hospital stays
and inpatient carePART
BHelps pay for doctor visits
and outpatient care



Medicare Made Clear® brought to you by UnitedHealthcare®

This is a Medicare Advantage Part C Regional Preferred Provider Organization (RPPO) plan

Your plan is a Regional Preferred Provider Organization (RPPO) plan. With this plan, you have access to a local network of doctors and hospitals. Plus, you can see providers outside the network, as long as they participate in Medicare and accept the plan. You may pay a higher copay or coinsurance when you see an out-of-network provider.

Here's how your RPPO plan works



Select a primary care provider (PCP) from the network.

It's important to select a PCP from the network when you enroll in this plan. However, you are not limited to this PCP. You can visit any PCP in or out of 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.

You have flexibility in provider choice

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	Providers have the choice to accept the plan.
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.*	You may pay a higher copay or coinsurance.

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

AND

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

(i) Plan Information

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Benefit Highlights

UnitedHealthcare® MedicareComplete Choice® Essential (Regional PPO)

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

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$50 copay
	Specialist: \$25 copay (no referral needed)	Specialist: \$75 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$345 copay per day: for days 1-4	\$500 copay per day: for days 1-20
	\$0 copay per day for unlimited days after that	\$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	\$250 copay per day: days 1-40 \$0 copay per day: days 41-100
Outpatient surgery	\$250 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	40% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance	40% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance	40% coinsurance
Lab services	\$10 copay	\$10 copay
Outpatient x-rays	\$14 copay	\$21 copay
Ambulance	\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Emergency care	\$90 copay (worldwide)	

Medical Benefits

	In-Network	Out-of-Network
Urgently needed services	\$25 - \$40 copay (\$90 copay for worldwide coverage	ge)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700 In-Network	\$10,000 combined In and Out- of-Network

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Vision - routine eye exams	\$20 copay; 1 every year*	\$75 copay; 1 every year*
Dental - preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Hearing - routine exam	\$5 copay; 1 per year*	\$75 copay; 1 per year*
Hearing aids	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	Hearing aids ordered from hi HealthInnovations [®] are delivered through mail order, nationwide. Hearing aids ordered through providers other than EPIC Hearing Health Care or hi HealthInnovations [®] are not covered.
Fitness program through Renew Active [™]	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises – depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
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	\$25 copay; 6 visits per year*	\$75 copay; 6 visits per year*
Health Products Benefit	\$195 credit per quarter to use or	approved health products.
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 www.amwell.com	This provider must be used for the in-network and out-of- network benefit.

*Benefits combined in and out-of-network

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

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

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. 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. NurseLineSM provides you 24/7 access to a registered nurse who can help you with health concerns.



Health Products Benefit Program

This benefit gives you credits each quarter to purchase over-the-counter products by mail, website or call center.



Podiatry coverage

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

UnitedHealth Passport Program

Bring your coverage with you

Our UnitedHealth Passport[®] travel program is included in this plan. Medicare Advantage plans already cover emergency care worldwide. With UnitedHealth Passport, you can access all the benefits you have at home when you travel in the participating service area.

How to use the UnitedHealth Passport program

Before you travel, call the Customer Service number on the back of your UnitedHealthcare member ID card. Give your destination's address and ZIP code, and get help finding network doctors nearby.

While you're away, use your plan as usual. Visit network doctors in any of the counties listed below. You'll pay your usual copay or coinsurance for regular care.

When you return home, call us so we can deactivate the program. UnitedHealth Passport can only be used for 9 months in a row.

2019 Participating counties:

Alabama Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Chilton, Clarke, Clay, Coffee, Colbert, Coosa, Cullman, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lowndes, Macon, Madison, Mobile, Monroe, Montgomery, Perry, Russell, Shelby, St. Clair, Talladega, Tallapoosa, Walker, Winston

Arizona Graham, Maricopa, Pima, Pinal, Santa Cruz, Yavapai

Arkansas Benton, Boone, Carroll, Cleburne, Conway, Crawford, Crittenden, Cross, Dallas, Faulkner, Franklin, Garland, Grant, Hot Spring, Jefferson, Johnson, Lee, Lonoke, Madison, Monroe, Newton, Ouachita, Perry, Phillips, Poinsett, Pope, Prairie, Pulaski, Saline, Sebastian, St. Francis, Van Buren, Washington, Woodruff

Connecticut All counties in the state of Connecticut

Florida All counties in the state of Florida

Georgia Baldwin, Barrow, Ben Hill, Bibb, Bryan, Chatham, Cherokee, Clayton, Cobb, Columbia, Crawford, Crisp, DeKalb, Dodge, Dooly, Douglas, Effingham, Emanuel, Forsyth, Fulton, Gwinnett, Hall, Harris, Henry, Houston, Irwin, Jackson,

2019 UnitedHealth Passport service area



Georgia (continued) Johnson, Laurens, Macon, Montgomery, Muscogee, Paulding, Peach, Pulaski, Richmond, Spalding, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Wilcox, Wilkinson

Hawaii Honolulu, Kauai, Maui

Idaho Ada, Bannock, Bonner, Bonneville, Canyon, Gem, Kootenai, Payette, Twin Falls



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, New Hampshire All counties in the state of 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

lowa 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

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

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, 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.

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

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restoration

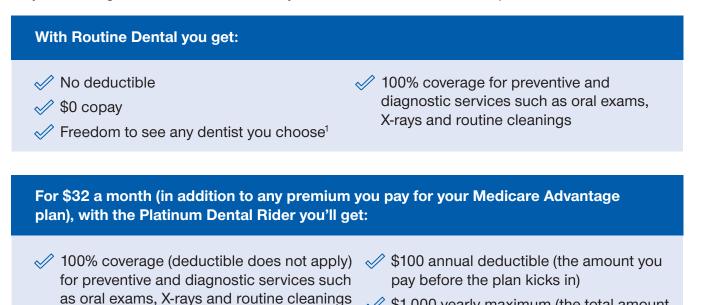
surgery

dentures, crowns, root canals and oral

Routine Dental vs. Platinum Dental Rider

Additional coverage that may make you smile

As a UnitedHealthcare member, you have Routine Dental included in your plan. You also have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase the rider anytime during the year. Simply call the number on the back of your UnitedHealthcare member ID card to tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.



- \$1,000 yearly maximum (the total amount) ✓ 80% coverage for the most common dental the plan will pay for covered services procedures, including fillings, and filling in the calendar year, this includes preventive, diagnostic, basic and major services) ✓ 50% coverage for major services such as
 - Freedom to see any dentist you choose¹

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and up to 80% coverage for common procedures. See the back of this page for a cost-comparison chart.

To find a network dentist in your area, go to www.UHCMedicareDentistSearch.com and select the National Medicare Advantage Network.

For more information on the Platinum Dental Rider, to find a network dentist or to enroll, call the number on the back of your UnitedHealthcare member ID card.



	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Exams – Two procedures per p	lan year	
Periodic oral evaluation – established patient	\$0 50%	\$0 \$0
Limited oral evaluation – problem focused	\$0 50%	\$0 \$0
Comprehensive oral evaluation – new or established patient	\$0 50%	\$0 \$0
Bitewings – One set per plan ye	ear	
Bitewings – two radiographic images	\$0 50%	\$0 \$0
Bitewings – three radiographic images	Not covered	\$0 \$0
Bitewings – four radiographic images	\$0 50%	\$0 \$0
Intraoral X-rays (inside the mo	uth) — Frequency/Limitations vary	1
Intraoral – complete series of radiographic images – one procedure every three years	\$0 50%	\$0 \$0
Intraoral – periapical first radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Intraoral – periapical each additional radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Intraoral – occlusal radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Full Mouth or Panoramic X-rays — One procedure every three years		
Panoramic film	No Covered	\$0 \$0
Cleanings – Two procedures per plan year		
Prophylaxis – adult	\$0 50%	\$0 \$0
Prophylaxis - child	\$0 50%	\$0 \$0

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Fluoride – Two procedures per	plan year	
Topical application of fluoride varnish	Not covered	\$0 \$0
Topical application of fluoride – excluding varnish	Not covered	\$0 \$0
Restorations (Fillings) – Amalg	am and/or Composite – Unlimite	ed per plan year
Amalgam – one surface, primary or permanent	Not covered	20% 20%
Amalgam – two surfaces, primary or permanent	Not covered	20% 20%
Amalgam – three surfaces, primary or permanent	Not covered	20% 20%
Amalgam – four or more surfaces, primary or permanent	Not covered	20% 20%
Resin-based composite – one surface, anterior	Not covered	20% 20%
Resin-based composite – two surfaces, anterior	Not covered	20% 20%
Resin-based composite – three surfaces, anterior	Not covered	20% 20%
Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Not covered	20% 20%
Resin-based composite – one surface, posterior	Not covered	20% 20%
Resin-based composite – two surfaces, posterior	Not covered	20% 20%
Resin-based composite – three surfaces, posterior	Not covered	20% 20%
Resin-based composite – four or more surfaces, posterior	Not covered	20% 20%
Inlays and Onlays – One procedure every five years		
Inlay – metallic – one surface	Not covered	50% 50%
Inlay - metallic - two surfaces	Not covered	50% 50%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Inlay – metallic – three or more surfaces	Not covered	50% 50%
Inlay – metallic – two surfaces	Not covered	50% 50%
Inlay – metallic – three surfaces	Not covered	50% 50%
Inlay – metallic – four or more surfaces	Not covered	50% 50%
Inlay – porcelain/ceramic – one surface	Not covered	50% 50%
Inlay – porcelain/ceramic – two surfaces	Not covered	50% 50%
Inlay – porcelain/ceramic – three or more surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – two surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – three surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – four or more surfaces	Not covered	50% 50%
Crowns – One procedure every	r five years	
Crown – resin-based composite (indirect)	Not covered	50% 50%
Crown - porcelain/ceramic	Not covered	50% 50%
Crown – porcelain fused to high noble metal	Not covered	50% 50%
Crown – porcelain fused to predominantly base metal	Not covered	50% 50%
Crown – porcelain fused to noble metal	Not covered	50% 50%
Crown – full cast predominantly base metal	Not covered	50% 50%
Crown - full cast noble metal	Not covered	50% 50%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Other Restorative Services – F	requency/Limitations vary	
Re-cement or re-bond crown – unlimited per plan year	Not covered	50% 50%
Prefabricated stainless steel crown – primary tooth – one procedure every five years	Not covered	50% 50%
Prefabricated stainless steel crown – permanent tooth – one procedure every five years	Not covered	50% 50%
Protective restoration – Unlimited per plan year	Not covered	50% 50%
Core buildup, including any pins when required – unlimited per plan year	Not covered	50% 50%
Prefabricated post and core in addition to crown – unlimited per plan year	Not covered	50% 50%
Endodontic Therapy - One per	r tooth per lifetime	
Endodontic therapy, anterior tooth (excluding final restoration)	Not covered	50% 50%
Endodontic therapy, premolar tooth (excluding final restoration)	Not covered	50% 50%
Endodontic therapy, molar tooth (excluding final restoration)	Not covered	50% 50%
Scaling and Root Planing - Fre	equency/Limitations vary	
Periodontal scaling and root planing – four or more teeth per quadrant – one procedure every two years	Not covered	50% 50%
Periodontal scaling and root planing – one to three teeth per quadrant – one procedure every two years	Not covered	50% 50%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply	
Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit – one procedure every three years	Not covered	50% 50%	
Periodontal maintenance – two procedures per plan year	Not covered	50% 50%	
Complete Dentures (Including	Routine Post-Delivery Care) – C	one procedure every five years	
Complete denture – maxillary	Not covered	50% 50%	
Complete denture – mandibular	Not covered	50% 50%	
Immediate denture – maxillary	Not covered	50% 50%	
Immediate denture – mandibular	Not covered	50% 50%	
Partial Dentures (Including Ro	utine Post-Delivery Care) — Unlir	nited per plan year	
Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Not covered	50% 50%	
Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Not covered	50% 50%	
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not covered	50% 50%	
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not covered	50% 50%	

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Denture Adjustments - Two pr	ocedures per plan year	
Adjust complete denture – maxillary	Not covered	50% 50%
Adjust complete denture – mandibular	Not covered	50% 50%
Adjust partial denture – maxillary	Not covered	50% 50%
Adjust partial denture – mandibular	Not covered	50% 50%
Repair broken complete denture base, mandibular	Not covered	50% 50%
Repair broken complete denture base, maxillary	Not covered	50% 50%
Replace missing or broken teeth – complete denture (each tooth)	Not covered	50% 50%
Repair resin partial denture base, mandibular	Not covered	50% 50%
Repair resin partial denture base, maxillary	Not covered	50% 50%
Repair cast partial framework, mandibular	Not covered	50% 50%
Repair cast partial framework, maxillary	Not covered	50% 50%
Repair or replace broken clasp – per tooth	Not covered	50% 50%
Replace broken teeth – per tooth	Not covered	50% 50%
Add tooth to existing partial denture	Not covered	50% 50%
Add clasp to existing partial denture – per tooth	Not covered	50% 50%
Denture Reline Procedures – (One procedure per plan year	
Reline complete maxillary denture (chairside)	Not covered	50% 50%
Reline complete mandibular denture (chairside)	Not covered	50% 50%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Reline maxillary partial denture (chairside)	Not covered	50% 50%
Reline mandibular partial denture (chairside)	Not covered	50% 50%
Reline complete maxillary denture (laboratory)	Not covered	50% 50%
Reline complete mandibular denture (laboratory)	Not covered	50% 50%
Reline maxillary partial denture (laboratory)	Not covered	50% 50%
Reline mandibular partial denture (laboratory)	Not covered	50% 50%
Fixed Partial Denture Pontics -	- One procedure every five years	
Pontic – indirect resin based composite	Not covered	50% 50%
Pontic - cast high noble metal	Not covered	50% 50%
Pontic – cast predominantly base metal	Not covered	50% 50%
Pontic - cast noble metal	Not covered	50% 50%
Pontic - titanium	Not covered	50% 50%
Pontic – porcelain fused to high noble metal	Not covered	50% 50%
Pontic – porcelain fused to predominantly base metal	Not covered	50% 50%
Pontic – porcelain fused to noble metal	Not covered	50% 50%
Pontic - porcelain/ceramic	Not covered	50% 50%
Pontic – resin with high noble metal	Not covered	50% 50%
Pontic – resin with predominantly base metal	Not covered	50% 50%
Pontic – resin with noble metal	Not covered	50% 50%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Extractions (Pulling Teeth) – \cup	nlimited per plan year	
Extraction, coronal remnants – primary tooth	Not covered	50% 50%
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Not covered	50% 50%
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Not covered	50% 50%
Removal of residual tooth roots (cutting procedure)	Not covered	50% 50%
Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Not covered	50% 50%
Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Not covered	50% 50%
Pain Management – Unlimited	per plan year	
Palliative (emergency) treatment of dental pain – minor procedure	Not covered	0% 0%
General Anesthesia – Unlimited	d per plan year	
Local anesthesia not in conjunction with operative or surgical procedures	Not covered	20% 20%
Local anesthesia in conjunction with operative or surgical procedures	Not covered	20% 20%
Evaluation for deep sedation or general anesthesia	Not covered	20% 20%
Deep sedation/general anesthesia – first 15 minutes	Not covered	20% 20%

	Routine Dental You pay In-Network ² You pay Out-Of-Network ³ No Deductible	Platinum You pay In-Network ² You pay Out-Of-Network ³ Deductible Does Not Apply
Deep sedation/general anesthesia – each subsequent 15 minute increment	Not covered	20% 20%
Inhalation of nitrous oxide/ anxiolysis analgesia	Not covered	20% 20%
Intravenous moderate (conscious) sedation/ anesthesia – first 15 minutes	Not covered	20% 20%
Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Not covered	20% 20%

¹You can see any dentist. However, you'll get greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists at any time. However, services currently in progress must be completed by the same dentist.

²Copays may vary depending on service area.

³If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.

UnitedHealthcare® Medicare

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

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2019 SUMMARY OF BENEFITS

Overview of your plan

UnitedHealthcare® MedicareComplete Choice® Essential (Regional PPO)

R5342-002

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

C

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

www.UHCMedicareSolutions.com



Y0066_SB_R5342_002_2019_M

Our service area includes New York.

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.UHCMedicareSolutions.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

About this plan.

Coverage.

UnitedHealthcare[®] MedicareComplete Choice[®] Essential (Regional PPO) is a Medicare Advantage RPPO 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.

UnitedHealthcare[®] MedicareComplete Choice[®] Essential (Regional PPO) has a network of doctors, hospitals, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services.

You can go to www.UHCMedicareSolutions.com to search for a network provider using the online directory.

UnitedHealthcare[®] MedicareComplete Choice[®] Essential (Regional PPO)

Premiums and Benefits	In-Network	Out-of-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	\$6,700 annually for Medicare-covered services you receive from in-network providers.	\$10,000 annually for Medicare-covered services you receive from any provider.
	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.	

UnitedHealthcare[®] MedicareComplete Choice[®] Essential (Regional PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$345 copay per day: for days 1-4 \$0 copay per day: for days 5 and beyond	\$500 copay per day: for days 1-20 \$0 copay per day: for days 21 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospita	ı	\$250 copay	40% coinsurance
		Cost sharing for additional plan covered services will apply.	Cost sharing for additional plan covered services will apply.
Outpatient Hospita Services	Outpatient Hospital Observation Services		40% coinsurance
Doctor Visits	Primary	\$5 copay	\$50 copay
	Specialists	\$25 copay	\$75 copay
Preventive Care	Medicare-covered	\$0 сорау	\$0 copay - 40% coinsurance (depending on the service)
		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)	

Benefits		In-Network	Out-of-Network
		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) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots "Welcome to Medicare" preventive visit (one-time	
		Any additional preventive s Medicare during the contra This plan covers preventive annual physical exams at 1 network providers.	act year will be covered. e care screenings and
	Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Emergency Care		\$90 copay (worldwide) per If you are admitted to the h you pay the inpatient hosp Emergency copay. See the section of this booklet for c	ospital within 24 hours, ital copay instead of the e "Inpatient Hospital Care"
Urgently Needed S	ervices	\$25 - \$40 copay	
Diagnostic Tests, Lab and Radiology	Diagnostic radiology services (e.g. MRI)	20% coinsurance	40% coinsurance
Services, and X- Rays	Lab services	\$10 copay	\$10 copay
	Diagnostic tests and procedures	20% coinsurance	40% coinsurance
	Therapeutic Radiology	20% coinsurance	40% coinsurance
	Outpatient X-rays	\$14 copay per service	\$21 copay per service

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$5 copay	\$75 copay
	Routine hearing exam	\$5 copay; 1 per year*	\$75 copay; 1 per year*
	Hearing aid	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	Hearing aids ordered from hi HealthInnovations® are delivered through mail order, nationwide. Hearing aids ordered through providers other than EPIC Hearing Health Care or hi HealthInnovations® are not covered.
Routine Dental Services	Optional Dental Rider	Additional dental benefits a premium. Please see optio for details.	
	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$20 copay	\$75 copay
	Eyewear after cataract surgery	\$0 сорау	40% coinsurance

\$20 copay

Up to 1 every year*

Routine eye exam

\$75 copay Up to 1 every year*

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit	\$345 copay per day: for days 1-4 \$0 copay per day: for days 5-90	\$500 copay per day: for days 1-20 \$0 copay per day: for days 21-90
		Our plan covers 90 days fo	r an inpatient hospital stay.
	Outpatient group therapy visit	\$30 сорау	\$35 copay
	Outpatient individual therapy visit	\$40 copay	\$45 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	\$250 copay per day: for days 1-40 \$0 copay per day: for days 41-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and language therapy v	-	\$25 copay	\$75 copay
Ambulance		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance	40% coinsurance
	Other Part B drugs	20% coinsurance	40% coinsurance

Additional Ben	efits	In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$20 copay	\$75 copay
Diabetes Management	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® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.	40% coinsurance
	Diabetes Self- management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts	20% coinsurance	40% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	40% coinsurance

Additional Benefits		In-Network	Out-of-Network	
Fitness program through Renew Active [™]		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises- depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.		
Foot Care (podiatry	Foot exams and treatment	\$25 copay	\$75 copay	
services)	Routine foot care	\$25 copay; for each visit up to 6 visits every year*	\$75 copay; for each visit up to 6 visits every year*	
Home Health Care		\$0 copay	50% coinsurance	
Hospice		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.		
NurseLine	NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit \$25 copay		\$25 copay	\$75 copay	
Outpatient Substance Abuse	Outpatient group therapy visit	\$30 copay	\$35 copay	
	Outpatient individual therapy visit	\$40 copay	\$45 copay	
Outpatient Surgery	1	\$250 copay	40% coinsurance	
Health Products Be	enefit	\$195 credit per quarter to use on approved health products.		
UnitedHealth Passport®		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.		
Renal Dialysis		20% coinsurance	20% coinsurance	

Additional Benefits	In-Network Out-of-Network		
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.		
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com.	This provider must be used for the in-network and out-of-network benefit.	

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits		In-Network
Dental Platinum Premium Rider		Additional \$32.00 per month
	Description	The Dental Platinum Rider includes preventive and comprehensive dental benefits.

Required Information

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

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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 UnitedHealthcare. UnitedHealthcare does not endorse and is 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.

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Enrollment Checklist

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

Understanding the Benefits

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.

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.

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

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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	1-800-711-6088, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Hearing Aids	EPIC Hearing Health Care/hi HealthInnovations®	EPIC Hearing Health Care 1-866-956-5400, TTY 711 6 a.m 6 p.m. PT, Monday - Friday www.epichearing.com hi HealthInnovations® 1-855-523-9355, TTY 711 9 a.m 5 p.m. CT, Monday - Friday www.hihealthinnovations.com You may choose to order hearing aids either through EPIC Hearing Health Care or through hi HealthInnovations [®] .
Vision Care	Plan network providers in your service area	1-800-711-6088, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
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: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week

Benefit Type	Vendor Name	Contact Information
Health Products Benefit Catalog	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m 7 p.m. CT, Monday - Friday; 7 a.m 4 p.m. CT, Saturday www.HealthProductsBenefit.com
Fitness Membership	Renew Active [™]	1-800-711-6088, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.myrenewactive.com
Virtual Visits	Amwell	1-800-711-6088,TTY 711 8 a.m 8 p.m. local time, 7 days a week www.Amwell.com 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 www.UHCforCaregivers.com

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.

Y0066_VIS_2019_M

UnitedHealthcare - R5342

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.



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

Health Plan Services:	★★★↓ 3.5 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.

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 800-711-6088 (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).

Y0066_R5342_A_PR2018 Accepted

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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: <u>UHC_Civil_Rights@uhc.com</u>

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: <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u> Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>. 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 ا**لعربية (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 है, 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.

ចំណាប់អារម្មណ៍ៈ បើសិនអ្នកនិយាយ**កាសាខ្មែរ** (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 jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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



UHEX19MP4270448_000

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.UHCMedicareSolutions.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
- Make sure you have chosen the plan type that works best for you
- Make sure your permanent address is correct
- Sign and date where indicated
- Verify your Date of Birth
- Verify your providers accept the plan you are choosing
- Provide the name of your primary care provider (PCP)

Scope of Appointment Confirmation Form

HERE	Before meeting with a Me that Licensed Sales Repr type of plan and products beneficiary. Please chec Medicare Advantage Stand-alone Medicare	esentatives u s you are inte k what you v Plans (Part C e Prescriptior	use th ereste vant) anc 1 Dru	his form to ensure ed in. A separate for to discuss with the Cost Plans	your appointmen orm should be us he Licensed Sale	t focuses only on the ed for each Medicare es Representative: -Hearing Products
TEAR HERE	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.					
1 1 1 1 1	Signing this form does No a Medicare plan or obligation confidential.	-				
	Beneficiary or Auth	orized Rep	ores	entative Signat	ure and Signa	ture Date:
 	Signature of applicant/	member/aut	horiz	ed representativ	e To	oday's Date
 					IV	M/DD/YYYY
	If you are the authorized	representativ	e, pl	ease sign above a	nd print clearly a	nd legibly below:
1 1 1 1	Name (First_Last)			Relationship to E	Beneficiary	
 	To be completed by	Licensed	Sal	es Representa	tive (please print	clearly and legibly)
HERE	Licensed Sales Represen (First_Last)	tative Name	Lice	ensed Sales Repre	esentative Phone	Licensed Sales Representative ID
TEAR H	Beneficiary Name (First_I	_ast)	Ber	neficiary Phone 		Date Appointment will be Completed
 	Beneficiary Address		1			<u> </u>
 	Initial Method of Contact	Plan(s) the L	icens	ed Sales Represe	ntative will Repres	ent During the Meeting
 	Licensed Sales Represer	ntative Signat	ure			
1						

Ready to Enroll

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

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. Y0066_180613_041409 Accepted UHEX19MP4302476_000





2019 Enrollment Request Form

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

□ UnitedHealthcare MedicareComplete Choice Essential (Regional PPO) R5342-002 - UCE

This is a Regional Preferred Provider Organization (RPPO) plan. It has a network of doctors,

specialists, hospitals and other providers you can use. In some cases, you may get covered

services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

Do you want to buy any optional supplemental benefits (riders)?

Please select the optional benefits you want to add to your plan. See the Summary of Benefits to learn about the extra costs for these benefits.

Choose one:

□ Dental Platinum Rider

Information about you. (Please type or print in black or blue ink)					
D Mr.	Last Name	First Name		Middle I	nitial
□ Mrs.					
D Ms.					
Birth Date	e MM-DD-YYYY		Sex 🗆 Male 🗆 Female		
Daytime Phone Number () - Mobile Phone Number () -			-		
_					

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

City		County	State	ZIP Code
Mailing Ad	dress (Only if it's differe	ent from above. You can giv	ve a P.O. Box.)

TEAR HERE

City	County	State	ZIP Code	
Email Address	I			
Enrollee Name				
Agent Name / ID No.				
Y0066_180613_072818 Ap		L	IHNY19RP4307988_	_001

Ready to Enrol

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 Name (as it appears on your Medicare card): your Medicare card.

-OR-

□ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Number:_	
Sex:	

Is Entitled to

Effective Date

Hospital (Part A) _____ MM-DD-YYYY

Medical (Part B)

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

Ready to Enroll

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.

\Box 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.

TEAR HERE

TEAR HERE

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 \Box Checking \Box Savings

Signature		Date MM-DD-YYYY
Bank Account Number		
Bank Routing Number		
Account Holder Name:	 	

\Box I want to pay online.

Visit www.UHCMedicareSolutions.com to make a payment directly from a bank account.

\Box 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.

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.

A few questions to help us manage your plan.

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

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.UHCMedicareSolutions.com for online help.

TEAR HERE

2. Do you have end stage renal disease?

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?

Name of Company

Member Number

3. Are you enrolled in your State Medicaid program?

If yes, please give us your Medicaid number: ______

 \Box Yes \Box No

□ Yes □ No

□ Yes □ No

FEAR HERE

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

Page 5 of 9

□Yes □No

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

Name					
Address	City	ç	State	ZIP Cod	е
Phone Number () –	Date You Moved	There	MM-	DD-YYY	γ
5. Do you have health insurance with an employ	ver or union right n	iow?		□ Yes	□ No
If yes, you could lose that plan if you join this pla how joining this plan could affect your current p or union's website, or read any information sent contact, your benefits administrator or the office help.	lan. You may also w to you. If there is ne	vant to o o inform	check y nation (your emp on whom	loyer to
6. Do you or your spouse work?				□ Yes	□ No
Do you or your spouse have other health insurar (Examples: Other employer group coverage, LT Auto Liability, or Veterans benefits) If yes, please complete the following:					□ No
Name of Health Insurance Company					
Subscriber Name	G	iroup N	umber		
Member Number Effective Dates (if applicable)			Y		
7. Please give us the name of your primary care	provider (PCP), cl	linic 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:	(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 t	his doctor?			∃Yes □	No

Ready to Enroll

TEAR HERE

TEAR HERE

UHNY19RP4307988_001

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 beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, 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 _____ Y0066_180613_072818 Approved

UHNY19RP4307988_001

Ready to Enrol

- □ 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.

First Name

***NOT A SALES AGENT**

Last Name		

Address

City	State	ZIP Code
Phone Number () –	Relationship to Applican	t

TEAR HERE

TEAR HERE

For licensed sales representative/agency use only.

New Member Employer Group Name

🗆 Plan Change

	Employer Group ID		Branch I			
TEAR HERE	Licensed Sales Representative/Writing ID			Initial Receipt Date	Y	
	Licensed Sales Representative/Agent Name			Proposed Effective		
	Licensed Sales Representative Phone Nurr	nber ()	_		
	Where did this application originate? National Retail/Mall Program Comr Member Meeting Local 	nunity Mee Event Outr		Appointment Walmart Program	□ Other	
	How was this application submitted?	Mail 🛛	Fax 🗆	Online		
	Agent must completeAEPSEP (Chronic)IEP (MA-PD enrollees eligible for 2nd IEP)OEPIIEP (MA-PD enrollees)SEP (Partial Dual Eligible)ICEP (MA enrollees)SEP (Full Dual Eligible)SEP (Dual Eligible)OEP (Jan1 - Mar 31)OEPNEWSEP (SEP Reason)					
	SEP Eligibility Date MM-DD-YYYY					
	Licensed Sales Representative Signature (required) MM-DD-YYYY					
Щ	Please mail or fax this completed form to:					
TEAR HERE	UnitedHealthcare					
EAR	3315 Central AVE Hot Springs, AR 71913					
F	Fax: 1-501-262-7070					

TEAR HERE

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 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).

Y0066_180613_072818 Approved

UHNY19RP4307988_001

Plan Recap

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

 \checkmark

TEAR HERE

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 Advantag

Medicare Advantage plan Medicare Part D plan Medicare Supplement Insurance (Medigap) plan

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: \Box Yes \Box No \Box N/A

Proposed effective date: M M / D D / Y Y Y Y

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.

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.

Ready to Enroll

NETWORK INFORMATION Understanding your network is important.

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

Circle the correct answer: If I get my care from out-of-network providers, I may pay **less / more** of the cost. I should call before my appointment to make sure the provider will accept and bill my plan.

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 _____.

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 questions:	if you have any
Licensed Sales Representative Name and ID Nur	nber
Licensed Sales Representative Phone No.	

TEAR HERE

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

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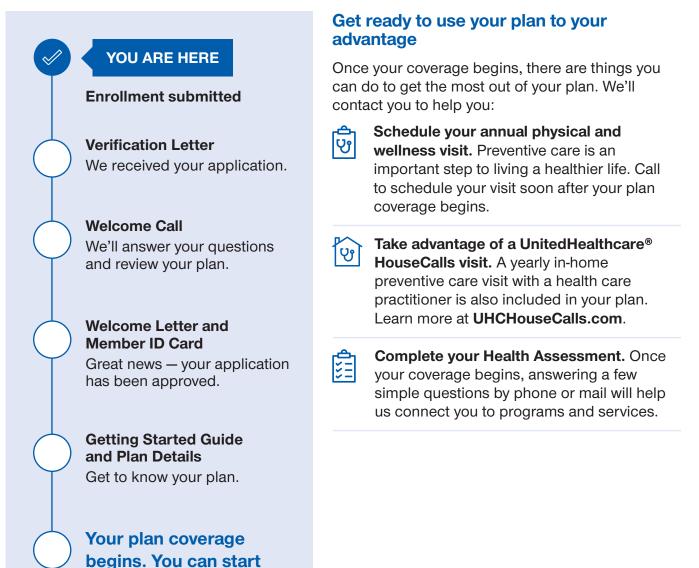
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NOTES

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.

TEAR HERE



Thank you for choosing us

using your plan.

When you receive your member ID card you can use it to register online at **myUHCMedicare.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.

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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.UHCMedicareSolutions.com