

Clarity Presentation 2020



**Get more for your Medicare dollar.
Take advantage of it.**



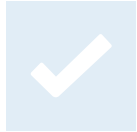
Welcome



This presentation contains information that UnitedHealthcare® wants to make sure you understand.

Medicare Made Clear®

Medicare eligibility.



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

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

AND

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

Medicare Made Clear®

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

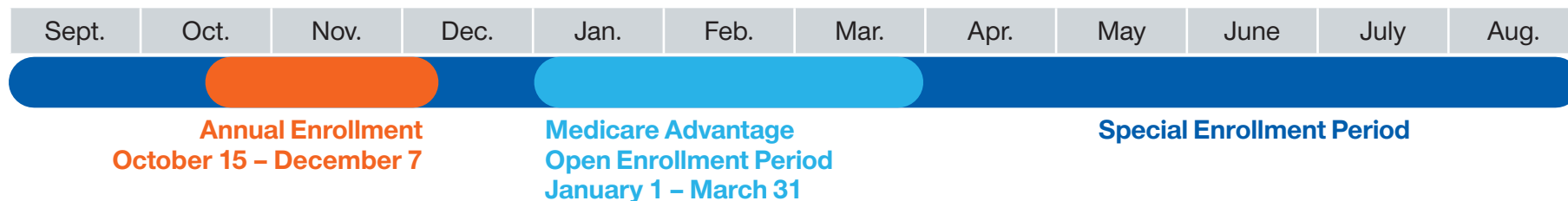


Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month.

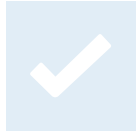
You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).

Prescription drug coverage must be creditable or you may be subject to a late-enrollment penalty when you enroll in a plan with Part D benefits.



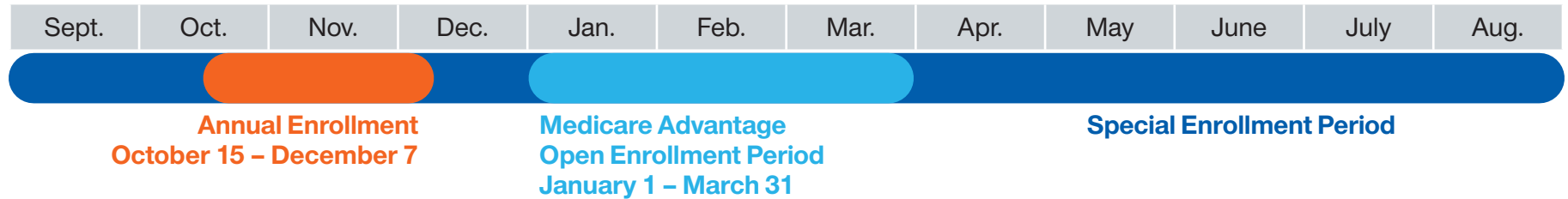
Medicare Made Clear®

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



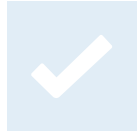
Annual Enrollment Period, October 15 – December 7

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



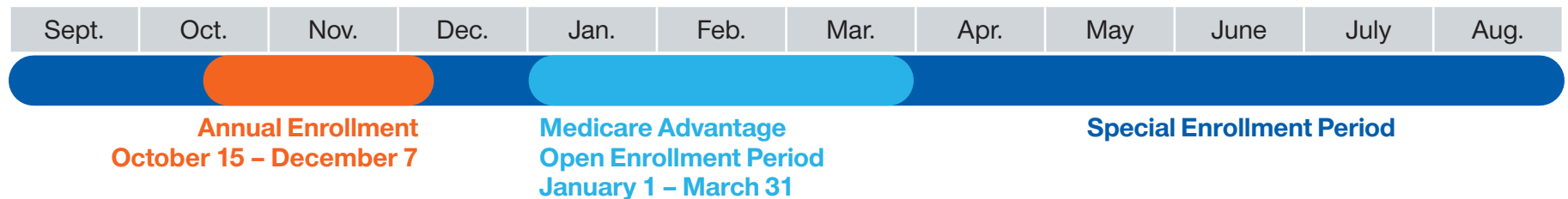
Medicare Made Clear®

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



Medicare Advantage Open Enrollment Period, January 1 – March 31

If you are already a Medicare Advantage plan member, you may disenroll from your current plan and switch to a different Medicare Advantage plan one time only during this period.



Medicare Made Clear®

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

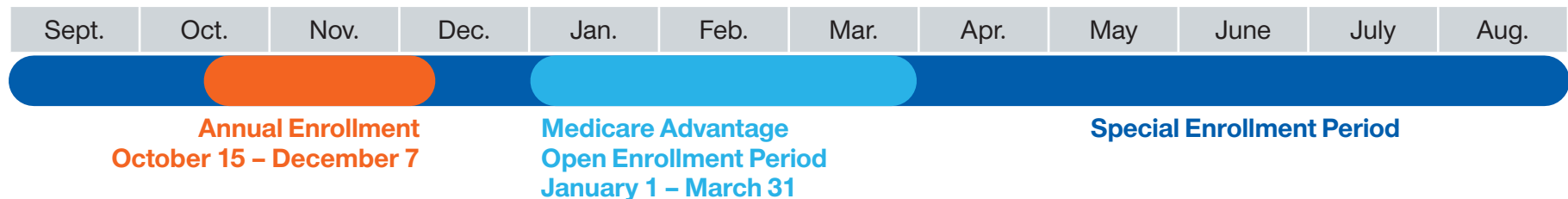


Special Enrollment Period

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

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

Special Needs Plans have other eligibility requirements.



Medicare Made Clear®

Medicare choices.

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

STEP
1

Enroll in Original Medicare.

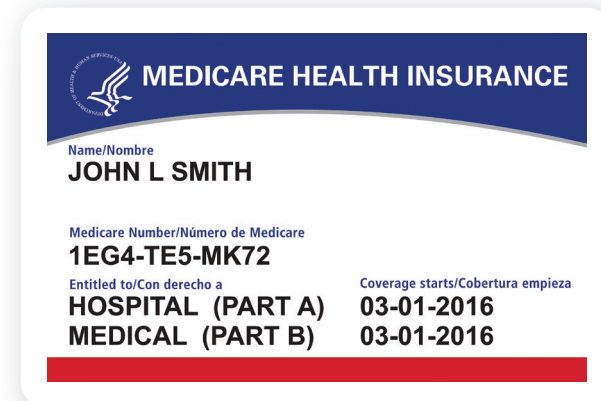
Original Medicare Provided by the federal government

**PART
A** 

Helps pay for hospital
stays and inpatient care

**PART
B** 

Helps pay for doctor visits and
outpatient care



Medicare Made Clear®

STEP

2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Add one or both of the following
to Original Medicare:

Medicare Supplement Insurance (Medigap)

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



Helps pay for prescription
drugs

Medicare Advantage Plan

Offered by private companies



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



Usually includes
prescription drug
coverage



May offer additional
benefits not provided
by Original Medicare

Get More With Medicare Advantage

Compare the coverage.

Look at the coverage you could be getting from a Medicare Advantage plan.

Benefits and Features	Medicare Advantage*	Medicare Supplement (Medigap)*	Original Medicare
Helps pay for hospital stays	✓	✓	✓
Helps pay for some medical care, like doctor visits	✓	✓	✓
Helps pay for preventive services, like flu shots	✓	✓	✓
Helps pay for prescription drugs	✓	No coverage**	No coverage
Routine vision coverage	✓	Varies by plan	No coverage
Routine hearing exam and hearing aid coverage	✓	Varies by plan	No coverage
Limits your annual out-of-pocket costs	✓	✓	No protection

*Benefits vary by plan.

**Requires purchase of a stand-alone prescription drug plan.

Get More With Medicare Advantage

Medicare Advantage plans typically include:



**Prescription drug
coverage**



**Worldwide
emergency care**



**Annual physical
and screenings**



**Out-of-pocket
spending limits**

Get More With Medicare Advantage

Medicare Advantage plans have high member satisfaction:



22.6

million people are enrolled
in a Medicare Advantage plan
as of March 1, 2019¹



91%

of seniors are satisfied
with their Medicare Advantage plan²



87%

of seniors are satisfied
with preventive care they
received from their
Medicare Advantage plan²

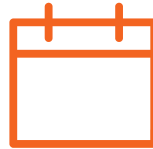
Get More With Medicare Advantage

Medicare Advantage versus Original Medicare:



31%

fewer hospitalizations³



19%

shorter average length
of a hospital stay⁴



25%

less spent on health care⁵

Medicare Advantage

Medicare Advantage eligibility checklist.



Enrolled in Original Medicare
(Part A and Part B)

AND



Live in the plan's service area

AND



Do not have end-stage renal
disease (ESRD) — some
exceptions may apply



Medicare Advantage

Are there Medicare Advantage plans for those with special needs?

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

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

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



Medicare Advantage

10 important things to know about Medicare Advantage.



1

You must continue to pay your Medicare Part B premium.

Medicare then gives your premium to your UnitedHealthcare Medicare Advantage plan to help pay for your additional coverage.



2

Joining a Medicare Advantage plan may affect your current coverage.

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



3

It's best to use network providers.

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



4

You may qualify for financial assistance.

Depending on your financial situation, you may qualify for help paying your plan premiums or Part D medications through a low income subsidy or Extra Help.



5

If you enroll in Part D late, you may pay a penalty.

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

Medicare Advantage

10 important things to know about Medicare Advantage.



6

A Medicare supplement insurance plan (Medigap policy) is not a Medicare Advantage plan.

Medicare supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B, and sometimes Part D, into a single plan.



7

Keep your member ID card handy.

Members must present their UnitedHealthcare member ID card, not their Original Medicare card, when receiving services.

8

Medicare Advantage offers the same protections as Original Medicare.

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

9

Medicare Advantage has you covered.

Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits. Important: Hospice care is still covered under Original Medicare. You may also receive more benefits if you have TRICARE for Life or VA coverage.

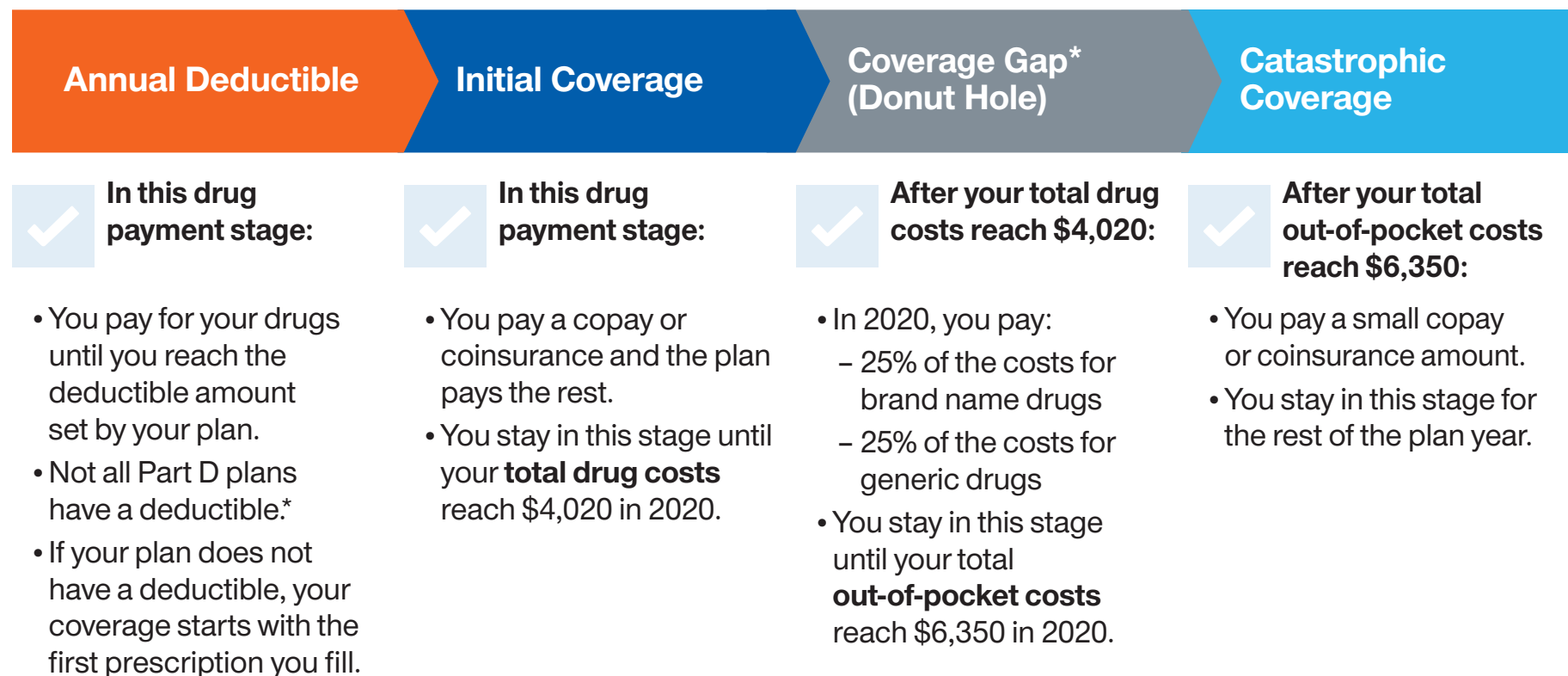
10

You have a built-in financial safety net.

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

Prescription Drug Coverage

Understanding Medicare drug payment stages.



*If you get Extra Help from Medicare on your Part D costs, the Part D deductible and coverage gap do not apply to you.

Total drug costs:

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2020. This does not include premiums.

Out-of-pocket costs:

The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2020. The out-of-pocket costs also include the discount paid by the drug manufacturers while in the donut hole. This does not include premiums.

Note: On January 1 of each plan year, the coverage cycle starts over and the dollar limits can change. Amounts listed above reflect the 2020 plan year.

Prescription Drug Coverage

Prescription drug coverage defined.



Pharmacy network

UnitedHealthcare has more than 65,000 network pharmacies across the country. To receive benefits, you must use an in-network pharmacy and show your UnitedHealthcare member ID card. You may receive additional discounts on your prescriptions by using a preferred retail pharmacy or by using the mail service pharmacy and having your medications delivered to your mailbox.

Drug list (formulary)

A formulary is a list of the drugs that a plan covers. Each plan has its own drug list.



Tiered formulary

Many plans use tiered formularies to group covered drugs according to cost. For example:

- **Tier 1** – Preferred generic drugs
- **Tier 2** – Generic drugs
- **Tier 3** – Preferred brand name drugs
- **Tier 4** – Non-preferred drugs
- **Tier 5** – Specialty drugs

Prescription Drug Coverage

Prescription drug coverage defined.



Step therapy

One way UnitedHealthcare can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the brand name drug you are currently taking.



Quantity limits

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

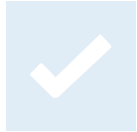


Prior authorization

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

Prescription Drug Coverage

Prescription drug coverage defined.



Asking for an exception

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

Ask the plan to cover your drug even if it is not on the drug list.

This is known as a formulary exception.

Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception.

Coverage decisions

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

Get more for your Medicare dollar. Take advantage of it.

More choice and more helpful guidance.

Everyone's health needs are different, which is why UnitedHealthcare offers a broad range of Medicare Advantage plans. And whether you're new to Medicare or are looking to change coverage, our knowledgeable advisors and agents will guide you through choosing the plan that's right for you — in person, online or over the phone.

A health care company you can rely on.

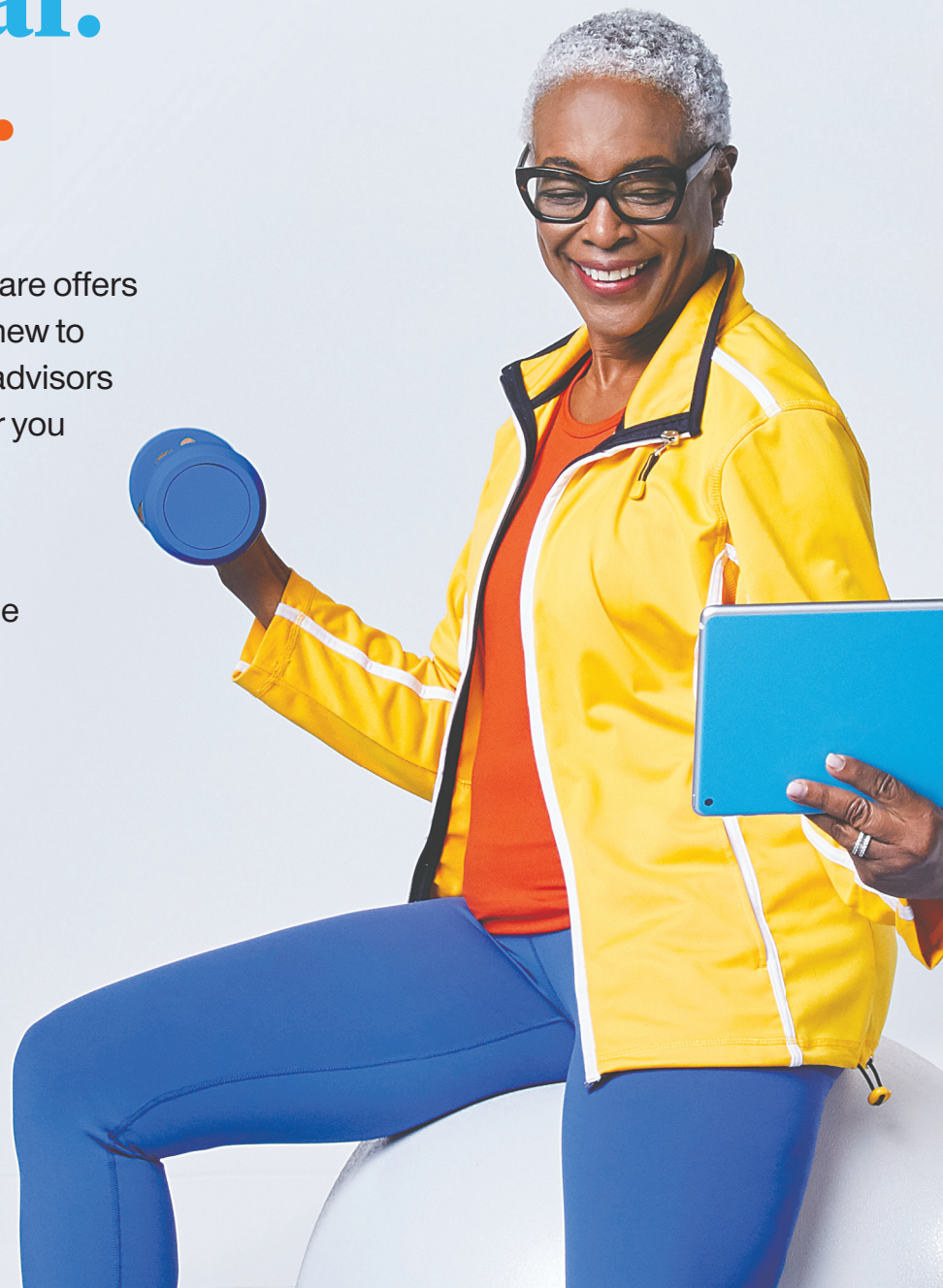
More people choose UnitedHealthcare for their Medicare coverage than any other company.⁶ And we've been serving the health care needs of people just like you for more than 40 years.

The only Medicare plans that carry the AARP name.

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name.

Compassionate care.

Our compassionate member advocates are here to help you get more from your plan — by answering questions, scheduling appointments and connecting you to programs to help you manage your health.



Get more for your Medicare dollar.



Take an active role in your health with Renew.

Renew by UnitedHealthcare* helps you unlock your unique potential and live your best life — with access to a wide range of resources, such as *Renew* magazine, brain games, recipes, learning courses, fitness activities, videos and more. Plus, you may be eligible to earn gift card rewards by completing certain health care activities such as your annual physical or wellness visit, preventive screenings or a flu shot.**

*Renew by UnitedHealthcare is not available in all plans. Resources may vary.

**Reward offerings will vary by member and Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Renew
by UnitedHealthcare

Get more for your Medicare dollar.

Renew can help you take a more active role in your health and wellness through:



Renew magazine



Interactive quizzes and tools



Rewards



Health news, articles and videos



Brain games



Health topic library



Recipe library



Photo gallery



Learning courses



Streaming music

Decision-Making Tools

Using your Medicare Advantage Enrollment Guide.

A plan's Enrollment Guide is designed to put useful information about Medicare Advantage plans at your fingertips. This information includes:

Benefit Highlights

An overview of the plan's most common benefits.



Summary of Benefits

A summary of the health and drug services the plan covers.

Drug List

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



Ready to Enroll

Everything you need to enroll, including enrollment forms and a Plan Recap.

Plan Information

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



Required Information

Instructions for accessing free language interpreter services available to answer questions you may have about a plan at no additional cost.

Decision-Making Tools

Using your Medicare Advantage Enrollment Guide.

A plan's Enrollment Guide is designed to put useful information about Medicare Advantage plans at your fingertips. This information includes:



Star Ratings

Medicare uses a 5-star rating system to measure how well plan sponsors perform in different categories. These ratings help consumers and members compare plans based on quality and performance. CMS utilizes 1 to 5 stars to determine a plan's performance in a particular category. A 1-star rating denotes poor quality and a 5-star rating represents excellent quality. Additional information can be found at [Medicare.gov](https://www.medicare.gov).

Decision-Making Tools

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

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

For a full list of resources and contact information, see page 13 in your Clarity Workbook.

Are you ready to enroll?

If you have questions, or know someone who might be interested in enrolling in a UnitedHealthcare plan, please contact me:

Dan Redler

Licensed Sales Representative

425-462-9409, TTY 711

UHCMedicareSolutions.com

**Go ahead,
take advantage.**



From the UnitedHealthcare® family of Medicare plans.



UnitedHealthcare® Medicare

¹State_County_Penetration_MA_2019_03.csv," in "MA State/County Penetration – March 2019 ZIP file," <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-State-County-Penetration-Items/MA-State-County-Penetration-2019-03.html?DLPage=1&DLEntries=10&DLSor=1&DLSortDir=descending>, 3/2019

²http://bma.devbox12.com/sites/default/files/Mellman-Winston-Joint-Summary-of-Recent-Medicare-Advantage-Survey-2015_0.pdf, Poll, The Winston Group; The Mellman Group, 600 Sr., 2/24-28/2015

³Stephen Patterson, Andrew Bazemore, Yalda Jabbarpour and Peter Wingrove, "Understanding The Impact Of Medicare Advantage On Hospitalization Rates," http://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/BMA_Report_2016.pdf, 3/15/16

⁴Jon Kaplan, Jan Willem Kuenen, Mike Pykosz and Stefan Larsson, "Alternative Payer Models Show Improved Health-Care Value," https://www.bcgperspectives.com/content/articles/health_care_payers_providers_alternative_payer_models_show_improved_health_care_value/?chapter=3, 5/14/13

⁵Vilsa Curto, Liran Einav, Amy Finkelstein, Jonathan D Levin, and Jay Bhattacharya, "Healthcare Spending and Utilization in Public and Private Medicare," <https://www.nber.org/papers/w23090.pdf>, 1/2017

⁶July 2019 CMS and Internal Company Enrollment Data

⁷In Hawaii, 8 a.m. – 8 p.m., Monday – Friday; 8 a.m. – 5 p.m., Saturday

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers.

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