

# Enrollment Guide 2020



Take advantage of the  
UnitedHealthcare® Medicare National Network.\*

## AARP® Medicare Advantage Choice Essential (Regional PPO)

R0759-002-000

Service area: Florida

Plan Year: January 1, 2020 through December 31, 2020

# Benefits that exceed expectations. Take advantage of it.



## Take advantage of the UnitedHealthcare® Medicare National Network.<sup>1</sup>

The freedom of nationwide access to care at in-network costs using the UnitedHealthcare Medicare National Network. Whether you're at home or traveling, you can rest assured knowing you have access to the nation's largest network of top doctors and specialists.<sup>2</sup>



## More choice and more guidance.

When it comes to Medicare, one size does not fit all. That's why UnitedHealthcare offers a broad range of Medicare products, so you have options to fit your health care needs. Our advisors and agents will guide you through choosing the plan that's right for you.



## A health care company you can rely on.

More people choose UnitedHealthcare for their Medicare coverage than any other company.<sup>3</sup>



## The only Medicare plans that carry the AARP name.

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



## Member-only Health & Wellness Experience.

Renew by UnitedHealthcare can be your guide to living a healthier, happier life. With Renew, you'll have access to brain games, recipes, learning courses, fitness activities, rewards, videos and more – all at no additional cost.<sup>4</sup>



<sup>1</sup>Exclusions may apply.

<sup>2</sup>Networks vary by market

<sup>3</sup>July 2018 CMS and Internal Company Enrollment Data

<sup>4</sup>Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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### Questions? We can help.

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

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

# Start With Medicare Basics

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

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

### Original Medicare

Provided by the federal government

**PART A**  Helps pay for hospital stays and inpatient care

**PART B**  Helps pay for doctor visits and outpatient care

## Your options for more coverage:

### OPTION 1

OR

### OPTION 2

Add one or both of the following to Original Medicare:

#### Medicare Supplement Insurance Plan

Offered by private companies



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

#### Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Choose a Medicare Advantage plan:

#### 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

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 that includes the nation's largest health care network<sup>1</sup>. With this plan, you have access to a local network of doctors and hospitals, plus you have the freedom to access care across the country at in-network costs when you choose doctors participating in the UnitedHealthcare Medicare National Network<sup>2</sup>.

You can also see any provider outside the network nationwide that participates in Medicare and accepts 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, but you don't need referrals from your PCP to see in- or out-of-network doctors.



#### 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.

<sup>1</sup> Networks vary by market.

<sup>2</sup> Exclusions may apply.

\*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](https://www.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



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.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

This information is not a complete description of benefits. Call 1-844-723-6473, TTY 711 for more information.



# **Plan Information**



# Benefit Highlights

## AARP® Medicare Advantage Choice Essential (Regional PPO)

This is a short description of your 2020 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

### Plan Costs

Monthly plan premium	\$0
Part B Premium Reduction	Up to \$50

### Medical Benefits

	In-Network	Out-of-Network
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
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$40 copay
	Specialist: \$50 copay (no referral needed)	Specialist: \$70 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$395 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	40% coinsurance per stay for unlimited days
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	\$195 copay per day: days 1-52 \$0 copay per day: days 53-100
Outpatient hospital, including surgery	\$0 - \$395 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)	\$0 - \$90 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$20 copay	40% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$7 copay

## Medical Benefits

	In-Network	Out-of-Network
Ambulance	\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)	

## 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	\$0 copay; 1 every year*	\$70 copay; 1 every year*
Hearing - routine exam	\$0 copay; 1 per year*	\$70 copay; 1 per year*
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.	The in-network provider must be used for the out-of-network benefit.
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 - routine	\$50 copay; 6 visits per year*	\$70 copay; 6 visits per year*
Health & Wellness Products Catalog	\$40 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit <a href="http://www.amwell.com">www.amwell.com</a> to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage

\*Benefits combined in and out-of-network

**AARP** | Medicare Advantage  
from UnitedHealthcare

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# Explore Your Additional Benefits

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

With the AARP® Medicare Advantage Choice Essential (Regional PPO) 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.



### Social and Government Referral Assistance

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. To see if you may be eligible and get assistance in applying for government or other community assistance programs please call 1-866-865-3851, TTY 855-368-9643, 9 a.m. - 5 p.m. local time, Monday through Friday. If you are a Veteran, please call 1-866-427-1873, TTY 711, 9 a.m. - 5 p.m. local time, Monday through Friday.



### Health & Wellness Products Catalog

This benefit gives you credits each quarter to purchase approved over-the-counter products by mail, online through Walmart or by phone.



### Renew Active™

Renew Active™ is a fitness program for body and mind designed around you and your goals - available with your plan, at no additional cost. Renew Active includes: a free gym membership, access to an extensive network of gyms and fitness locations, personalized fitness plan and online brain health program, exclusively from AARP® Staying Sharp.



### Vision coverage

This plan includes routine vision care. Help protect your eyesight and health with routine eye exams.



### Hearing coverage

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



### Speak to a nurse 24/7

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



### Podiatry coverage

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



### Virtual Medical Visits

Talk to a provider wherever you are with virtual medical visits. You may have a live chat from the privacy of home with a virtual provider using your computer, tablet, smartphone.

**AARP** | Medicare Advantage  
from UnitedHealthcare

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

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# Summary of Benefits 2020



## Overview of your plan

**AARP® Medicare Advantage Choice Essential (Regional PPO)**

R0759-002-000

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

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

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

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from UnitedHealthcare

# Summary of Benefits

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## January 1st, 2020 - December 31st, 2020

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

### About this plan.

AARP® Medicare Advantage 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 below, and be a United States citizen or lawfully present in the United States.

Our service area includes **Florida**.

### Use network providers.

AARP® Medicare Advantage Choice Essential (Regional PPO) has a network of doctors, hospitals, and other providers. With this plan, you have the freedom to enjoy nationwide access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services.

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

# AARP® Medicare Advantage Choice Essential (Regional PPO)

Premiums and Benefits	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.	
<b>Part B Premium Reduction</b>	Up to \$50	
<b>Annual Medical Deductible</b>	This plan does not have a deductible.	
<b>Maximum Out-of-Pocket Amount</b>	\$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.	

# AARP® Medicare Advantage Choice Essential (Regional PPO)

Benefits		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>2</sup></b>		\$395 copay per day: for days 1-4 \$0 copay per day: for days 5 and beyond	40% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$395 copay otherwise	40% coinsurance
	Outpatient Hospital, including surgery <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$395 copay otherwise	40% coinsurance
	Outpatient Hospital Observation Services <sup>2</sup>	\$395 copay	40% coinsurance
<b>Doctor Visits</b>	Primary	\$10 copay	\$40 copay
	Specialists <sup>2</sup>	\$50 copay	\$70 copay
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit <a href="http://www.amwell.com">www.amwell.com</a> to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	Not covered
<b>Preventive Care</b>	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit	

Benefits		In-Network	Out-of-Network
		<p>Bone mass measurement            Breast cancer screening (mammogram)            Cardiovascular disease (behavioral therapy)            Cardiovascular screening            Cervical and vaginal cancer screening            Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)            Depression screening            Diabetes screenings and monitoring            Hepatitis C screening            HIV screening            Lung cancer with low dose computed tomography (LDCT) screening            Medical nutrition therapy services            Medicare Diabetes Prevention Program (MDPP)            Obesity screenings and counseling            Prostate cancer screenings (PSA)            Sexually transmitted infections screenings and counseling            Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)            Vaccines, including flu shots, hepatitis B shots, pneumococcal shots            “Welcome to Medicare” preventive visit (one-time)</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	
	Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
<b>Emergency Care</b>		<p>\$90 copay (worldwide) per visit            If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
<b>Urgently Needed Services</b>		\$30 - \$40 copay	

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$90 copay per service otherwise	40% coinsurance
	Lab services <sup>2</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	\$20 copay	40% coinsurance
	Therapeutic Radiology <sup>2</sup>	\$50 copay per service	40% coinsurance
	Outpatient X-rays <sup>2</sup>	\$0 copay per service	\$7 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$70 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$70 copay; 1 per year*
	Hearing aid <sup>2</sup>	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
<b>Routine Dental Services</b>		Not covered	
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$70 copay
	Eyewear after cataract surgery	\$0 copay	40% coinsurance
	Routine eye exam	\$0 copay; 1 every year*	\$70 copay; 1 every year*

Benefits		In-Network	Out-of-Network
<b>Mental Health</b>	Inpatient visit <sup>2</sup>	\$395 copay per day: for days 1-4 \$0 copay per day: for days 5-90	40% coinsurance per stay
	Our plan covers 90 days for an inpatient hospital stay.		
	Outpatient group therapy visit <sup>2</sup>	\$30 copay	\$35 copay
	Outpatient individual therapy visit <sup>2</sup>	\$40 copay	\$45 copay
<b>Skilled Nursing Facility (SNF)<sup>2</sup></b>		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-62 \$0 copay per day: for days 63-100	\$195 copay per day: for days 1-52 \$0 copay per day: for days 53-100
		Our plan covers up to 100 days in a SNF.	
<b>Physical therapy and speech and language therapy visit<sup>2</sup></b>		\$40 copay	\$70 copay
<b>Ambulance<sup>2</sup></b>  Your provider must obtain prior authorization for non-emergency transportation.		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
<b>Routine Transportation</b>		Not covered	
<b>Medicare Part B Drugs</b>  Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs <sup>2</sup>	20% coinsurance	50% coinsurance
	Other Part B drugs <sup>2</sup>	20% coinsurance	50% coinsurance

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation <sup>2</sup>	\$20 copay	\$70 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	40% coinsurance
	Diabetes Self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance	40% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance	40% coinsurance
<b>Fitness program through Renew Active™</b>		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.	

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment <sup>2</sup>	\$50 copay	\$70 copay
	Routine foot care	\$50 copay; for each visit up to 6 visits every year*	\$70 copay; for each visit up to 6 visits every year*
Home Health Care <sup>2</sup>		\$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		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit <sup>2</sup>		\$40 copay	\$70 copay
Opioid Treatment Services		\$0 copay	40% coinsurance
Outpatient Substance Abuse	Outpatient group therapy visit <sup>2</sup>	\$30 copay	\$35 copay
	Outpatient individual therapy visit <sup>2</sup>	\$40 copay	\$45 copay
Health & Wellness Products Catalog		\$40 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail.	
Renal Dialysis <sup>2</sup>		20% coinsurance	20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

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

## Required Information

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <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.

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™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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

# Enrollment Checklist

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

## Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.

## 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 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services 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.

## Vendor Information

### AARP® Medicare Advantage Choice Essential (Regional PPO)

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

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

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

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.myAARPMedicare.com">www.myAARPMedicare.com</a>
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355, TTY 711 8 a.m. - 8 p.m. CT, Monday - Friday <a href="http://www.uhchearing.com">www.uhchearing.com</a>
Vision Care	UnitedHealthcare Vision®	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a routine vision provider go to: <a href="http://www.medicare.myuhcvision.com">www.medicare.myuhcvision.com</a> .
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Health & Wellness Products Catalog	Solutran	1-833-845-8798, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept <a href="http://www.HealthyBenefitsPlus.com/HWP">www.HealthyBenefitsPlus.com/HWP</a>
Fitness Membership	Renew Active™	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCRenewActive.com">www.UHCRenewActive.com</a>

Benefit Type	Vendor Name	Contact Information
Virtual Medical Visits	American Well/Wellmed	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week  www.amwell.com or if you are an existing Wellmed patient, contact your provider to access virtual visits. 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.



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

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## UnitedHealthcare - R0759

### 2020 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 2020, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★½  
3.5 stars

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

Health Plan Services: ★★★★★  
4 stars

Drug Plan Services: ★★★★★  
3.5 stars

The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at 800-555-5757 (toll-free) or 711 (TTY).

Current members please call 800-643-4845 (toll-free) or 711 (TTY).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

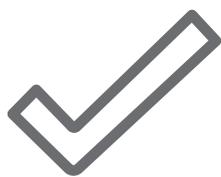
ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

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

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

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**Ready  
to Enroll**



# How to Enroll

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



## By phone

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



## Online

Go to **[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)** and follow the step-by-step instructions to enroll.



## By mail

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



## By fax

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

### Enrollment Request Form Checkpoints

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

# Scope of Appointment Confirmation Form

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

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

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

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

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

Signature of applicant/member/authorized representative	Today's Date
	<b>MM - DD - YYYY</b>

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

Name (First_Last)	Relationship to Beneficiary
-------------------	-----------------------------

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

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Date Appointment will be Completed <b>MM - DD - YYYY</b>

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

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## 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.

## 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.

## Other Related Products

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

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

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

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

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## 2020 Enrollment Request Form

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

**AARP® Medicare Advantage Choice Essential (Regional PPO) R0759-002-000 - AR3**

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.

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
---	-----------	------------	----------------

Birth Date <b>MM-DD-YYYY</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------------------------	---

Daytime Phone Number ( ) -	Mobile Phone Number ( ) -
----------------------------	---------------------------

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

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

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

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

Email Address

Enrollee Name \_\_\_\_\_  
 Agent Name / ID No. \_\_\_\_\_  
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**To select paperless delivery complete and sign the application and provide your email address.**

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

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

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

**Information about your Medicare.**

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

- Fill out this information as it appears on your Medicare card. Name (as it appears on your Medicare card): \_\_\_\_\_

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. Medicare Number: \_\_\_\_\_  
Sex: \_\_\_\_\_

Is Entitled to	Effective Date
<b>Hospital (Part A)</b>	MM-DD-YYYY
<b>Medical (Part B)</b>	MM-DD-YYYY

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

**How do you want to pay?**

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

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

Enrollee Name \_\_\_\_\_  
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Ready to Enroll

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for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

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

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

The bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). The bank will pay the funds from a 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 the account, I will tell both UHIC and the bank. I will give them a reasonable amount of time to change the method of payment.

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

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

Bank Routing Number

Bank Account Number

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

**I want to pay online.**

Visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to make a payment directly from a bank account or a Visa, Mastercard or Discover credit card.

**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 automatically charged to a Visa, Mastercard or Discover credit card. Until then, we'll send you a bill each month.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Enrollee Name \_\_\_\_\_  
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**4. Do you live in a nursing home or a long-term care facility?**  Yes  No

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

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

**5. Do you have health insurance with an employer or union right now?**  Yes  No

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

**6. Do you or your spouse work?**  Yes  No

Do you or your spouse have other health insurance that will cover medical services? (Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)  Yes  No

If yes, please complete the following:

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

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

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

Provider or PCP Full Name	Phone Number (      ) -
Provider/PCP Number: 	(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
Are you now seeing or have you recently seen this doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrollee Name \_\_\_\_\_  
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**Please read and sign.**

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

- This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Annual 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 \_\_\_\_\_  
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- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

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

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

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

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

**\*NOT A SALES AGENT**

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

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

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

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# Plan Recap

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

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

**i Plan Information** Here are some details about your new plan.

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

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

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

My plan:  Requires referrals  Does not require referrals  
 Includes a medical deductible  Does not include a medical deductible

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

I have purchased a rider(s) as part of my plan:  Yes  No  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.

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.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

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## Network Information

Understanding your network is important.

My plan includes the nation's largest health care network.\* With this plan, I have access to a local network of doctors and hospitals, plus I have the freedom to access care across the country at in-network costs from any doctor participating in the UnitedHealthcare Medicare National Network (exclusions may apply).  Yes  No

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

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

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 \_\_\_\_\_.

\* Networks vary by market

# 2020 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.**

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### Applicant 1:

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Applicant 2 (if applicable):

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

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

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

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**We're here to help. If you have additional questions you can call 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.

**AARP** | Medicare Advantage  
from UnitedHealthcare

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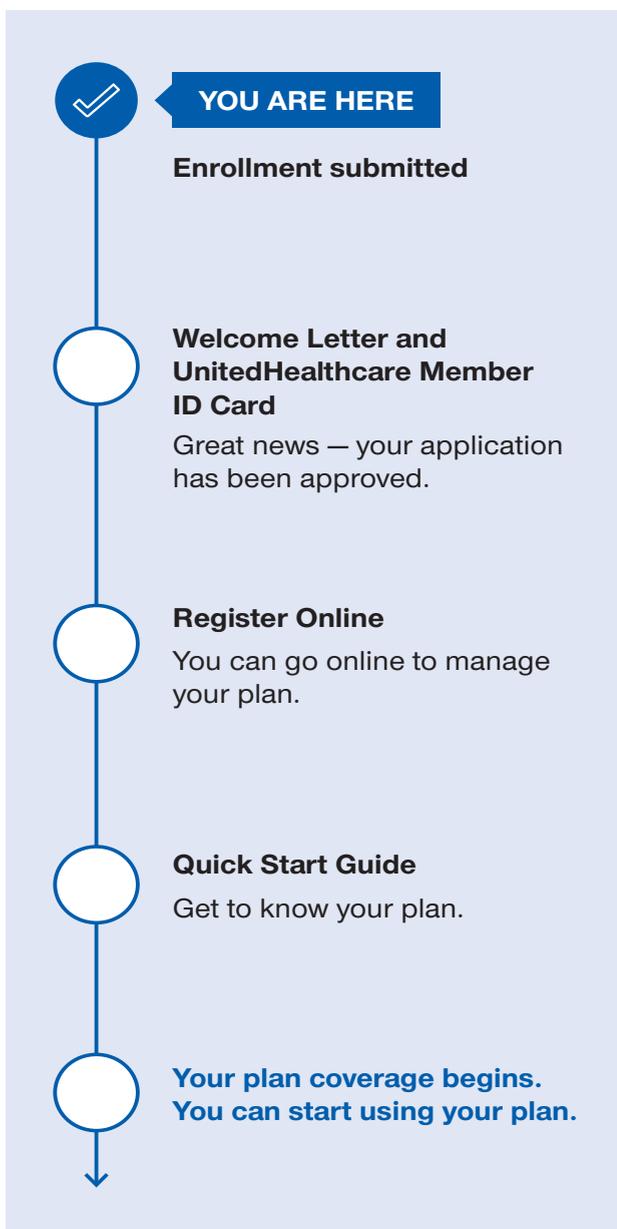


# Take Advantage of What's Next

Your enrollment application has been submitted, and we want to help you get ready to use your plan. Use this page to track your progress as you go. We're here to help every step of the way.

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## Go online to manage your plan

Once you receive your UnitedHealthcare member ID card, you can use it to register online at **MyAARPMedicare.com** to:

- ✓ Find providers in your area
- ✓ Complete your health assessment
- ✓ Set up automatic payments
- ✓ View plan documents
- ✓ Explore Renew by UnitedHealthcare, our member-only Health & Wellness Experience

## Once your coverage begins

- ✓ Schedule your Annual Physical and Wellness Visit to begin your preventive care
- ✓ Add an Authorized Representative to your account. You can name someone you trust to get a copy of your monthly statement and to speak with us about your account.

## Thank you for choosing UnitedHealthcare®

If you have any questions, you can call the UnitedHealthcare Customer Service number on the back of your UnitedHealthcare member ID card.

## Questions? We're here to help.

For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



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



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

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

\*Exclusions may apply.