# Clarity Workbook 2020

This workbook contains information that UnitedHealthcare® and the Centers for Medicare & Medicaid Services (CMS) want to make sure you understand.

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

UnitedHealthcare®

# Medicare Made Clear®

## Medicare eligibility.

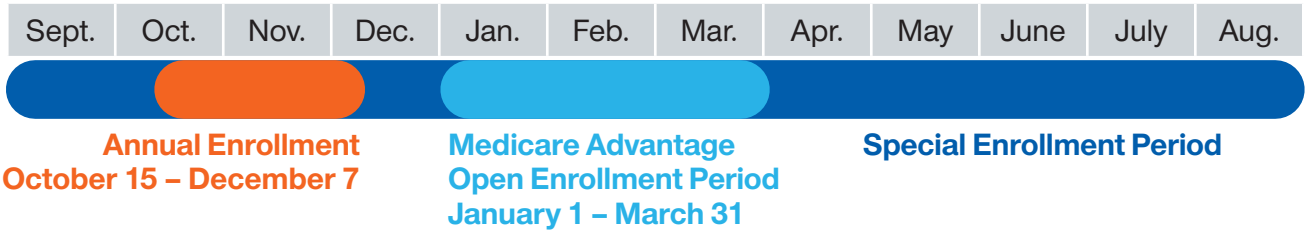
**You're eligible for Original Medicare (Parts A and B) if:**
You're at least 65 years old, or you're under 65 and qualify on the basis of a disability or other special situation.

**AND**

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

## 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.




**Annual Enrollment Period, October 15 – December 7**
During annual enrollment you can add, drop or switch your Medicare coverage.

**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.

**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 if you:

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

Special Needs Plans have other eligibility requirements.

## Medicare choices.

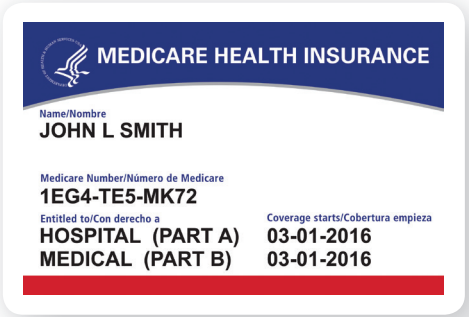
After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.

**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




**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

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

### Medicare Part D Plan
Offered by private companies

**PART D** Helps pay for prescription drugs

**Choose a Medicare Advantage plan:**

### Medicare Advantage Plan
Offered by private companies

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

**PART D** Usually includes prescription drug coverage

May offer additional benefits not provided by Original Medicare

# 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.

## Medicare Advantage plans typically include:

**Prescription drug coverage**

**Worldwide emergency care**

**Annual physical and screenings**

**Out-of-pocket spending limits**

## Medicare Advantage plans have high member satisfaction:

**22.6**

**million people are enrolled** in a Medicare Advantage plan as of March 1, 2019[1]

**91%**

**of seniors are satisfied** with their Medicare Advantage plan[2]

**87%**

**of seniors are satisfied** with preventive care they received from their Medicare Advantage plan[2]

## Medicare Advantage versus Original Medicare:

**31%**

fewer hospitalizations[3]

**19%**

shorter average length of a hospital stay[4]

**25%**

less spent on health care[5]

# 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

## 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.

## 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.

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.

| Annual Deductible | Initial Coverage | Coverage Gap* (Donut Hole) | Catastrophic Coverage |
|---|---|---|---|
| **In this drug payment stage:** | **In this drug payment stage:** | **After your total drug costs reach $4,020:** | **After your total out-of-pocket costs reach $6,350:** |
| • You pay for your drugs until you reach the deductible amount set by your plan.<br>• Not all Part D plans have a deductible.*<br>• If your plan does not have a deductible, your coverage starts with the first prescription you fill. | • You pay a copay or coinsurance and the plan pays the rest.<br>• You stay in this stage until your **total drug costs** reach $4,020 in 2020. | • In 2020, you pay:<br>– 25% of the costs for brand name drugs<br>– 25% of the costs for generic drugs<br>• You stay in this stage until your total **out-of-pocket costs** reach $6,350 in 2020. | • You pay a small copay or coinsurance amount.<br>• You stay in this stage for the rest of the plan year. |

*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 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

### 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.

### 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.

## 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 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

*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

# 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.

**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.

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

### Medicare Made Clear

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

### Medicare

**Medicare Helpline**

For questions about Medicare and detailed information about plans and policies available in your area, visit Medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

**Medicare & You**

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at Medicare.gov or call the Medicare Helpline to request a copy.

**Online plan finders**

For online tools to find and compare drug plans, Medicare Advantage plans and Medicare supplement plans, go to Medicare.gov.

### Social Security

**Social Security Administration**

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help. Call 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. – 7 p.m., Monday–Friday. Or go to SSA.gov.

### Administration on Aging

**Eldercare locator**

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call 1-800-677-1116, TTY 711, 9 a.m. – 8 p.m. ET, Monday–Friday. Or go to Eldercare.gov.

### State Resources

**Your state's Medical Assistance or Medicaid office**

To learn whether you're eligible for financial help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program.

You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office.

**Your State Health Insurance Assistance Program (SHIP)**

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare.

In some states, this program is called the Health Insurance Counseling and Advocacy Program (HICAP). Go to shiptacenter.org.

# Things to Consider Before You Enroll

## What is your current Medicare status and eligibility?

Your current life situation, such as your age and employment status, will affect your Medicare needs and choices. Find which of the descriptions below best fits you:

**1** **Currently enrolled in Medicare**

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

**2** **Eligible for Medicare and working**

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

**3** **Eligible for Medicare and not working**

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

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

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

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

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

## Verify that your doctors and prescriptions are covered.

Although this section is optional, we encourage you to jot down the doctors you see and the prescriptions you take so your sales representative can verify that they are covered by the plan.

First Name: _____

### Doctors

| Name and City | Specialty | In Network (Yes/No) *(Completed by Sales Rep.)* |
|---|---|---|
| *(e.g., Dr. Jones, Greenville)* | *(e.g., Primary Care Doctor)* | *Yes/No* |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

### Prescriptions

| Name | Dosage | How Often | Tier/Cost *(Completed by Sales Rep.)* |
|---|---|---|---|
| *(e.g., Lisinopril)* | *XXmg* | *X tablet(s) per day* | *Tier 1/$XX* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Go ahead, take advantage.

**If you have questions or are ready to enroll, contact your sales representative.**

Or call toll-free at **1-855-262-3326,** TTY **711,**
8 a.m. – 8 p.m. local time, 7 days a week.[7] Se habla español.

Go online anytime to **UHCClarity.com**

UnitedHealthcare®

From the UnitedHealthcare® family of Medicare plans.

AARP® | Medicare Advantage from UnitedHealthcare

Preferred Care Partners

MEDICA HEALTHCARE

Erickson Advantage from UnitedHealthcare

**UnitedHealthcare® Medicare**

[1]State_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

[2]http://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

[3]Stephen 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

[4]Jon 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

[5]Vilsa 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

[6]July 2018 CMS and Internal Company Enrollment Data

[7]In 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.

Y0066_190708_012009_M SPRJ48478