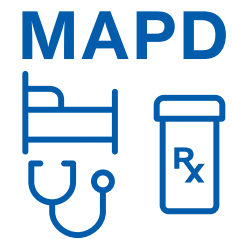


# 2018 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage Plan.

## **AARP® MedicareComplete® (HMO)**

H2802-028

**Service area:** Select counties in Illinois, Missouri

**Plan Effective Date:** January 1, 2018 through December 31, 2018

# You deserve more than great benefits



## **The only Medicare plans that carry the AARP® name**

UnitedHealthcare has a long-standing relationship with AARP® and is the only insurance company that offers Medicare plans with the AARP name. We're both aligned in caring about Medicare beneficiaries and ensuring they have access to affordable, quality health care.

## **Customer service that puts you first**

Our compassionate Customer Service Advocates are an important part of your personal health care team. In addition to providing answers to your questions, they can schedule appointments and connect you to programs designed to make it easier for you to manage your health.

## **A health care company you can rely on**

Chances are you know at least one, if not many, of our members. That's because 1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage.<sup>1</sup> And we've been serving the health care needs of people just like you for 40 years – so you know we'll be here when you need us.

## **Member-only Health & Wellness Experience**

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

<sup>1</sup>CMS Data, 2017, and UnitedHealthcare Internal Data, 2017

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

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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 and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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### Have questions? We can help.



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



Toll-Free **1-800-555-5757**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week  
Se habla español.



# Start with Medicare basics


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


## You're enrolled in Original Medicare, what's next?

Original Medicare is provided by the government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. You don't get coverage for prescription drugs or routine vision, dental or hearing care. Depending on your needs, you may want to add on more coverage. When it comes to extra coverage, you have options.

### 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®



## Start with Medicare basics

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

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

#### Here's how your HMO plan works.



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

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



**You will need to get a referral to see a specialist.**

In most cases, your network PCP will need to give you a referral to visit other network providers, such as specialists and hospitals.



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

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

#### Stay in the network.

The chart below shows how costs can change using network versus out-of-network resources.

|  | Network                                 | Out-of-Network  |
|--|---|---|
| Will the doctor or hospital accept my plan?        | Yes                                     | No  |
| Are emergency or urgently needed services covered? | Yes                                     | Yes   |
| What will I pay for covered services?              | You pay your plan copay or coinsurance. | In most cases, you will have to pay the full cost for services. |

Plan copay and coinsurance apply. As a member, you will receive a Provider Directory listing all network providers and facilities within your plan. You can also find a complete listing on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.



## Start with Medicare basics

### 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).

#### Medicare Helpline

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

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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# Plan information

# Benefit Highlights

## AARP® MedicareComplete® (HMO)

This is a short description of 2018 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan Costs

|                      | Your Cost |
|----------------------|-----------|
| Monthly plan premium | \$0       |

### Medical Benefits

|  | Your Cost   |
|--|---|
| Doctor's office visit                                  | Primary Care Provider: \$10 copay<br>Specialist: \$45 copay (referral needed)                     |
| Preventive services                                    | \$0 copay   |
| Inpatient hospital care                                | \$275 copay per day: for days 1-8<br>\$0 copay per day after that                                 |
| Skilled nursing facility (SNF)                         | \$0 copay per day: days 1-20<br>\$160 copay per day: days 21-39<br>\$0 copay per day: days 40-100 |
| Outpatient surgery                                     | \$270 copay   |
| Diabetes monitoring supplies                           | \$0 copay for covered brands  |
| Home health care                                       | \$0 copay   |
| Diagnostic radiology services (such as MRIs, CT scans) | 20% coinsurance   |
| Diagnostic tests and procedures (non-radiological)     | 20% coinsurance   |
| Lab services   | \$2 copay   |
| Outpatient x-rays                                      | \$6 copay   |
| Ambulance  | \$250 copay   |
| Emergency care   | \$80 copay (worldwide)  |
| Urgently needed services                               | \$30 - \$40 copay (\$80 copay for worldwide coverage)   |
| Annual out-of-pocket maximum*                          | \$2,900   |

\*The most you may pay in a year for medical care covered by the plan.

### Benefits and Services Beyond Original Medicare

|                            | Your Cost   |
|----------------------------|---|
| Routine physical           | \$0 copay; 1 per year   |
| Vision - routine eye exams | \$20 copay; 1 every year  |
| Vision - eyewear           | \$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes) |
| Dental - preventive        | \$0 copay for covered services (exam, cleaning, x-rays)   |
| Foot care - routine        | \$45 copay; 6 visits per year   |
| Hearing - routine exam     | \$10 copay; 1 per year  |



|   | Your Cost   |
|---|---|
| Hearing aids                                    | \$100 - \$150 copay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model) |
| Fitness program through SilverSneakers® Fitness | Basic membership in a fitness program at a network location.  |
| Over-the-Counter Essentials                     | \$50 credit per quarter to use on approved health products that can be ordered online or by mail.                       |
| NurseLine <sup>SM</sup>                         | Speak with a registered nurse (RN) 24 hours a day, 7 days a week  |

## Prescription Drugs

|                                 | Your Cost  |                               |
|---------------------------------|--|-------------------------------|
| Annual prescription deductible  | \$0 for Tier 1, Tier 2 and Tier 3; \$150 for Tier 4 and Tier 5   |                               |
| Initial coverage stage          | Standard Retail (30-day)   | Preferred Mail Order (90-day) |
| Tier 1: Preferred Generic Drugs | \$2 copay  | \$0 copay                     |
| Tier 2: Generic Drugs           | \$12 copay   | \$0 copay                     |
| Tier 3: Preferred Brand Drugs   | \$47 copay   | \$131 copay                   |
| Tier 4: Non-Preferred Drugs     | \$100 copay  | \$290 copay                   |
| Tier 5: Specialty Tier Drugs    | 30% coinsurance  | 30% coinsurance               |
| Coverage gap stage              | After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap                |                               |
| Catastrophic coverage stage     | After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (Including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance |                               |

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.



# Your drug plan coverage and costs

## Make sure your drugs are covered.

Find out if your prescription drugs are covered by checking the Drug List in this Enrollment Guide or the online Formulary at [EstimateDrugCostsAARP.com](https://www.estimateDrugCostsAARP.com).

## Know how much your drugs will cost.

The cost of your drug depends on 3 things: what tier the drug is covered in, where you are within the drug payment stages and where you purchase the drug.



### Understanding drug tiers.

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

| Formulary (Drug List) Tiers           |                          |                                     |  |                                    |
|---------------------------------------|--------------------------|-------------------------------------|--|------------------------------------|
| <b>Tier 1</b><br>Preferred<br>Generic | <b>Tier 2</b><br>Generic | <b>Tier 3</b><br>Preferred<br>Brand | <b>Tier 4</b><br>Non-Preferred<br>Drug | <b>Tier 5</b><br>Specialty<br>Tier |

**Note:** Not all generic drugs are low cost. There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.



### Your Part D prescription drug costs.

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans may have 4 coverage stages: annual deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people never make it further than the initial coverage stage during the plan year. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The pharmaceutical industry may increase the price of drugs at any time in a plan year and pricing for drugs may vary across pharmacies in the network.
- The coverage cycle starts over again on January 1 each plan year.



Once you're a member, you can easily track how close you are getting to the coverage gap stage by signing in to your account online.



## Your drug plan coverage and costs

### Explore ways to save money.

#### ✓ Try OptumRx® Mail Service Pharmacy.

You could pay a \$0 copay for a 90-day supply of Tier 1 and 2 medications by using home delivery from OptumRx, our preferred mail service pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Register online at **OptumRx.com** to order new prescriptions, request refills and more.

#### ✓ Consider generic drugs.

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at **EstimateDrugCostsAARP.com** to determine your potential savings.

#### ✓ Use lower-tier drugs.

Prescription drugs are grouped into 5 tiers. If your drug is in a higher, more expensive tier, ask your doctor if there is a lower-tier drug that could work for you.

#### ✓ Get Extra Help.

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and copays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. – 7 p.m., Monday – Friday.

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## Take advantage of your additional benefits.

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

With this plan, you get additional benefits and services designed to help you live a healthier life – most at little or no additional costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness.

Below are short descriptions about some of the additional 2018 plan benefits and services. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits.



#### Over-the-Counter Essentials

This benefit gives you credits each quarter to order over-the-counter (OTC) products from the FirstLine Medical® catalog and website. You may place an order 1 time each quarter and the products will be delivered directly to you at no additional cost. Our product assortment offers a variety of OTC items such as:

- Cough medicine, pain relievers, vitamins and supplements
- First aid, thermometers and more

For a full list of items and to place an order, visit the website at [www.OTC-Essentials.com](http://www.OTC-Essentials.com).



#### Gym membership

With the SilverSneakers® Fitness program you can join a participating health club or fitness center for no additional cost. SilverSneakers® often includes:

- Group classes led by a certified instructor
- Health education meetings and social events

To find a location near you, visit the website at [silversneakers.com](http://silversneakers.com). Classes, equipment, facilities and services may vary by location.



#### Dental coverage

Getting routine preventive dental care can help protect your teeth and gums. The plan's dental services may include exams, cleanings or X-rays. Copays and network restrictions may apply.



## Take advantage of your additional benefits.



### Passport

Coverage that travels with you in the UnitedHealth Passport® service area. Get access to all the benefits you have at home when you travel for up to 9 months in a row. When you visit network doctors in the Passport service area, you'll pay your usual copay or coinsurance for regular care. Call the Customer Service number on the back of your member ID card to get started.



### Vision coverage

Help protect your eyesight and health with routine eye exams. Your vision coverage may include:

- One routine eye exam every year
- Credit toward contact lenses or eyeglasses

Copays and network restrictions may apply.



### Hearing coverage

Don't let hearing loss affect your life. Your plan includes the following hearing coverage:

- A routine hearing exam every year
- Hearing aids provided by the hi HealthInnovations™ mail order program

Copays and network restrictions may apply.

## Learn more about these extra services and benefits.



For more information, call **1-800-555-5757**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

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# 2018 UnitedHealth Passport Program

## Bring your coverage with you.

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

### How to use the UnitedHealth Passport program.

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

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

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

### Participating counties:

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

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

**Arkansas** Benton, Boone, Carroll, Cleburne, Conway, Crawford, Dallas, Faulkner, Franklin, Garland, Grant, Hot Spring, Jefferson, Johnson, Madison, Newton, Ouachita, Perry, Phillips, Pope, Pulaski, Sebastian, Washington

**Connecticut** All counties in the state of Connecticut

**Florida** All counties in the state of Florida

**Georgia** Baldwin, Barrow, Ben Hill, Bibb, Bryan, Chatham, Cherokee, Clayton, Cobb, Columbia, Crawford, Crisp, DeKalb, Dodge, Dooly, Douglas, Effingham, Emanuel, Forsyth, Fulton, Hall, Harris, Henry, Houston, Irwin, Jackson, Johnson, Laurens, Macon, Montgomery, Muscogee, Paulding, Peach, Pulaski, Richmond, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Wilcox, Wilkinson

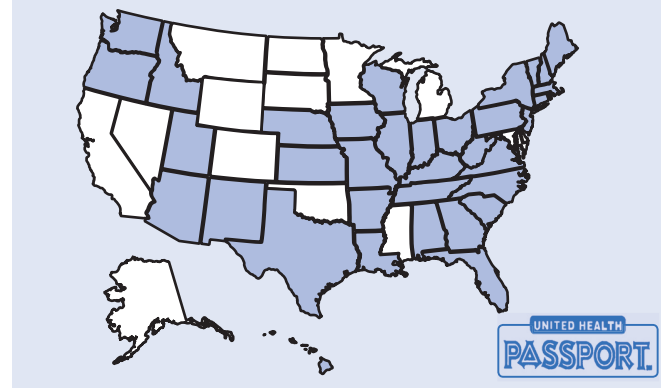
**Hawaii** Honolulu

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

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

**Indiana** Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, De Kalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson,

### UnitedHealth Passport service area.



**Indiana (continued)** Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wells, White, Whitley

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

**Kansas** Butler, Douglas, Harvey, Jefferson, Johnson, Leavenworth, Sedgwick, Wyandotte

**Kentucky** Boone, Campbell, Fayette, Franklin, Jessamine, Kenton, Madison, Woodford

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

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

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

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

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

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

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

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

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

**North Carolina** Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Johnston, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Orange,

#### **North Carolina (continued)**

Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stokes, Surry, Swain, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey

**Ohio** Butler, Champaign, Clark, Clermont, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Pickaway, Portage, Preble, Stark, Summit, Trumbull, Warren, Wood

**Oregon<sup>1</sup>** Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

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

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

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

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

**Texas<sup>1</sup>** Austin, Brazoria, El Paso, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery

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

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

**Virginia** Alexandria City, Arlington, Bland, Botetourt, Bristol City, Buchanan, Chesapeake City, Chesterfield, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Floyd, Franklin, Goochland, Grayson, Hampton City, Hanover, Henrico, Lee, Loudoun, Manassas City, Manassas Park City, Montgomery, Newport News City, Norfolk, City, Norton City, Portsmouth City, Prince William, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Suffolk City, Tazewell, Virginia Beach City, Washington, Wise, Wythe, York

**Washington** Spokane

**West Virginia** Berkeley, Brooke, Cabell, Fayette, Hancock, Jackson, Jefferson, Kanawha, Lincoln, Marion, Marshall, Mason, Monongalia, Ohio, Preston, Putnam, Wayne, Wetzel

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

### **A UnitedHealthcare® Medicare Solution**

<sup>1</sup>The H3805 HMO plans in the Oregon counties of Clackamas, Lane, Marion, Multnomah, Washington, and Yamhill and the H4527 HMO plans in El Paso, Texas, do not participate in UnitedHealth Passport. Therefore, members of these plans are not eligible to participate in the program. 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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. The provider network may change at any time. You will receive notice when necessary.

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# Routine dental vs. Platinum Dental Rider

## Additional coverage that may make you smile.

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

### With routine dental you get:

- ✓ No Deductible
- ✓ \$0 Copay
- ✓ 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings

### For \$34 a month (in addition to any premium you pay for your Medicare Advantage plan), with the Platinum Dental Rider you'll get:

- ✓ 100% coverage (deductible does not apply) for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- ✓ 80% coverage for the most common dental procedures, including fillings, and filling restoration
- ✓ 50% coverage for major services such as dentures, crowns, root canals and oral surgery
- ✓ \$100 annual deductible (the amount you pay before the plan kicks in)
- ✓ \$1,000 yearly maximum (the total amount the plan will pay for covered services in the calendar year, this includes preventive, diagnostic, basic and major services)
- ✓ Freedom to see any dentist you choose<sup>1</sup>

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

**To find a network dentist in your area, go to [www.UHC Medicare Dentist Search.com](http://www.UHC Medicare Dentist Search.com) and select the National Medicare Advantage Network.**

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

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





# Routine dental vs. Platinum Dental Rider

## Comparison of Routine Dental to the Platinum Dental Rider<sup>2</sup>

| Covered Services | Routine Dental<br>You pay In-Network <sup>3</sup><br>No Deductible | Platinum<br>You pay In-Network <sup>3</sup><br>You pay Out-Of-Network <sup>4</sup><br>Deductible Does Not Apply | Benefit Guidelines |
|------------------|--|---|--------------------|
|------------------|--|---|--------------------|

### Using an Out-Of-Network Dentist

If the plan you select offers out-of-network benefits, your out-of-pocket costs may be higher if you choose an out-of-network dentist instead of one who is in the network. The plan pays according to a maximum allowable fee schedule and you will pay any fees beyond that amount in addition to the amounts listed below.

### Preventive and Diagnostic Dental Services

|                                   |                                      |            |                                  |
|-----------------------------------|--------------------------------------|------------|----------------------------------|
| Periodic Oral Examination         | \$0                                  | \$0<br>\$0 | Two per 12 months                |
| Dental Prophylaxis (cleanings)    | \$0                                  | \$0<br>\$0 | Two per 12 months                |
| Bitewing X-rays                   | \$0 as prescribed by network dentist | \$0<br>\$0 | Up to 1 time per 12 month period |
| Complete Series or Panorex X-rays | \$0 once every 3 years               | \$0<br>\$0 | Up to 1 time per 36 month period |

### Basic Dental Services (Minor Restorative)

|   |             |            |   |
|---|-------------|------------|---|
| Amalgam Restorations (fillings)         | Not covered | 20%<br>20% | One restoration allowed per surface every 3 years |
| Composite Resin Restorations (fillings) | Not covered | 20%<br>20% | One restoration allowed per surface every 3 years |

### Major Dental Services (Endodontics, Periodontics and Oral Surgery)

|                      |             |            |                                 |
|----------------------|-------------|------------|---------------------------------|
| Root Canal Treatment | Not covered | 50%<br>50% | Once per tooth per lifetime     |
| Root Planing         | Not covered | 50%<br>50% | Once per 24 months per quadrant |

<sup>2</sup>This chart highlights common dental procedures – it is not a complete list of covered dental services.

<sup>3</sup>Copays may vary depending on service area.

<sup>4</sup>If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.



## Routine dental vs. Platinum Dental Rider

| Covered Services                                     | Routine Dental<br>You pay In-Network <sup>3</sup><br>No Deductible | Platinum<br>You pay In-Network <sup>3</sup><br>You pay Out-Of-Network <sup>4</sup><br>Deductible Does Not Apply | Benefit Guidelines   |
|--|--|---|--|
| Periodontal Surgery                                  | Not covered  | 50%<br>50%  | Once every 36 months per site  |
| Periodontal Maintenance                              | Not covered  | 50%<br>50%  | Once every 12 months   |
| Simple Extraction                                    | Not covered  | 50%<br>50%  |  |
| Surgical Extraction, including impacted wisdom teeth | Not covered  | 50%<br>50%  |  |
| General Anesthesia                                   | Not covered  | 50%<br>50%  | When clinically necessary  |
| Palliative Treatment (relief of pain)                | Not covered  | \$0<br>\$0  | Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit |
| Crowns   | Not covered  | 50%<br>50%  | Once every 5 years   |
| Fixed bridges  | Not covered  | 50%<br>50%  | Once every 5 years (alternate benefits for partial denture may be applied)                                     |
| Inlays and Onlays                                    | Not covered  | 50%<br>50%  | Once every 5 years   |
| Full Dentures  | Not covered  | 50%<br>50%  | Once every 5 years; no allowance for overdentures or customized dentures                                       |

<sup>3</sup>Copays may vary depending on service area.

<sup>4</sup>If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.



# Routine dental vs. Platinum Dental Rider

| Covered Services                          | Routine Dental<br>You pay In-Network <sup>3</sup><br>No Deductible | Platinum<br>You pay In-Network <sup>3</sup><br>You pay Out-Of-Network <sup>4</sup><br>Deductible Does Not Apply | Benefit Guidelines  |
|---|--|---|---|
| Partial Dentures                          | Not covered  | 50%<br>50%  | Once every 5 years; no allowance for precision or semiprecision attachments |
| Recement Bridges, Crowns, Inlays          | Not covered  | 20%<br>20%  | Once every 6 months per restoration   |
| Relining Dentures                         | Not covered  | 50%<br>50%  | Once every year after the 6 month period following initial insertion        |
| Repairs to Full/Partial Dentures, Bridges | Not covered  | 50%<br>50%  | For repairs or adjustments done after 12 months following initial insertion |

<sup>3</sup>Copays may vary depending on service area.

<sup>4</sup>If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.

## A UnitedHealthcare® Medicare Solution

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.

This information is not a complete description of benefits. Contact the plan for more information.

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

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

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# 2018 SUMMARY OF BENEFITS



## Overview of your plan

**AARP® MedicareComplete® (HMO)**

H2802-028

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



**Toll-Free 1-800-555-5757, TTY 711**  
**8 a.m. - 8 p.m. local time, 7 days a week**



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

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

Y0066\_SB\_H2802\_028\_2018 CMS Accepted

Our service area includes these counties in:

**Illinois:** Bond, Clinton, Jersey, Macoupin, Madison, Monroe, St. Clair;

**Missouri:** Crawford, Franklin, Gasconade, Jefferson, St. Charles, St. Louis, St. Louis City, Ste. Genevieve, Warren, Washington.

# Summary of Benefits

**January 1st, 2018 - December 31st, 2018**

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 with questions you may have. You get an EOC when you enroll in the plan.

## **About this plan.**

AARP® MedicareComplete® (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

## **Use network providers and pharmacies.**

AARP® MedicareComplete® (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

# AARP® MedicareComplete® (HMO)

| Premiums and Benefits   | In-Network  |
|---|---|
| <b>Monthly Plan Premium</b>   | There is no monthly premium for this plan.  |
| <b>Annual Medical Deductible</b>  | This plan does not have a deductible.   |
| <b>Maximum Out-of-Pocket Amount<br/>(does not include prescription drugs)</b> | <p>\$2,900 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p> |

# AARP® MedicareComplete® (HMO)

| Benefits  |                          | In-Network  |
|---|--------------------------|---|
| Inpatient Hospital <sup>1</sup>                         |                          | \$275 copay per day: for days 1-8<br>\$0 copay per day: for days 9 and beyond<br><br>Our plan covers an unlimited number of days for an inpatient hospital stay.  |
| Outpatient Hospital, Including Observation <sup>1</sup> |                          | \$270 copay   |
| Doctor Visits   | Primary                  | \$10 copay  |
|   | Specialists <sup>1</sup> | \$45 copay  |
| Preventive Care   | Medicare-covered         | \$0 copay   |
|   |                          | Abdominal aortic aneurysm screening<br>Alcohol misuse counseling<br>Annual “Wellness” visit<br>Bone mass measurement<br>Breast cancer screening (mammogram)<br>Cardiovascular disease (behavioral therapy)<br>Cardiovascular screening<br>Cervical and vaginal cancer screening<br>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br>Depression screening<br>Diabetes screenings and monitoring<br>Hepatitis C screening<br>HIV screening<br>Lung cancer with low dose computed tomography (LDCT) screening<br>Medical nutrition therapy services<br>Medicare Diabetes Prevention Program (MDPP)<br>Obesity screenings and counseling<br>Prostate cancer screenings (PSA)<br>Sexually transmitted infections screenings and counseling<br>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)<br>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots |



| Benefits  |   | In-Network   |
|---|---|--|
|   |   | <p>“Welcome to Medicare” preventive visit (one-time)</p> <hr/> <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  |
| <b>Emergency Care</b>   |   | <p>\$80 copay (worldwide) per visit</p> <p>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>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> | Diagnostic radiology services (e.g. MRI)              | 20% coinsurance  |
|   | Lab services  | \$2 copay  |
|   | Diagnostic tests and procedures                       | 20% coinsurance  |
|   | Therapeutic Radiology                                 | 20% coinsurance  |
|   | Outpatient X-rays                                     | \$6 copay per service  |
| <b>Hearing Services</b>   | Exam to diagnose and treat hearing and balance issues | \$10 copay   |
|   | Routine hearing exam                                  | \$10 copay; 1 per year   |
|   | Hearing aid   | \$100-\$150 copay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)  |

| <b>Benefits</b>   |   | <b>In-Network</b>   |
|---|---|---|
| <b>Routine Dental Services</b>  | Optional Dental Rider   | Additional dental benefits available with a separate premium. Please see optional benefits section below for details. |
|   | Preventive  | \$0 copay for covered services (exam, cleaning, x-rays)   |
| <b>Vision Services</b>  | Exam to diagnose and treat diseases and conditions of the eye | \$20 copay  |
|   | Eyewear after cataract surgery                                | \$0 copay   |
|   | Routine eye exam  | \$20 copay<br>Up to 1 every year  |
|   | Eyewear   | \$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)       |
| <b>Mental Health</b>  | Inpatient visit   | \$275 copay per day: for days 1-7<br>\$0 copay per day: for days 8-90   |
|   |   | Our plan covers 90 days for an inpatient hospital stay.   |
|   | Outpatient group therapy visit                                | \$30 copay  |
|   | Outpatient individual therapy visit                           | \$40 copay  |
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b>                         |   | \$0 copay per day: for days 1-20<br>\$160 copay per day: for days 21-39<br>\$0 copay per day: for days 40-100         |
|   |   | Our plan covers up to 100 days in a SNF.  |
| <b>Physical therapy and speech and language therapy visit<sup>1</sup></b> |   | \$40 copay  |
| <b>Ambulance</b>  |   | \$250 copay   |
| <b>Routine Transportation</b>   |   | Not covered   |

**Benefits****In-Network**

| <b>Benefits</b>                  |                       | <b>In-Network</b> |
|----------------------------------|-----------------------|-------------------|
| <b>Medicare Part B<br/>Drugs</b> | Chemotherapy<br>drugs | 20% coinsurance   |
|                                  | Other Part B<br>drugs | 20% coinsurance   |

## Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

|   |  |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|
| <b>Stage 1: Annual Prescription Deductible</b>                                  | \$0 per year for Tier 1, Tier 2 and Tier 3; \$150 for Tier 4 and Tier 5 Part D prescription drugs.   |                      |                      |                      |
| <b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b> | <b>Retail</b>  |                      | <b>Mail Order</b>    |                      |
|   | <b>Standard</b>  |                      | <b>Preferred</b>     | <b>Standard</b>      |
|   | <b>30-day supply</b>   | <b>90-day supply</b> | <b>90-day supply</b> | <b>90-day supply</b> |
| Tier 1: Preferred Generic Drugs   | \$2 copay  | \$6 copay            | \$0 copay            | \$6 copay            |
| Tier 2: Generic Drugs   | \$12 copay   | \$36 copay           | \$0 copay            | \$36 copay           |
| Tier 3: Preferred Brand Drugs   | \$47 copay   | \$141 copay          | \$131 copay          | \$141 copay          |
| Tier 4: Non-Preferred Drugs   | \$100 copay  | \$300 copay          | \$290 copay          | \$300 copay          |
| Tier 5: Specialty Tier Drugs  | 30% coinsurance  | 30% coinsurance      | 30% coinsurance      | 30% coinsurance      |
| <b>Stage 3: Coverage Gap Stage</b>  | After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap.   |                      |                      |                      |
| <b>Stage 4: Catastrophic Coverage</b>   | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.</li> </ul> |                      |                      |                      |

| Additional Benefits   |  | In-Network   |
|---|--|--|
| <b>Chiropractic Care</b>  | Manual manipulation of the spine to correct subluxation <sup>1</sup> | \$20 copay   |
| <b>Diabetes Management</b>  | Diabetes monitoring supplies   | \$0 copay<br>We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra <sup>®</sup> 2, OneTouch UltraMini <sup>®</sup> , OneTouch Verio <sup>®</sup> , OneTouch Verio <sup>®</sup> IQ, OneTouch Verio <sup>®</sup> Flex, ACCU-CHEK <sup>®</sup> Nano SmartView, ACCU-CHEK <sup>®</sup> Aviva Plus, ACCU-CHEK <sup>®</sup> Guide, and ACCU-CHEK <sup>®</sup> Aviva Connect |
|   | Diabetes Self-management training                                    | \$0 copay  |
|   | Therapeutic shoes or inserts   | 20% coinsurance  |
| <b>Durable Medical Equipment (DME) and Related Supplies</b>       | Durable Medical Equipment (e.g., wheelchairs, oxygen)                | 20% coinsurance  |
|   | Prosthetics (e.g., braces, artificial limbs)                         | 20% coinsurance  |
| <b>Fitness program through SilverSneakers<sup>®</sup> Fitness</b> |  | Basic membership in a fitness program at a network location.   |
| <b>Foot Care (podiatry services)</b>                              | Foot exams and treatment <sup>1</sup>                                | \$45 copay   |
|   | Routine foot care  | \$45 copay; for each visit up to 6 visits every year   |
| <b>Home Health Care<sup>1</sup></b>                               |  | \$0 copay  |
| <b>Hospice</b>  |  | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.   |
| <b>NurseLine<sup>SM</sup></b>                                     |  | Speak with a registered nurse (RN) 24 hours a day, 7 days a week   |

| <b>Additional Benefits</b>                    |                                     | <b>In-Network</b>   |
|---|-------------------------------------|---|
| <b>Occupational therapy visit<sup>1</sup></b> |                                     | \$40 copay  |
| <b>Outpatient Substance Abuse</b>             | Outpatient group therapy visit      | \$30 copay  |
|   | Outpatient individual therapy visit | \$40 copay  |
| <b>Outpatient Surgery<sup>1</sup></b>         |                                     | \$270 copay   |
| <b>Over-the-Counter Essentials</b>            |                                     | \$50 credit per quarter to use on approved health products that can be ordered online or by mail.   |
| <b>UnitedHealth Passport®</b>                 |                                     | Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations. |
| <b>Renal Dialysis<sup>1</sup></b>             |                                     | 20% coinsurance   |

Services with a 1 may require a referral from your doctor.

## Optional Supplemental Benefits

| <b>Premiums and Benefits</b> |             | <b>In-Network</b>  |
|------------------------------|-------------|--|
| <b>Dental Platinum Rider</b> | Premium     | Additional \$34.00 per month   |
|                              | Description | The Dental Platinum Rider includes preventive and comprehensive dental benefits. |

## Required Information

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

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

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.

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.

## Vendor Information

Before contacting any of the providers below you must be fully enrolled in AARP® MedicareComplete® (HMO).

| Benefit Type                       | Vendor Name                                 | Contact Information  |
|------------------------------------|---|--|
| <b>Hearing Exams</b>               | Plan network providers in your service area | 1-800-643-4845, TTY 711<br>8 a.m. - 8 p.m. local time, 7 days a week   |
| <b>Hearing Aids</b>                | hi HealthInnovations™                       | 1-855-523-9355, TTY 711<br>9 a.m. - 5 p.m. CT, Monday - Friday<br><a href="http://www.hihealthinnovations.com">www.hihealthinnovations.com</a> |
| <b>Vision Care</b>                 | UnitedHealthcare Vision®                    | 1-800-643-4845, TTY 711<br>8 a.m. - 8 p.m. local time, 7 days a week   |
| <b>Dental Services</b>             | UnitedHealthcare Dental                     | 1-800-643-4845, TTY 711<br>8 a.m. - 8 p.m. local time, 7 days a week   |
| <b>NurseLine</b>                   | NurseLine <sup>SM</sup>                     | 1-877-365-7949, TTY 711<br>24 hours a day, 7 days a week   |
| <b>Over The Counter Essentials</b> | FirstLine Medical®                          | <a href="http://www.OTC-Essentials.com">www.OTC-Essentials.com</a>   |
| <b>Fitness Membership</b>          | SilverSneakers® Fitness program             | 1-888-423-4632, TTY 711<br>8 a.m. - 8 p.m. ET, Monday - Friday<br><a href="http://silversneakers.com">silversneakers.com</a>                   |

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## UnitedHealthcare - H2802

### 2017 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 2017, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★★  
4 stars

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

#### Health Plan Services:

★★★★★  
4 stars

#### Drug Plan Services:

★★★★★  
4.5 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 a.m. to 8 p.m. local time, at 800-555-5757 (toll-free) or 711 (TTY).

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

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

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



## Required information

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

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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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

Medicare evaluates plans based on a 5 Star rating system. Star Ratings are calculated each year and may change from one year to the next.

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



## Required information

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

### Your Plan may contain one or more of the following:

#### **NurseLine<sup>SM</sup>**

This 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.

#### **SilverSneakers<sup>®</sup>**

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

#### **Optum<sup>®</sup> Fitness Advantage**

Participation in this program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Optum<sup>®</sup> Fitness Advantage program varies by plan/market. Refer to your Evidence of Coverage for more details.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

XIN 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóqdí díí naaltsoos bidáahgi t'áá jíik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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



# Drug list



# 2018 Drug list

This is a partial alphabetical list of prescription drugs covered by the plan. This is not a complete list of the drugs we cover. For a more up-to-date list, call or visit us online. Our contact information is on the 3rd page of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Each covered drug is in 1 of 5 cost-sharing tiers
- Drug tier description:
  - Tier 1: Preferred generic
  - Tier 2: Generic
  - Tier 3: Preferred brand
  - Tier 4: Non-preferred drug
  - Tier 5: Specialty tier
- Your plan may have an annual prescription deductible
- For more cost-sharing and deductible information, see the Summary of Benefits in this book
- Some drugs may need Prior Authorization, Step Therapy or other coverage requirements

|  |  |
|--|--|
| <b>PA<br/>Prior<br/>authorization</b>        | The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.   |
| <b>QL<br/>Quantity limits</b>                | The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity. |
| <b>ST<br/>Step therapy</b>                   | There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.               |
| <b>B/D<br/>Medicare Part B<br/>or Part D</b> | Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.  |
| <b>LA<br/>Limited access</b>                 | Drugs are considered "limited access" if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.  |

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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**MED  
Morphine  
equivalent dose**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for those individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

**A**

Acamprosate Calcium DR (Tablet Delayed-Release),T4  
 Acetaminophen/Codeine (Tablet),T2 - QL,MED  
 Acetazolamide (Tablet Immediate-Release),T3  
 Acetazolamide ER (Capsule Extended-Release 12 Hour),T4  
 Acyclovir (Tablet),T1  
**Adacel (Injection),T3**  
**Adcirca (Tablet),T5 - PA,QL**  
**Advair Diskus, Advair HFA (Aerosol),T3 - QL**  
**Albenza (Tablet),T5 - QL**  
 Alcohol Prep Pads,T3  
 Alendronate Sodium (Tablet),T1 - QL  
 Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T2  
 Allopurinol (Tablet),T1  
 Alprazolam (Tablet Immediate-Release),T1 - QL  
 Amantadine HCl (100mg Capsule, 100mg Tablet),T3  
 Amantadine HCl (50mg/5ml Syrup),T2  
 Amiodarone HCl (200mg Tablet),T1  
**Amitiza (Capsule),T3 - QL**  
 Amitriptyline HCl (Tablet),T4  
 Amlodipine Besylate (Tablet),T1  
 Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL  
 Ammonium Lactate (12% Cream, 12% Lotion),T3  
 Amoxicillin (Capsule, Tablet),T1  
 Amphetamine/Dextroamphetamine (Capsule Extended-Release),T4 - QL  
 Amphetamine/Dextroamphetamine (Tablet

Immediate-Release),T3 - QL  
 Anagrelide HCl (Capsule),T2  
 Anastrozole (Tablet),T1  
**AndroGel (1.62% Packet, 1.62% Pump),T3**  
**Androderm (Patch 24 Hour),T3 - QL**  
**Anoro Ellipta (Aerosol Powder),T3 - QL**  
**Apriso (Capsule Extended-Release 24 Hour),T3 - QL**  
**Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T5 - PA**  
**Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T4 - PA**  
**Argatroban (125mg/125ml-0.9% Injection),T5 - B/D,PA**  
 Argatroban (250mg/2.5ml Injection),T5 - B/D,PA  
**Arnuity Ellipta (Aerosol Powder),T3 - QL**  
 Atenolol (Tablet),T1  
 Atomoxetine (Capsule),T4 - QL,ST  
 Atorvastatin Calcium (Tablet),T1 - QL  
 Atovaquone/Proguanil HCl (Tablet) (Generic Malarone),T3  
**Atripla (Tablet),T5 - QL**  
**Atrovent HFA (Aerosol Solution),T4**  
**Aubagio (Tablet),T5 - QL**  
**Auryxia (Tablet),T5**

Drug list

**Bold type = Brand name drug**

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

**Avastin (Injection),T5 - PA**

**Avonex (Injection),T5**

Azathioprine (Tablet),T2 - B/D,PA  
 Azelastine HCl (0.05% Ophthalmic Solution),T3  
 Azelastine HCl (0.1% Nasal Solution),T3 - QL  
 Azelastine HCl (0.15% Nasal Solution),T3  
 Azithromycin (Oral Suspension, Tablet Immediate-Release),T1

**Azopt (Suspension),T3**

**B**

**BRIVIACT (Tablet),T5 - QL**

Baclofen (Tablet),T2  
 Balsalazide Disodium (Capsule),T4

**Belsomra (Tablet),T3 - QL**

Benazepril HCl (Tablet),T1 - QL  
 Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

**Benlysta (Injection),T5 - PA**

Benzotropine Mesylate (Tablet),T2

**Betaseron (Injection),T5**

Bethanechol Chloride (Tablet),T2

**Bevespi Aerosphere (Aerosol),T3 - QL**

Bicalutamide (Tablet),T2  
 Bisoprolol Fumarate (Tablet),T2  
 Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T2 - QL

**Breo Ellipta (Aerosol Powder),T3 - QL**

**Brilinta (Tablet),T3 - QL**

**Brimonidine Tartrate (0.15% Ophthalmic Solution),T4**

Brimonidine Tartrate (0.2% Ophthalmic Solution),T2  
 Budesonide (Capsule Delayed-Release),T4  
 Bumetanide (Tablet),T1  
 Buprenorphine HCl (Tablet Sublingual),T3 - QL  
 Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T2  
 Buspirone HCl (Tablet),T2

**Bydureon Injection (Pen, Vial),T3 - QL**

**Byetta (Injection),T4 - QL**

**Bystolic (Tablet),T3 - QL**

**C**

Cabergoline (Tablet),T3  
 Calcitriol (Capsule),T2 - B/D,PA  
 Calcium Acetate (Capsule),T3  
 Captopril (Tablet),T1 - QL  
**Carafate (1gm/10ml Suspension),T4**  
**Carbaglu (Tablet),T5 - LA**  
 Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T3  
 Carbidopa/Levodopa ODT (Tablet Dispersible),T2  
 Carbidopa/Levodopa, Carbidopa/Levodopa ER (Tablet),T1  
**Carbidopa/Levodopa/Entacapone (Tablet),T4**  
 Carboplatin (Injection),T4  
 Carvedilol (Tablet),T1  
**Cayston (Inhalation Solution),T5 - PA,LA**  
 Cefuroxime Axetil (Tablet),T2  
 Celecoxib (Capsule),T4 - QL  
 Cephalexin (Capsule, Oral Suspension),T2  
**Chantix (Tablet),T3**  
 Chlorhexidine Gluconate (Solution),T2  
 Chlorthalidone (Tablet),T2  
 Cilostazol (Tablet),T2  
 Cimetidine (Tablet, Oral Solution),T2  
**Cinryze (Injection),T5 - PA,LA**  
**Ciprodex (Otic Suspension),T3**  
 Ciprofloxacin HCl (Tablet Immediate-Release),T2  
 Citalopram HBr (Tablet),T1  
 Clarithromycin (Tablet),T3  
**Climara Pro (Patch Weekly),T4**  
 Clonazepam (Tablet Immediate-Release),T2 - QL  
 Clonazepam ODT (Tablet Dispersible),T4 - QL  
 Clonidine HCl (Tablet Immediate-Release),T1  
 Clopidogrel (75mg Tablet),T2 - QL  
 Clozapine (Tablet Immediate-Release),T3  
 Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible),T3 - QL  
**Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible),T3 - QL**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

**Colchicine (Tablet, Capsule),T3 - QL**  
**Combigan (Ophthalmic Solution),T3**  
**Combivent Respimat (Aerosol Solution),T3**  
**Copaxone (Injection),T5**  
**Cosentyx (Injection),T5 - PA**  
**Cosentyx Sensoready Pen (Injection),T5 - PA**  
**Creon (Capsule Delayed-Release),T3**  
**Crixivan (Capsule),T3 - QL**  
**Cyclophosphamide (Capsule),T4 - B/D,PA**

## D

**Daliresp (Tablet),T4 - PA,QL**  
Dapsone (Tablet),T3  
Desmopressin Acetate (Tablet),T3  
**Dexilant (Capsule Delayed-Release),T4 - QL**  
**Dextrose 5%/NaCl (Injection),T4**  
Diazepam (1mg/ml Oral Solution),T2  
Diazepam (Tablet, Intensol 5mg/ml Concentrate),T2 - QL  
Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet,T2  
Dicyclomine HCl (10mg Capsule, 20mg Tablet),T2  
Digoxin (Tablet),T2  
Dihydroergotamine Mesylate (1mg/ml Injection),T5  
Diltiazem CD (Capsule Extended-Release 24 Hour),T2  
Diltiazem HCl (Tablet Immediate-Release),T2  
Diltiazem HCl ER (Capsule Extended-Release),T2  
Diphenoxylate/Atropine (Tablet),T4  
Disulfiram (Tablet),T3  
Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet,T2  
Donepezil HCl (Tablet Immediate-Release),T1 - QL  
Donepezil HCl ODT (Tablet Dispersible),T2 - QL  
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2  
Doxazosin Mesylate (Tablet),T2  
Doxycycline Hyclate (Capsule),T3  
Dronabinol (Capsule),T4 - PA,QL

Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release),T3 - QL  
**Durezol (Emulsion),T3**  
**Dymista (Suspension),T4**

## E

**Edarbi (Tablet),T4 - QL**  
**Edarbyclor (Tablet),T4 - QL**  
**Eliquis (Tablet),T3 - QL**  
**Elmiron (Capsule),T4**  
**Embeda (Capsule Extended-Release),T3 - QL,MED**  
Enalapril Maleate (Tablet),T1 - QL  
Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL  
**Enbrel (Injection),T5 - PA**  
Entacapone (Tablet),T4  
Entecavir (Tablet),T5  
**Epclusa (Tablet),T5 - PA,QL**  
Eplerenone (Tablet),T3  
**Epzicom (Tablet),T5 - QL**  
Escitalopram Oxalate (Tablet),T1  
Estradiol (Tablet) (Generic Estrace),T3  
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution),T3  
Etoposide (Injection),T3  
**Exjade (Tablet Soluble),T5 - PA**

## F

Famotidine (Tablet),T2  
**Fareston (Tablet),T5**  
Fenofibrate (145mg Tablet, 48mg Tablet),T3  
Fenofibrate (160mg Tablet, 54mg Tablet),T1  
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour),T4 - QL,MED  
Finasteride (5mg Tablet) (Generic Proscar),T1  
**Firazyr (Injection),T5 - PA,QL**  
**Flovent Diskus, Flovent HFA (Aerosol),T3 - QL**  
Fluconazole (Tablet),T2

**Bold type = Brand name drug**

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Fluocinolone Acetonide (Otic Oil),T4  
Fluphenazine HCl (Tablet),T2  
Fluticasone Propionate (Suspension),T2  
**Fosrenol (Packet, Tablet Chewable),T5**  
Furosemide (Tablet),T1  
**Fuzeon (Injection),T5 - QL**  
**Fycompa (Tablet),T4**

## G

Gabapentin (Capsule, Tablet),T2  
**Gammagard Liquid (Injection),T5 - PA**  
Gemfibrozil (Tablet),T2  
**Genotropin (12mg Injection, 5mg Injection),T5 - PA**  
**Genotropin Miniquick (0.2mg Injection),T4 - PA**  
**Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T5 - PA**  
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution),T2  
**Gilenya (Capsule),T5 - QL**  
Glimepiride (Tablet),T1 - QL  
Glipizide, Glipizide ER (Tablet),T1 - QL  
**GlucaGen HypoKit (Injection),T4**  
**Glucagon Emergency Kit (Injection),T3**  
**Guanidine HCl (Tablet),T3**

## H

Haloperidol (Tablet),T2  
**Harvoni (Tablet),T5 - PA,QL**  
**Humalog (Injection),T3**  
**Humalog Mix (Injection),T3**  
**Humira (Injection),T5 - PA**  
**Humulin 70/30 (Injection),T3**  
**Humulin N (Injection),T3**  
**Humulin R (Injection),T3**  
Hydralazine HCl (Tablet),T2  
Hydrochlorothiazide (Capsule, Tablet),T1

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet),T3 - QL,MED  
Hydromorphone HCl (Tablet Immediate-Release),T2 - QL,MED  
Hydroxychloroquine Sulfate (Tablet),T2  
Hydroxyurea (Capsule),T2  
Hydroxyzine HCl (Syrup),T3  
**Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T3 - QL,MED**

## I

Ibandronate Sodium (Tablet),T3 - QL  
Ibuprofen (Tablet, 100mg/5ml Suspension),T2  
**Ilevro (Suspension),T3**  
Imatinib Mesylate (Tablet),T5 - PA,QL  
Imiquimod (Cream),T4  
**Incruse Ellipta (Aerosol Powder),T3 - QL**  
Insulin Syringes, Needles,T3  
**Intelence (100mg Tablet, 200mg Tablet),T5 - QL**  
**Intron A (Injection),T5 - PA**  
**Invanz (Injection),T4**  
**Invokamet, Invokamet XR (Tablet),T3 - QL**  
**Invokana (Tablet),T3 - QL**  
Ipratropium Bromide (0.02% Inhalation Solution),T2 - B/D,PA  
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T2  
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1 - B/D,PA  
Irbesartan (Tablet),T1 - QL  
Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL  
**Isentress (400mg Tablet),T5 - QL**  
Isoniazid (Tablet),T2  
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet),T2  
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet),T2  
Ivermectin (Tablet),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

## J

**Janumet, Janumet XR (Tablet),T3 - QL**  
**Januvia (Tablet),T3 - QL**  
**Jardiance (Tablet),T3 - QL**  
**Jentadueto, Jentadueto XR (Tablet),T4 - QL**

## K

**Kalydeco (Packet),T5 - PA,QL**  
 Ketoconazole (Cream, Shampoo, Tablet),T2  
 Ketorolac Tromethamine (Ophthalmic Solution),T3  
**Klor-Con 10, Klor-Con 8 (Tablet),T3**  
 Klor-Con M20 (Tablet Extended-Release),T2  
**Kombiglyze XR (Tablet Extended-Release 24 Hour),T3 - QL**  
**Korlym (Tablet),T5 - PA,QL**

## L

Lactulose (Oral Solution),T2  
 Lamivudine (Tablet),T3  
 Lamotrigine (Tablet Immediate-Release),T2  
**Lantus Injection (SoloStar, Vial),T3**  
**Lastacft (Ophthalmic Solution),T3**  
 Latanoprost (Ophthalmic Solution),T1  
**Latuda (Tablet),T5 - QL**  
 Leflunomide (Tablet),T2  
**Letairis (Tablet),T5 - PA,QL,LA**  
 Letrozole (Tablet),T2  
 Leucovorin Calcium (Tablet),T3  
**Leukeran (Tablet),T3**  
**Levemir Injection (FlexTouch, Vial),T3**  
 Levetiracetam (Tablet Immediate-Release),T2  
 Levocarnitine (Tablet),T3  
 Levocetirizine Dihydrochloride (5mg Tablet),T1 - QL  
 Levofloxacin (Tablet),T1  
 Levothyroxine Sodium (Tablet),T1  
**Lialda (Tablet Delayed-Release),T3 - QL**  
 Lidocaine (Ointment),T4  
 Lidocaine HCl (Gel),T2  
 Lidocaine Viscous (Solution),T2  
 Lidocaine/Prilocaine (Cream),T3

Lindane (Shampoo),T4  
**Linzzess (Capsule),T3 - QL**  
 Liothyronine Sodium (Tablet),T2  
 Lisinopril (Tablet),T1 - QL  
 Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL  
 Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T2  
 Loperamide HCl (Capsule),T2  
 Lorazepam (Tablet),T1 - QL  
 Lorazepam Intensol (2mg/ml Concentrate),T2 - QL  
 Losartan Potassium (Tablet),T1 - QL  
 Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL  
**Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T4**  
 Lovastatin (Tablet Immediate-Release),T1 - QL  
**Lumigan (Ophthalmic Solution),T3**  
**Lupron Depot, Lupron Depot-PED (Injection),T5 - PA**  
**Lyrica (Capsule),T3 - QL**  
**Lysodren (Tablet),T3**

## M

Meclizine HCl (Tablet),T2  
 Medroxyprogesterone Acetate (Tablet),T2  
 Meloxicam (Tablet),T1  
 Memantine HCl (Tablet),T2 - PA,QL  
 Mercaptopurine (Tablet),T3  
 Meropenem (Injection),T4  
 Metformin HCl (Tablet Immediate-Release),T1 - QL  
 Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL  
 Methadone HCl (Tablet, Oral Solution),T3 - QL,MED  
 Methazolamide (Tablet),T4  
 Methimazole (Tablet),T2  
 Methotrexate (Tablet),T2  
 Methscopolamine Bromide (Tablet),T4

**Bold type = Brand name drug**

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Methyldopa (Tablet),T3  
Methylphenidate HCl (Tablet Immediate-Release)  
(Generic Ritalin),T3 - QL  
Metoclopramide HCl (Tablet),T1  
Metoprolol Succinate ER (Tablet Extended-  
Release 24 Hour),T1  
Metoprolol Tartrate (100mg Tablet Immediate-  
Release, 25mg Tablet Immediate-Release,  
50mg Tablet Immediate-Release),T1  
Metronidazole (Tablet),T2  
Migergot (Suppository),T5  
Minocycline HCl (Capsule),T2  
Minoxidil (Tablet),T2  
Mirtazapine, Mirtazapine ODT (Tablet),T2  
Misoprostol (Tablet),T3  
Modafinil (Tablet),T4 - PA,QL  
Montelukast Sodium (10mg Tablet),T1 - QL  
Montelukast Sodium (Tablet Chewable,  
Packet),T2 - QL  
Morphine Sulfate ER (Tablet Extended-Release)  
(Generic MS Contin),T3 - QL,MED

**Multaq (Tablet),T3 - QL**

**Myrbetriq (Tablet Extended-Release 24  
Hour),T3**

## N

Nadolol (Tablet),T4  
Naltrexone HCl (Tablet),T3  
**Namenda XR (Capsule Extended-Release 24  
Hour),T3 - PA,QL**  
Naproxen (Tablet Immediate-Release),T2  
**Nevanac (Suspension),T3**  
Niacin ER (Tablet Extended-Release),T4  
**Nicotrol Inhaler,T4**  
Nitrofurantoin Macrocrystals (100mg Capsule,  
50mg Capsule),T3  
Nitrofurantoin Monohydrate (100mg Capsule),T3  
**Nitrostat (Tablet Sublingual),T3**  
Norethindrone Acetate (5mg Tablet),T2  
Nortriptyline HCl (Capsule, Oral Solution),T2  
**Norvir (100mg Capsule, 100mg Tablet, 80mg/  
ml Oral Solution),T4 - QL**

**Nucynta ER (Tablet Extended-Release 12  
Hour),T3 - QL,MED**

**Nuedexta (Capsule),T4 - PA**

**Nutropin AQ (Injection),T5 - PA**

Nystatin (Cream, Ointment, Powder, Suspension,  
Tablet),T2

## O

Olanzapine (Tablet Immediate-Release),T2 - QL  
Omega-3-Acid Ethyl Esters (Capsule) (Generic  
Lovaza),T4 - QL  
Omeprazole (10mg Capsule Delayed-Release,  
40mg Capsule Delayed-Release),T2 - QL  
Omeprazole (20mg Capsule Delayed-Release),T2  
Ondansetron HCl, Ondansetron ODT (Tablet),T2 -  
B/D,PA

**Onglyza (Tablet),T3 - QL**

**Opsumit (Tablet),T5 - PA,LA**

**Orenitram (0.125mg Tablet Extended-  
Release),T4 - PA,QL**

**Orenitram (0.25mg Tablet Extended-Release,  
1mg Tablet Extended-Release),T5 - PA,QL**

**Orenitram (2.5mg Tablet Extended-  
Release),T5 - PA**

Oxcarbazepine (Tablet),T3

Oxybutynin Chloride ER (Tablet Extended-  
Release 24 Hour),T3 - QL

Oxycodone HCl (Tablet Immediate-Release),T2 -  
QL,MED

Oxycodone/Acetaminophen (10mg-325mg  
Tablet, 2.5mg-325mg Tablet, 5mg-325mg  
Tablet, 7.5mg-325mg Tablet),T3 - QL,MED

## P

Pantoprazole Sodium (Tablet Delayed-  
Release),T1 - QL

**Pazeo (Ophthalmic Solution),T3**

**Pegasys (Injection),T5 - PA**

Penicillin V Potassium (Tablet),T2

**Perforomist (Nebulized Solution),T4 - B/  
D,PA,QL**

Permethrin (Cream),T3

Phenytoin Sodium Extended (Capsule),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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**Phoslyra (Oral Solution),T3**

Pilocarpine HCl (Tablet),T4  
Pioglitazone HCl (Tablet),T1 - QL  
Polyethylene Glycol 3350 Powder (Generic MiraLAX),T2

**Pomalyst (Capsule),T5 - PA,QL**

Potassium Chloride ER (Capsule Extended-Release),T3  
Potassium Chloride ER (Tablet Extended-Release),T2  
Potassium Citrate ER (Tablet Extended-Release),T3

**Pradaxa (Capsule),T4 - QL**

Pramipexole Dihydrochloride (Tablet Immediate-Release),T2  
Pravastatin Sodium (Tablet),T1 - QL  
Prazosin HCl (Capsule),T2

**Prednisolone Acetate (Ophthalmic Suspension),T3**

Prednisone (5mg/5ml Oral Solution),T2  
Prednisone (Tablet),T1

**Premarin (Vaginal Cream),T3**

**Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet),T5 - QL**

**ProAir HFA, ProAir RespiClick (Aerosol),T3**

**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T4 - PA**

**Procrit (20000unit/ml Injection, 40000unit/ml Injection),T5 - PA**

Proctosol HC (Cream),T2  
Progesterone (Capsule),T2

**Prolensa (Ophthalmic Solution),T4**

Promethazine HCl (Tablet),T3  
Propranolol HCl (Tablet Immediate-Release),T2  
Propranolol HCl ER (Capsule Extended-Release 24 Hour),T2  
Propylthiouracil (Tablet),T2  
Pyridostigmine Bromide (Tablet),T3

**Q**

Quetiapine Fumarate (Tablet Immediate-

Release),T2 - QL  
Quinapril HCl (Tablet),T1 - QL  
Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

**R**

Raloxifene HCl (Tablet),T3 - QL  
Ramipril (Capsule),T1 - QL  
**Ranexa (Tablet Extended-Release 12 Hour),T3 - QL**

Ranitidine HCl (Tablet),T2

**Rapaflo (Capsule),T3 - QL**

Rasagiline Mesylate (Tablet),T3

**Rebif (Injection),T5**

**Renagel (Tablet),T3 - ST**

**Renvela (Tablet, Packet),T3**

**Restasis (Emulsion),T3 - QL**

**Revlimid (Capsule),T5 - PA,QL,LA**

**Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet),T5 - QL**

Rifabutin (Capsule),T4

Rifampin (Capsule),T3

Riluzole (Tablet),T3

Rimantadine HCl (Tablet),T4

Risperidone (Tablet Immediate-Release),T2

**Rituxan (Injection),T5 - PA**

Rivastigmine Tartrate (Capsule),T3 - QL

Rizatriptan, Rizatriptan ODT (Tablet),T3 - QL

Ropinirole HCl (Tablet Immediate-Release),T2

Rosuvastatin Calcium (Tablet),T1 - QL

**Rozerem (Tablet),T4 - QL**

**S**

**Santyl (Ointment),T4**

**Saphris (Tablet Sublingual),T4 - QL**

**Savella (Tablet),T3**

Selegiline HCl (5mg Capsule, 5mg Tablet),T3

**Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T5 - QL**

**Sensipar (30mg Tablet),T3 - QL**

**Sensipar (60mg Tablet, 90mg Tablet),T5 - QL**

**Serevent Diskus (Aerosol Powder),T3 - QL**

Sertraline HCl (Tablet),T1

**Bold type = Brand name drug**

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Sildenafil (20mg Tablet),T3 - PA,QL

**Silver Sulfadiazine (Cream),T3**

**Simbrinza (Suspension),T3**

Simvastatin (Tablet),T1 - QL

Sodium Polystyrene Sulfonate (Suspension),T3

Sotalol HCl, Sotalol HCl AF (Tablet),T2

**Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T3 - QL**

Spirolonolactone (Tablet),T2

**Sprycel (Tablet),T5 - PA,QL**

**Stiolto Respimat (Aerosol Solution),T3 - QL**

**Suboxone (Film),T4 - QL**

Sucralfate (Tablet),T2

Sulfamethoxazole/Trimethoprim DS (Tablet),T2

Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T2

Sumatriptan Succinate (Tablet),T2 - QL

Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3

**Suprax (400mg Capsule, 500mg/5ml Suspension),T3**

**Symbicort (Aerosol),T3 - QL**

**SymlynPen (Injection),T5 - PA**

**Synjardy, Synjardy XR (Tablet),T3 - QL**

**Synthroid (Tablet),T3**

## T

**Tamiflu (6mg/ml Suspension),T4 - QL**

Tamoxifen Citrate (Tablet),T2

Tamsulosin HCl (Capsule),T1

**Targretin (1% Gel),T5 - PA**

**Tasigna (Capsule),T5 - PA,QL**

**Tecfidera (Capsule Delayed-Release),T5 - QL**

Telmisartan (Tablet),T1 - QL

Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL

Temazepam (15mg Capsule, 30mg Capsule),T2 - QL

Terazosin HCl (Capsule),T2

Testosterone Cypionate (Injection),T4

Theophylline (Oral Solution),T2

Theophylline CR, Theophylline ER (Tablet),T2

**Thymoglobulin (Injection),T5**

**Timolol Maleate Ophthalmic Gel Forming (Solution),T3**

**Tivicay (25mg Tablet, 50mg Tablet),T5 - QL**

Tizanidine HCl (Tablet),T2

Tobramycin Sulfate (Ophthalmic Solution),T2

Tobramycin/Dexamethasone (Ophthalmic Suspension),T3

Topiramate (Tablet Immediate-Release),T2

Topotecan HCl (Injection),T5

**Toujeo SoloStar (Injection),T3**

**Tradjenta (Tablet),T4 - QL**

Tramadol HCl (Tablet Immediate-Release),T2 - QL,MED

Tramadol HCl/Acetaminophen (Tablet),T2 - QL,MED

Tranexamic Acid (1000mg/10ml Injection),T3

Tranexamic Acid (650mg Tablet),T4

**Transderm-Scop (Patch 72 Hour),T4**

**Travatan Z (Ophthalmic Solution),T3**

Trazodone HCl (Tablet),T1

Tretinoin (Capsule),T5

Triamcinolone Acetonide (Cream, Ointment),T2

Triamterene/Hydrochlorothiazide (Capsule, Tablet),T2

Trihexyphenidyl HCl (Elixir),T2

**Trintellix (Tablet),T4 - QL**

**Trulicity (Injection),T3 - QL**

**Truvada (Tablet),T5 - QL**

## U

**Uloric (Tablet),T3 - ST**

Ursodiol (250mg Tablet, 500mg Tablet),T4

Ursodiol (300mg Capsule),T3

## V

Valacyclovir HCl (Tablet),T3 - QL

Valganciclovir (Tablet),T5 - QL

Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T2

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5



This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

**Vascepa (Capsule),T4**

**Velphoro (Tablet Chewable),T5**

Verapamil HCl (Tablet Immediate-Release),T2

Verapamil HCl ER (Tablet Extended-Release),T2

**Versacloz (Suspension),T5**

**Vesicare (Tablet),T3 - QL**

**Victoza (Injection),T3 - QL**

**Viiibryd (Tablet),T4 - QL**

**Vimpat (Tablet),T4 - QL**

**Viread (Powder, Tablet),T5 - QL**

**Vyvanse (Capsule),T4**

**W**

Warfarin Sodium (Tablet),T1

**Welchol (3.75gm Packet, 625mg Tablet),T3**

**X**

**Xarelto (Tablet),T3 - QL**

**Xolair (Injection),T5 - PA**

**Z**

Zafirlukast (Tablet),T3 - QL

**Zenpep (Capsule Delayed-Release),T3**

**Zepatier (Tablet),T5 - PA,QL**

**Zirgan (Gel),T4**

Zolpidem Tartrate (Tablet Immediate-Release),T2  
- QL

Zonisamide (Capsule),T2

**Zostavax (Injection),T3 - PA**

**Zytiga (Tablet),T5 - PA,QL**

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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## Alternative covered drugs

Your plan has a long list of covered drugs, but it doesn't cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a partial list of drugs that are **not** covered by your plan, along with alternative drugs that **are** covered.

Talk with your doctor or pharmacist to see if the alternative drugs listed here are appropriate for you.

| Drugs not covered by the plan                    | Alternative covered drugs – Tier  |
|--|---|
| Amiodarone HCL 100mg and 400mg tablet            | Amiodarone 200mg Tablet – 1   |
| Armodafinil                                      | Modafinil – 4 (PA Required)   |
| Butalbital/<br>Acetaminophen/Caffeine<br>Capsule | Butalbital/Acetaminophen/Caffeine Tablet – 3<br>Butalbital/Aspirin/Caffeine Capsule – 3 |
| Carisoprodol                                     | Cyclobenzaprine 5mg and 10mg – 2<br>Tizanidine Tablet – 2                               |
| Dutasteride                                      | Finasteride – 1   |
| Eszopiclone                                      | Zolpidem Immediate Release – 2<br>Zaleplon – 3<br>Belsomra – 3<br>Trazodone – 1         |
| Farxiga  | Invokana – 3<br>Jardiance – 3   |
| Fluoxetine HCL tablets                           | Fluoxetine HCL Capsule – 2  |
| Glyburide  | Glimepiride – 1<br>Glipizide – 1  |
| Horizant   | Gabapentin Capsule, Tablet – 2<br>Lyrica – 3  |
| Metformin HCL Extended Release (Osmotic)         | Metformin Extended Release (Generic Glucophage XR) – 1                                  |
| Methocarbamol                                    | Cyclobenzaprine 5mg and 10mg – 2<br>Tizanidine Tablet – 2                               |
| Movantik   | Lactulose – 2<br>Amitiza – 3  |
| Novolin  | Humulin – 3   |
| Novolog  | Humalog – 3   |
| Proventil HFA                                    | Proair HFA – 3  |
| Qvar   | Arnuity – 3<br>Flovent – 3  |

| Drugs not covered by the plan            | Alternative covered drugs – Tier  |
|--|---|
| Rabeprazole Sodium                       | Pantoprazole Tablet – 1<br>Omeprazole – 2<br>Nexium Capsule – 3<br>Dexilant – 4 |
| Tirosint                                 | Levothyroxine Tablet – 1  |
| Tolterodine Tartrate Extended Release    | Myrbetriq – 3<br>Oxybutynin Extended Release – 3<br>Vesicare – 3                |
| Toviaz                                   | Myrbetriq – 3<br>Oxybutynin Extended Release – 3<br>Vesicare – 3                |
| Tresiba                                  | Lantus –3<br>Levemir – 3<br>Toujeo –3   |
| Veltassa                                 | Sodium Polystyrene Sulfonate – 3  |
| Venlafaxine HCL Extended Release Tablets | Venlafaxine Extended Release Capsules – 2                                       |
| Ventolin HFA                             | Proair HFA – 3  |
| Xopenex HFA                              | Proair HFA – 3  |
| Zolpidem Tartrate Extended Release       | Zolpidem Immediate Release – 2<br>Zaleplon – 3<br>Belsomra – 3<br>Trazodone – 1 |

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2017 and may be subject to change. Please refer to formulary materials for details on drug coverage.

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.



Ready to  
**enroll**

# Ways to enroll

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



## ONLINE

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

- Get started by entering your ZIP code and clicking “Find Plans”
  - Choose your plan from the “Select a Plan” dropdown
  - Simply click “Enroll Now” and fill out your application
- 



## BY PHONE

Contact one of our Licensed Sales Representatives Toll-Free at **1-800-555-5757**, **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.

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## BY MAIL

Fill out the enrollment request form and mail to:  
UnitedHealthcare Medicare Enrollment Attn Conduent  
3315 Central AVE  
Hot Springs, AR 71913

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## BY FAX

Fill out the enrollment request form and fax it to:  
Fax: 1-501-262-7070

## Don't forget to choose a primary care provider (PCP)



Make sure to include the name, phone number and your PCP's provider/PCP ID number on your application. You can find this information at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com). If you don't have a PCP, a Licensed Sales Representative can help you select one.

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# 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 | Signature Date<br>MM/DD/YYYY |
|-----------|------------------------------|

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

Beneficiary Address (Optional)

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

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements.

TEAR HERE

TEAR HERE



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

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

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

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO Point-of-Service (HMO-POS) Plans** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Other Related Products

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

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

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

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

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# 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 | Signature Date<br>MM/DD/YYYY |
|-----------|------------------------------|

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

Beneficiary Address (Optional)

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

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements.

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

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

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

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO Point-of-Service (HMO-POS) Plans** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Other Related Products

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

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

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

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

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**AARP** | MedicareComplete<sup>®</sup>  
insured through UnitedHealthcare

### 2018 Enrollment Request Form

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

**AARP MedicareComplete (HMO) H2802-028 - AC**

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

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

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

Choose one:

Dental Platinum Rider

#### Information about you.

Please type or print in black or blue ink.

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

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

|                         |                          |
|-------------------------|--------------------------|
| Main Phone Number ( ) - | Other 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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**Go paperless. Get plan materials online.**

- Check here to get some of your plan documents delivered online. And don't worry—if you change your mind later, you can update your preferences at any time.

When you sign up for paperless delivery, you'll get an email letting you know when your plan documents are ready to access on our secure website.

After you get your first email; use your member ID card to register your account at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com). Once registered, you can view your plan documents online.

Not all plan materials are online. You may get some materials in the mail while we work to make them available online.

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**Information about your Medicare.**

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

- Fill out this information as it appears on your Medicare card.

-OR-

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

Name (as it appears on your Medicare card):

\_\_\_\_\_

Medicare Number: \_\_\_\_\_

Is Entitled to \_\_\_\_\_ Effective Date \_\_\_\_\_

**Hospital (Part A)** \_\_\_\_\_

**Medical (Part B)** \_\_\_\_\_

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

**How do you want to pay?**

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

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 directly from my bank account.**

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

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month.

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

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The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

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

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

Bank Routing Number

Bank Account Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I want to pay online.**

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

**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 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 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.

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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 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 1-800-555-5757, 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 ID \_\_\_\_\_

Number \_\_\_\_\_

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

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**3. Are you enrolled in your State Medicaid program?**

Yes  No

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

**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 ID Number   |
| Member ID Number                 | Effective Dates (if applicable)<br><b>MM/DD/YYYY - MM/DD/YYYY</b> |

**7. Do you have other insurance that will cover your prescription drugs?**

Yes  No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

|                         |                 |  |
|-------------------------|-----------------|--|
| Name of Other Insurance |                 |  |
| Member ID Number        | Group ID Number | Date Plan Started<br><b>MM/DD/YYYY</b> |

Enrollee Name \_\_\_\_\_  
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**8. 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 current Provider Directory.

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

**Please read and sign.**

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

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

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- 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. This may include my prescription drug information. 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.
- 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 that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

**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.**

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

Enrollee Name \_\_\_\_\_  
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**For licensed sales representative/agency use only.**

New Member    Employer Group Name  
 Plan Change

|   |                                       |
|---|---------------------------------------|
| Employer Group ID <input type="text"/>            | Branch ID <input type="text"/>        |
| Licensed Sales Representative/Writing ID          | Initial Receipt Date<br>MM/DD/YYYY    |
| Licensed Sales Representative/Agent Name          | Proposed Effective Date<br>MM/DD/YYYY |
| Licensed Sales Representative Phone Number (    ) | -                                     |

Where did this application originate?

National Retail/Mall Program     Local Event Outreach     Local B2B Outreach     Other  
 Member Meeting     Community Meeting     Walmart Program

How was this application submitted?     Appointment     Other     Mail-in**Agent must complete**

AEP     SEP (Chronic)     IEP (MA-PD enrollees eligible for 2nd IEP)  
 OEPI     IEP (MA-PD enrollees)     SEP (Partial Dual Eligible)  
 ICEP (MA enrollees)     SEP (Full Dual Eligible)  
 SEP (SEP Reason) \_\_\_\_\_  
 SEP Eligibility Date MM/DD/YYYY

**Licensed Sales Representative Signature (required)**

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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**AARP** | MedicareComplete®  
insured through UnitedHealthcare

### 2018 Enrollment Request Form

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

**AARP MedicareComplete (HMO) H2802-028 - AC**

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

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

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

Choose one:

Dental Platinum Rider

#### Information about you.

Please type or print in black or blue ink.

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

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

|                         |                          |
|-------------------------|--------------------------|
| Main Phone Number ( ) - | Other 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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**Go paperless. Get plan materials online.**

- Check here to get some of your plan documents delivered online. And don't worry—if you change your mind later, you can update your preferences at any time.

When you sign up for paperless delivery, you'll get an email letting you know when your plan documents are ready to access on our secure website.

After you get your first email; use your member ID card to register your account at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com). Once registered, you can view your plan documents online.

Not all plan materials are online. You may get some materials in the mail while we work to make them available online.

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**Information about your Medicare.**

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

- Fill out this information as it appears on your Medicare card.

-OR-

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

Name (as it appears on your Medicare card):

\_\_\_\_\_

Medicare Number: \_\_\_\_\_

Is Entitled to

Effective Date

**Hospital (Part A)** \_\_\_\_\_

**Medical (Part B)** \_\_\_\_\_

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

**How do you want to pay?**

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

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 directly from my bank account.**

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

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month.

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

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The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

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

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

Bank Routing Number

Bank Account Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

TEAR HERE

**I want to pay online.**

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

**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 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 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.

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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 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 1-800-555-5757, 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 ID \_\_\_\_\_

Number \_\_\_\_\_

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

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**3. Are you enrolled in your State Medicaid program?**

Yes  No

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

**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 ID Number   |
| Member ID Number                 | Effective Dates (if applicable)<br><b>MM/DD/YYYY - MM/DD/YYYY</b> |

**7. Do you have other insurance that will cover your prescription drugs?**

Yes  No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

|                         |                 |  |
|-------------------------|-----------------|--|
| Name of Other Insurance |                 |  |
| Member ID Number        | Group ID Number | Date Plan Started<br><b>MM/DD/YYYY</b> |

Enrollee Name \_\_\_\_\_  
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**8. 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 current Provider Directory.

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

**Please read and sign.**

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

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

Enrollee Name \_\_\_\_\_  
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- 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. This may include my prescription drug information. 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.
- 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 that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

**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.**

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

Enrollee Name \_\_\_\_\_  
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**For licensed sales representative/agency use only.**

New Member    Employer Group Name  
 Plan Change

|   |                                       |
|---|---------------------------------------|
| Employer Group ID <input type="text"/>            | Branch ID <input type="text"/>        |
| Licensed Sales Representative/Writing ID          | Initial Receipt Date<br>MM/DD/YYYY    |
| Licensed Sales Representative/Agent Name          | Proposed Effective Date<br>MM/DD/YYYY |
| Licensed Sales Representative Phone Number (    ) | -                                     |

Where did this application originate?

National Retail/Mall Program     Local Event Outreach     Local B2B Outreach     Other  
 Member Meeting     Community Meeting     Walmart Program

How was this application submitted?     Appointment     Other     Mail-in**Agent must complete**

AEP     SEP (Chronic)     IEP (MA-PD enrollees eligible for 2nd IEP)  
 OEPI     IEP (MA-PD enrollees)     SEP (Partial Dual Eligible)  
 ICEP (MA enrollees)     SEP (Full Dual Eligible)  
 SEP (SEP Reason) \_\_\_\_\_  
 SEP Eligibility Date MM/DD/YYYY

**Licensed Sales Representative Signature (required)**

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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# 2018 Plan recap

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



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



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

My new plan is (circle one):

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

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

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

My plan type:  Requires referrals  Does not require referrals

My plan will provide:

all my Medicare health coverage       all my Medicare prescription drug coverage

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

My plan coverage begins (effective date): \_\_\_\_\_

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 the Open Enrollment Period to make a plan change, unless I qualify for a Special Enrollment Period.

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.

| Provider Name | Provider type<br>(PCP/Specialist) | Network<br>(Yes/No) | Referral<br>(Yes/No) |
|---------------|-----------------------------------|---------------------|----------------------|
|               |                                   |                     |                      |
|               |                                   |                     |                      |
|               |                                   |                     |                      |

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



## PRESCRIPTION DRUG COVERAGE Know what is covered by your prescription drug plan.

| Medication | Tier Level <sup>1</sup> | Has Limits <sup>2</sup><br>(Yes/No) | Deductible<br>(Yes/No) |
|------------|-------------------------|-------------------------------------|------------------------|
|            |                         |                                     |                        |
|            |                         |                                     |                        |
|            |                         |                                     |                        |
|            |                         |                                     |                        |

<sup>1</sup>My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, and the pharmacy I use (retail/mail-order).

<sup>2</sup>For medications that have limitations, I may need to contact the plan before I can fill my prescription.



### Contact your Licensed Sales Representative.

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

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

My plan type:  Requires referrals  Does not require referrals

My plan will provide:

all my Medicare health coverage       all my Medicare prescription drug coverage

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

My plan coverage begins (effective date): \_\_\_\_\_

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**Circle the correct answer:**

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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.

| Provider Name | Provider type<br>(PCP/Specialist) | Network<br>(Yes/No) | Referral<br>(Yes/No) |
|---------------|-----------------------------------|---------------------|----------------------|
|               |                                   |                     |                      |
|               |                                   |                     |                      |
|               |                                   |                     |                      |

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



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| Medication | Tier Level <sup>1</sup> | Has Limits <sup>2</sup><br>(Yes/No) | Deductible<br>(Yes/No) |
|------------|-------------------------|-------------------------------------|------------------------|
|            |                         |                                     |                        |
|            |                         |                                     |                        |
|            |                         |                                     |                        |
|            |                         |                                     |                        |

<sup>1</sup>My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, and the pharmacy I use (retail/mail-order).

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## 2018 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 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:                            | Applicant 2 (if applicable):            |
|---|---|
| Name                                    | Name                                    |
| Application Date MM / DD / YYYY         | Application Date MM / DD / YYYY         |
| Proposed Effective Date MM / DD / YYYY  | Proposed Effective Date MM / DD / YYYY  |
| Plan Name                               | Plan Name                               |
| Plan Type                               | Plan Type                               |
| Health Plan/PBP No.                     | Health Plan/PBP No.                     |
| Enrollment Tracking No. (if applicable) | Enrollment Tracking No. (if applicable) |

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

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: COS**

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**We're always here to help.** If you have any questions you can call Customer Service Toll-Free at **1-800-555-5757**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

**Important Reminder** - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, you may cancel by contacting the insurer.

Plans are insured through UnitedHealthcare<sup>®</sup> 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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Ready to enroll









# Here's what you can expect next

Wellness is a journey. And everyone can use a helping hand. That's why we'll be here every step of the way.



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**YOU ARE  
HERE**



## Enrollment Submitted



## Verification Letter

We received your application.



## Welcome Call

We'll answer your questions and review your plan.



## Welcome Letter and Member ID Card

Great news — your application has been approved.



## Getting Started Guide and Plan Details

Learn to make the most of your plan.



## Your Plan Coverage Begins

You can start using your plan.

## Get ready to get the most out of your plan

These are a few things you can plan to do after your plan coverage begins. You can expect to hear from us to help you get started on the following:



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



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



**Learn about and sign up for prescription home delivery.** Once your coverage begins, sign up to get more savings by having your 90 Day supply of medication conveniently mailed to your home.

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## Thank you for choosing UnitedHealthcare®

When you get your member ID card in the mail, you can call the number on the back with any questions.

Questions? We're here to help.



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



**1-800-555-5757, 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)**

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**A UnitedHealthcare® Medicare Solution**

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