EMPLOYEE ROADMAP TO MEDICARE

Resources for Medicare Eligible Employees
Finally, a useful (free) Medicare and Social Security resource

You don’t have to tackle Medicare and Social Security alone.

There are many common pitfalls when it comes to Medicare and Social Security. Avoid the mistakes and know you are making the right decisions with 90 Days From Retirement.

**Resource Library**

Learn the specifics for Medicare & Social Security through the Education Center that has videos and articles.

**On-call experts**

Call us whenever Medicare or Social Security questions arise. Get correct answers fast, so you can make wise decisions.

**1-on-1 meetings**

Meet with us and we’ll walk through the decisions ahead as you prepare for Medicare and Social Security, all at no cost to you.

**101 Seminars**

Attend an in-person Medicare and Social Security presentation where you can come with questions and leave confident in what comes next.

**101 Webinars**

Learn all about Medicare and Social Security from the comfort of your home, or anywhere else in the world for that matter, with a virtual webinar.

**Presentation on Demand**

Anyone can watch pre-recorded 101 presentations at any time from anywhere.

Our mission is to fundamentally change the way Medicare is accessed in Idaho by helping seniors navigate the complicated maze of Medicare and Social Security. Our approach is unique in that we see the Medicare decision as an educational opportunity, not sales pitch. Allow our local team of experts to assist you in your transition to Medicare or retirement.

90DaysfromRetirement.com>ID

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Step 1
Enroll in Original Medicare
www.SocialSecurity.gov/Medicare or 1-800-772-1213

Original Medicare is 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

In 2024 the annual deductible will be $1,632 for Medicare Part A (hospital) and $240 Part B (medical services). The standard monthly premium for Part B beneficiaries in 2024 will be $174.70.

After you enroll in Original Medicare, there are 3 different ways to get additional coverage offered by private companies.

OPTION 1

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

OPTION 2

Medicare Advantage Plan
Part C
Combines Part A (hospital) and Part B (medical) in one plan
Part D
Usually includes prescription drug coverage
May offer additional benefits not provided by Original Medicare

OPTION 3

* available only if offered by your employer

Group Retiree Plan
Offers hospital and medical in one plan. May have option to include prescription drugs. If you opt out of prescription coverage, need Medicare Part D plan to avoid penalties

Please contact us with any questions

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www.90DaysfromRetirement.com  www.MedicareGI.com
<table>
<thead>
<tr>
<th>PLAN 1</th>
<th>PLAN 2</th>
<th>PLAN 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Plan</td>
<td></td>
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</tr>
<tr>
<td>Monthly Plan Premium</td>
<td></td>
<td></td>
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<tr>
<td>Max Out of Pocket</td>
<td></td>
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<tr>
<td>Primary Care Copay</td>
<td></td>
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<tr>
<td>Specialist Copay</td>
<td></td>
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<tr>
<td>Emergency Room</td>
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<tr>
<td>Inpatient Hospitalization</td>
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<tr>
<td>Outpatient Surgery</td>
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<tr>
<td>Diagnostic Test</td>
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<tr>
<td>Lab Services</td>
<td></td>
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<tr>
<td>Diagnostic Radiology (MRI, CT, PET)</td>
<td></td>
<td></td>
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<tr>
<td>Outpatient Rehab (PT/OT/ST)</td>
<td></td>
<td></td>
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<tr>
<td>Prescription Drug deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Cost</td>
<td></td>
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</tr>
</tbody>
</table>

## COMPARE PLAN FEATURES

If the plan covers the below benefits or services, put a check mark in the box. If not, leave it blank. If applicable, include dollar amount of Dental, OTC and Vision services provided.

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
<th>PLAN 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current physicians In-network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current prescriptions covered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vision Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Hearing Exams</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chiropractic/ Acupuncture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the Counter (OTC)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Gym Membership</td>
<td></td>
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</tbody>
</table>
Participating in an HSA stipulates that the member *cannot* be enrolled in Medicare. Enrollment in Medicare will render an individual ineligible to begin a new HSA and we will require those who have HSA's to stop making contributions.

**All forms of contributions must cease**
- Employee contributions
- Employer contributions
- Contributions by others on the individual's behalf
- Contributions using the "Last Month Rule"
- Contributions from an IRA rollover

Individuals who have been collecting Social Security retirement benefits for four months or more are *automatically* enrolled in Medicare at age 65. HSA contributions during or after the enrollment month are taxable and subject to penalties.

**HSA / MEDICARE TIMING RECOMMENDATIONS**

If you are *NOT* automatically enrolled in Medicare or postpone enrollment you must consider the **6-month retroactive Part A Rule**

When you do enroll in Part A you will be given a retroactive effective date for your Part A (hospital coverage). The *effective date will be 6 months prior* to the date that you enroll. **Any contributions made during the retroactive 6-month time will be subject to income tax and penalties.**

**What to do:**
Determine your desired Part A start date in advance and work backwards from that point to know when HSA contributions need to cease to avoid the taxes and penalties.
Low Income Subsidy (LIS)/Extra Help

Income and Resource Requirements

<table>
<thead>
<tr>
<th>2024 Income Limits</th>
<th>Individual</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>150% Federal Poverty Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly Gross Income</td>
<td>$22,590</td>
<td>$30,660</td>
</tr>
<tr>
<td>Monthly Gross Income</td>
<td>$ 1,882</td>
<td>$ 2,555</td>
</tr>
</tbody>
</table>

What is LIS?

Low Income Subsidy (LIS)/Extra Help is a federal subsidy program that helps low-income Medicare-eligible consumers save money on their prescription costs and other Part D related costs. The program is administered by the Social Security Administration (SSA) who determines if consumers are eligible, (based on income and resource thresholds, which change annually), consumers’ qualifications and eligibility levels.

To qualify for Extra Help, the consumer must:

- Have Medicare Part A and/or Part B

- Meet **resource** and **income** limits

The LIS program only covers costs related to Medicare Part D. Any premium subsidy refers to Medicare Part D (not Part B or C).

*You do NOT need to be on Medicaid to be on the LIS program.

To apply for LIS or get additional information on the LIS/Extra Help program, visit their website

http://www.sociasecurity.gov/prescriptionhelp/
Helpful Guide for applying for your Medicare online

Hint: Apply online in the comfort of your home to avoid lines and delays at your local SSA office

2 Simple Steps

1. Before applying, visit “Checklist for Online Applications” to see what you will need at www.ssa.gov/hlp/isba/10/ isbachecklist.pdf (see back side for checklist)

2. Then apply at: www.socialsecurity.gov/medicare

It’s that easy!

IF YOU RUN INTO PROBLEMS PLEASE CALL FOR ASSISTANCE FROM THE 90 DAYS TO MEDICARE TEAM

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You don’t need to do this alone – take advantage of free, expert advice

www.90DaysfromRetirement.com/ID
# Checklist for Online Medicare, Retirement, & Spouses Applications

The information below will help you gather the information you may need to create a *my Social Security* account and complete the online Medicare, Retirement, and Spouse’s applications. We recommend you print this page to use while gathering your information.

## Create a *my Social Security* Account

You are required to login to your existing *my Social Security* account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to; mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms.

<table>
<thead>
<tr>
<th>File for Benefits Online – The Information You Need</th>
<th>Medicare Only</th>
<th>Retirement &amp; Spouses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date and Place of Birth</strong>&lt;br&gt;If you were born outside the United States or its territories:&lt;br&gt;  • Name of your birth country at the time of your birth (it may have a different name now)&lt;br&gt;  • Permanent Resident Card number (if you are not a U.S citizen)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>MEDICAID Number</strong> (State Health Insurance) - Start and End Dates</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Current Health Insurance</strong>&lt;br&gt;  • Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan&lt;br&gt;  • Start and end dates for the Group Health Insurance provided by you (or your spouse’s) current employer</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and Divorce</strong>&lt;br&gt;  • Name of current spouse&lt;br&gt;  • Name of prior spouse (if the marriage lasted more than 10 years or ended in death)&lt;br&gt;  • Spouse(s) date of birth and SSN (optional)&lt;br&gt;  • Beginning and ending dates of marriage(s)&lt;br&gt;  • Place of marriage(s) (city, state or country, if married outside the U.S.)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Names and Dates of Birth of Children Who:</strong>&lt;br&gt;  • Became disabled prior to age 22, or&lt;br&gt;  • Are under age 18 and are unmarried, or&lt;br&gt;  • Are aged 18 to 19 and still attending secondary school full time</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>U.S. Military Service</strong>&lt;br&gt;  • Type of duty and branch&lt;br&gt;  • Service period dates</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Employer Details for Current Year and Prior 2 Years (not self-employment)</strong>&lt;br&gt;  • View your Social Security Statement online at <a href="http://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a>&lt;br&gt;  • Employer name&lt;br&gt;  • Employment start and end dates</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Self-Employment Details for Current Year and Prior 2 Years</strong>&lt;br&gt;  • View your Social Security Statement online at <a href="http://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a>&lt;br&gt;  • Business type&lt;br&gt;  • Total net income</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Direct Deposit - Domestic bank (USA)</strong>&lt;br&gt;  • Account type and number&lt;br&gt;  • Bank routing number</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Direct Deposit - International bank (non-USA)</strong>&lt;br&gt;  • International Direct Deposit (IDD) bank country&lt;br&gt;  • Bank name, bank code, and currency&lt;br&gt;  • Account type and number, branch/transit number</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
How to Enroll to Medicare

www.ssa.gov/medicare/sign-up

Sign up for Medicare

Medicare is our country's health insurance program for people age 65 or older. You'll sign up for Medicare Part A and Part B through Social Security.

If you're under age 65, you may be eligible for Medicare if you have permanent kidney failure or if you receive Disability benefits. Supplemental Security Income (SSI) does not qualify you for Medicare in most cases. Even if you receive SSI, you must meet most of the other requirements to qualify.

Information you'll need to provide

Sign up for Medicare

If you're 65 or older, you can enroll online for Part A and Part B only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

Sign up for Part B only

If you're already enrolled in Medicare Part B, you can sign up for Part B online.

www.ssa.gov/myaccount/

You will need an account with my Social Security. You will be redirected to www.ssa.gov/myaccount/ to either create a new account or log in.

When you select “Create an account” it defaults to LOGIN.GOV
This is the recommended site, NOT ID.me

(208) 973-9702 or (208) 973-9704

www.90DaysfromRetirement.com/ID
Order Medicare Card or Verify Medicare Coverage with my Social Security

www.ssa.gov/myaccount/

Benefits and Payments

Benefit Summary

Total monthly benefit before deductions

View your payment history and overpayment details

Need to update your contact or direct deposit information? Go to My Profile.

Social Security (Retirement)

Next Payment Date: Payments are made on the 4th Wednesday of every month
Last payment: February 21, 2023
Payments are made by Direct Deposit

Medicare Enrollment Details

Status: Enrolled

Part A (Hospital Insurance)
Your coverage started February 2022. Your monthly premium is $0.00 (as of February 2022).

Part B (Medical Insurance)
Your coverage started February 2022. Your monthly premium is $164.90 (as of March 2023).

Part C (Medicare Advantage)
Your coverage started February 2022. Your monthly premium is (as of January 2023).

Part D (Medicare Prescription Drug Coverage)
Your coverage started February 2022. Your monthly premium is (as of January 2023).

Medicare Questions?
This information should not be used as proof of coverage. It is provided by the Center for Medicare Services and may not reflect recent updates. Please call 1-800-633-4227 or visit Medicare.gov for assistance. If you are deaf or hard of hearing, you may call the TTY number, at 1-877-436-8408.
Are you going to continue working after you are eligible for Medicare (MC)?

Yes

Ask the employer or benefits administrator (HR) how the current Employee Group Health Plan (EGHP) works with Medicare and determine if you should:

A) Remain on EGHP and enroll in Medicare Part A & B
B) Remain on EGHP, decline Part B and enroll in Part A only
C) Remain on EGHP and decline Medicare Part A & B
D) Drop EGHP and enroll to Medicare Part A & B

No

Ask the employer when your current coverage ends

Do you have other Healthcare options such as spouse’s employer plan or COBRA?

Yes

Enroll in both Parts A & B MC 30+ days before losing employer plan (2)
Contact local Medicare agent for assistance

No

Enroll in Part A (1)
Compare MC plans to other available options. If MC is a better option, enroll in Part B (2)
Contact local Medicare agent for assistance

A) After confirming coordination of benefits with HR, enroll to both MC Part A & B (2) up to 3 months before your 65th birthday month
Contact local Medicare agent for assistance

B) Enroll in Part A (1) and decline Part B
If you are collecting Social Security, you need to advise Social Security Administration (SSA) you want to only decline Part B (1)

C) If you decline MC Part A & B and are NOT collecting Social Security at this time, no action is needed, continue with EGHP as before
If you are collecting Social Security, you need to advise Social Security Administration (SSA) you want to only decline Part B (1)

D) Verify with HR when you can drop your EGHP.
If you are unable to drop EGHP mid-year when your MC starts, you may choose to enroll in Part A only and delay Part B until you are able to drop EGHP (3)
If you are able to drop EGHP when you are eligible for MC, enroll into both Parts A & B (2) and contact local Medicare agent

*Turn page for additional information
Enroll to Part A only

Are you collecting Social Security (SSA) at this time?

Yes

Advise SSA you want to decline Part B. If you received a welcome packet saying you have Part A and B, check the box “I do NOT want Part B” on the back of the enclosed Medicare card, sign the back of card and return form and signed card, using the enclosed envelope before the coverage start date on the front of the MC card. Medicare will send you a new MC card in a few weeks showing you have Part A only. If you do not do this you are agreeing to Part B, and you’ll start paying the monthly Part B premium

No

Go to www.SocialSecurity.gov/Medicare and select "How to Apply Online for just Medicare", click "Apply for Medicare Only." Complete the application, DECLINE Part B and Select “Submit Now” to send your application

Use the “Related Information” links

Please contact us with any question

Enroll to Part A & Part B

Are you collecting Social Security (SSA) at this time?

Yes

You will automatically be enrolled to MC Parts A & B. We recommend you verify your MC coverage at www.ssa.gov/myaccount

Note: you are unable to delay Part A if you are collecting SSA

Please contact us with any question

No

Go to www.SocialSecurity.gov/Medicare and select "How to Apply Online for just Medicare", click "Apply for Medicare Only." Complete the application and select “Submit Now” to send your application

Use the “Related Information” links

Please contact us with any question

Enroll into Part B after delaying Part B coverage

If you delayed Medicare Part B enrollment, you will use the Part B Special Enrollment Period (SEP) to enroll in Part B. You can use the Part B SEP while you have job-based insurance, or for 8 months after you no longer have job-based insurance (either from your job or your spouse’s job). It is best to enroll in Medicare Part B 1-2 months before losing group coverage

Note: to avoid potential late enrollment penalties for delaying Part B or D, you must maintain creditable coverage.

Please contact us with any question

Go to:
https://secure.ssa.gov/mpboa/medicare-part-b-online-application/
You will need the following forms from SSA (found on website)

CMS 40B
(Application for enrollment in Medicare)
CMS L564
(Request for employment information)

Fill out and sign CMS 40B.
Ask your employer to complete CMS L564.

Please contact us with any question

*You can call to make an appointment to enroll at your local SSA office, but we think it's more efficient to complete online

www.90DaysFromRetirement.com
2024 Medicare Advantage
Clarity Guide

Get clear answers to your Medicare plan questions.
Understanding your Medicare choices

Step 1
Enroll in Original Medicare

Original Medicare
Provided by the federal government

- **Part A**
  Helps pay for hospital stays and inpatient care

- **Part B**
  Helps pay for provider visits and outpatient care

Step 2
After you enroll in Original Medicare, there are two ways to get additional coverage

**Option 1**
Add one or both of the following to Original Medicare:

- **Medicare Supplement Insurance**
  Offered by private companies
  Helps pay some or all the costs not covered by Original Medicare

- **Medicare Part D Plan**
  Offered by Medicare-approved private companies
  Helps pay for prescription drugs

**Option 2**
Choose a Medicare Advantage plan:

- **Medicare Advantage Plan**
  Offered by Medicare-approved private companies

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

  - **Part D**
    Often include prescription drug coverage
    May offer additional benefits not provided by Original Medicare

Questions? Call UnitedHealthcare at 1-855-868-8374, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week
Eligibility and enrollment

Medicare eligibility
Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

To be eligible for Medicare, you must be a U.S. citizen or legal resident AND you must meet one of these requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS

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

Initial Enrollment Period (IEP)
For those who become eligible due to age, your IEP includes your 65th birthday month, the 3 months before and the 3 months after. Your IEP begins and ends 1 month earlier if your birthday is on the first of the month. You have 6 months to be guaranteed coverage in a Medicare Supplement insurance plan (Medigap), starting the first month you are age 65 or older and enrolled in both Medicare Part A and Part B. You may apply at other times, but you could be denied coverage or charged a higher premium based on your health history. Some states may have additional open enrollment rights under state law.

Eligible due to a disability?
Your 7-month IEP includes the month you receive your 25th disability check, the 3 months before and 3 months after.

Note: Special needs plans have other eligibility requirements.

uhc.com/medicare | 3
10 things to know about Medicare Advantage
You must continue to pay your Medicare Part B premium. Medicare then gives your premium to your UnitedHealthcare® Medicare Advantage plan to help pay for your additional coverage.

Medicare Advantage has you covered. Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits. Important: Hospice care is still covered under Original Medicare.

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

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

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

If you enroll in Part D late, you may pay a penalty. This is an additional amount charged by Medicare that will be added to your Part D premium if you didn’t enroll in prescription drug coverage when initially eligible for Medicare and didn’t have other creditable drug coverage, or you didn’t enroll in prescription drug coverage within 63 days of losing your creditable drug coverage.

A Medicare Supplement insurance plan (Medigap policy) is not a Medicare Advantage plan. Medicare Supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B, and often Part D, into a single plan.

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

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

You have a built-in financial safety net. Your plan’s annual out-of-pocket maximum is your safety net that ensures you’ll never pay more than a certain amount out of pocket in a given plan year for covered medical services. Costs that do not count towards the out-of-pocket maximum include premium payments, drug costs, and costs of extra services a plan may offer such as routine dental or vision.
Prescription drug coverage

Understanding Medicare drug payment stages

Your prescription drug costs change during the year, depending on which payment stage you are in. The payment stages usually start over on January 1 with the Annual Deductible stage and the dollar limits in each stage may change each year. The coverage limits are determined by benchmarks set by the Centers for Medicare & Medicaid Services (CMS).

<table>
<thead>
<tr>
<th>Payment stages</th>
<th>Member typically pays</th>
<th>Plan typically pays</th>
<th>Stage limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible*</td>
<td>100% until you reach the plan deductible</td>
<td>0%</td>
<td>Varies by plan</td>
</tr>
<tr>
<td>Initial coverage</td>
<td>A copay or coinsurance</td>
<td>Balance after copay and coinsurance</td>
<td>Total drug costs reach $5,030</td>
</tr>
<tr>
<td>Coverage gap</td>
<td>25% of your drug costs</td>
<td>5%–75%</td>
<td>Total out-of-pocket costs reach $8,000</td>
</tr>
<tr>
<td>Catastrophic coverage</td>
<td>You pay $0</td>
<td>Varies</td>
<td>Through the end of the plan year</td>
</tr>
</tbody>
</table>

*If your plan doesn’t have a deductible, you skip this stage.

What’s the difference between total drug costs and out-of-pocket costs?

Total drug costs
What you pay for prescription drugs each year, plus what your plan pays. Does not include your monthly plan premium.

Out-of-pocket costs
The total amount you pay for your covered prescription drugs, and any discounts paid by drug manufacturers while you are in the coverage gap. Does not include your monthly plan premium.

If you get Extra Help from Medicare with your Part D costs, the coverage gap doesn’t apply to you. Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays.
Prescription drug coverage defined

Pharmacy network
To receive benefits, you must use an in-network pharmacy and show your UnitedHealthcare member ID card. You may receive additional savings on your prescriptions by using a preferred retail pharmacy or by using the mail service pharmacy and having your medications delivered to your mailbox.

Drug list (formulary)
A formulary is a list of the drugs that a plan covers. See your enrollment guide to find the drug list.

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

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

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

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

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

Asking for an exception
If you need a drug that’s not currently covered by your plan, you may:

- Ask the plan to cover your drug even if it is not on the drug list. This is known as a formulary exception.
- Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception.

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

uhc.com/medicare
When it comes to Medicare, everyone has different needs
An agent can help you take the next step today

UnitedHealthcare licensed sales agents are specially trained to provide personalized support, answers and advice that can help you choose a plan with confidence.

Ask your agent to help you:

- Look up your providers, hospitals, specialists and clinics to make sure they’re part of the large UnitedHealthcare provider network
- Check your prescription medications to make sure they’re included and help you understand your anticipated costs
- Access additional services, including unique benefits available to UnitedHealthcare plan members
- Find out if you’re eligible for more benefits if you have certain medical conditions or qualify for both Medicare and Medicaid
- Understand how a Medicare Advantage plan from UnitedHealthcare can work with the care you receive from the VA
Additional resources

In addition to your licensed sales agent, here are other resources that may be useful to you

**Medicare Made Clear®**
Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage. Find out more at MedicareMadeClear.com.

**Low-Income Subsidy (LIS)**
*Extra Help with prescription drug costs*
“Extra Help” is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs. To see if you qualify, visit SSA.gov.

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

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

**Online plan finders**
For online tools to find and compare drug plans, Medicare Advantage plans and Medicare Supplement plans, go to Medicare.gov.

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

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

ShipHelp.org

**Social Security**
**Social Security Administration**
Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for Extra Help.
Call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday. Or go to SSA.gov.
Verify that your providers and medications are covered

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

First Name: ______________________________________________________________________

**Providers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>In Network (Yes/No)</th>
</tr>
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<tbody>
<tr>
<td>(e.g., Dr. Jones)</td>
<td>(e.g., Primary Care Provider)</td>
<td>(Yes/No)</td>
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**Prescriptions**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
<th>How Often</th>
<th>Tier/Cost (Completed by Agent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., Lisinopril)</td>
<td>(XXmg)</td>
<td>(X tablet(s) per day)</td>
<td>(Tier 1/$XX)</td>
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Why UnitedHealthcare?

Not all Medicare Advantage plans are the same. Many private insurance companies offer Medicare Advantage plans. Learn more about your plan choices from the nation’s most chosen Medicare Advantage plan provider¹.

Reasons to choose UnitedHealthcare:

• 4 out of 5 members would recommend UnitedHealthcare Medicare Advantage to family and friends²
• UnitedHealthcare has more than 45 years of experience serving members
• Talk to a UnitedHealthcare Medicare Plan Expert for no cost. It’s part of the UnitedHealthcare Right Plan Promise — our commitment to helping you find the right plan for your needs.

Talk to a UnitedHealthcare Medicare Plan Expert or use our easy-to-use online shopping tools to help you find your new plan with confidence.

Or call toll-free at 1-855-868-8374, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. Se habla español.

Go online anytime to uhc.com/medicare.

UnitedHealthcare® Medicare Advantage

¹Based on total plan enrollment from CMS Enrollment Data, May 2023
²Member recommendation based on Human8, May 2023

Medicare Plan Expert is a licensed insurance sales agent/producer. Provider network may vary by local market. The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare’s Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers.

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