

Enrollment Guide 2021

Medicare Advantage Plan

Take advantage of all your Medicare Advantage plan has to offer.

AARP Medicare Advantage Patriot (HMO-POS)

H4527-024-000

Service area: Texas - Aransas, Austin, Bastrop, Bell, Brazoria, Brazos, Cameron, El Paso, Falls, Fort Bend, Galveston, Grimes, Hardin, Harris, Hays, Hidalgo, Hill, Jefferson, Jim Wells, Kleberg, Liberty, Matagorda, Maverick, McLennan, Montgomery, Nueces, Orange, San Patricio, Starr, Travis, Victoria, Webb, Wharton, Willacy, Williamson, Zavala counties

Plan Year: January 1, 2021 through December 31, 2021

Get more for your Medicare dollar.



More choice and more guidance.

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



Get the care you need when — and where — you need it.

Whether it's an appointment with your doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, UnitedHealthcare makes it easier to connect you with care so you can stay on top of your health — when, where, and how you need it.



One-on-one help using your Medicare plan.

At UnitedHealthcare®, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

Renew, our health and wellness program.

Renew can help by inspiring you to take charge of your health and wellness every day. It provides a wide variety of useful resources and activities — including brain games, healthy recipes, learning courses, fitness activities, and more. All at no additional cost.¹

The only Medicare plans that carry the AARP name.

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

¹Renew by UnitedHealthcare is not available in all plans. Resources may vary.
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Questions? We're here to help.

 www.AARPMedicarePlans.com



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

Start With Medicare Basics

Review the basics to make sure this plan is a good fit

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

Original Medicare – Provided by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care

Your options for more coverage:

Option 1

OR

Option 2

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

Choose a **Medicare Advantage plan**:

Medicare Supplement Insurance Plan

Offered by private companies



Medicare Supplement

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

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Part C

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



Part D

Usually includes prescription drug coverage






May offer additional benefits not provided by Original Medicare

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

This is a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

Your plan is a Health Maintenance Organization – Point of Service (HMO-POS) plan. That means you can get care through a network of local doctors and hospitals. This plan also gives you access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

Here’s how your HMO-POS 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 can oversee and help manage your care.
-  **You have coverage for emergency care.**
Emergency Services and Urgently Needed Services are covered no matter where you go.
-  **There’s an out-of-pocket spending limit for in-network care.**
Once you reach that limit, the plan pays 100% of the future costs for network Medicare-covered services for the rest of the plan year.

Use network providers for coordinated care

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Providers have the choice to accept the plan.
Does this plan require a referral to see a Specialist or other providers?	Yes	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	You may pay a higher copay or coinsurance.



There’s a Medicare Part D Late Enrollment Penalty

Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

* Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:



You are enrolled in Original Medicare Parts A and B

AND



Live in the plan's services area

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful Resources

Medicare Made Clear™

An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at [MedicareMadeClear.com](https://www.MedicareMadeClear.com).

You may qualify for Extra Help

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- ☐ Your state Medicaid office



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.

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

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Plan Information

Benefit Highlights

AARP Medicare Advantage Patriot (HMO-POS)

This is a short description of your 2021 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$0
Part B Premium Reduction	Up to \$30

Medical Benefits

	Your Cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$5,500 In-Network
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$35 copay (referral needed) Virtual medical visits: \$0 copay
Preventive services	\$0 copay
Inpatient hospital care	\$225 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$184 copay per day: days 21-50 \$0 copay per day: days 51-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply.)	\$0 - \$150 copay (Type 1 facility) \$0 - \$200 copay (Type 2 facility)
Mental health (outpatient and virtual)	Group therapy: \$15 copay
	Individual therapy: \$20 copay
	Virtual visits: \$0 copay
Diabetes monitoring supplies	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$125 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$250 copay for ground or air

Medical Benefits

	Your Cost
Emergency care	\$90 copay; \$0 copay worldwide
Urgently needed services	\$30 - \$40 copay; \$0 copay worldwide

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$250 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Dental - preventive (covered in-network and out-of-network).	\$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network).	\$0 copay for comprehensive dental services*
Dental - benefit limit (covered in-network and out-of-network).	\$500 limit on all covered dental services*
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.
Transportation	\$0 copay; 26 one-way trips per year to or from approved locations
Personal Emergency Response System	Emergency monitoring device at no cost.

*Benefits combined in and out-of-network

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



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

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Explore Your Additional Services

Get all the benefits of Original Medicare – and more.

With the AARP Medicare Advantage Patriot (HMO-POS) Plan, you get additional services designed to help you live a healthier life. Limitations, exclusions and restrictions may apply. For more detailed information, please contact UnitedHealthcare Customer Service.

Social and Government Referral Assistance

At UnitedHealthcare®, we care about the people we serve. But it's how we care that makes us different. We know the health care system can be difficult to navigate—that's why we work to make it easier for you.

Get connected to the care and support you need

There's much more to good health than what happens in the doctor's office. Other factors—such as access to food, housing, transportation and financial stability—are just as important. We may be able to connect you to discounts and services that make your life easier—all at no added cost to you. These services may help you:

- ☐ Save on utility bills, prescription drug expenses and even home repair costs
- ☐ Find low-cost, easy-to-use transportation
- ☐ Determine Medicaid eligibility, depending on your income
- ☐ Find local support groups
- ☐ Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran, please call **1-866-427-1873**, TTY **711**, 8 a.m. – 8 p.m., local time, Monday – Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m. – 6 p.m. local time, Monday – Friday.



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Supplemental Benefit

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 at the time you enroll in your plan or within 3 months after the effective date of your plan. 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.
- Other comprehensive dental services, as listed below.
- Up to \$500.00 per year for covered dental services.
- \$0 copay for preventive and diagnostic services such as oral exams, x-rays, routine cleanings, and fluoride.
- Freedom to see any dentist you choose. **Seeing an Out-of-Network dentist may cost more.**
- For help scheduling a dental appointment, call the Customer Service number on the back of your ID Card.

For \$38 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get:

- No deductible.
- Other comprehensive dental services, as listed below.
- Up to \$1,500.00 per year for covered dental services.
- \$0 copay for covered fillings and for preventive and diagnostic services such as oral exams, x-rays, routine cleanings, and fluoride.
- Freedom to see any dentist you choose. **Seeing an Out-of-Network dentist may cost more.**
- For help scheduling a dental appointment, call the Customer Service number on the back of your ID Card.

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and fillings with 50% coverage for additional procedures in-network. Out-of-Network coverage is available. Please see the back of this page for coverage details and benefit guidelines.

To find a network dentist in your area, go to www.AARPMedicarePlans.com 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.

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Exams					
D0120	Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive, and detailed/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	\$0*	\$0*
D0140	Limited exam to evaluate a problem	One procedure per plan year		\$0*	\$0*
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0*	\$0*
D0160	Detailed and extensive problem focused exam	One procedure per plan year		n/a	\$0*
X-Rays					
D0210	Full-mouth/ Complete x-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*	\$0*
D0220, D0230	X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical x-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210).	\$0*	\$0*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D0270, D0272, D0273, D0274, D0277	Bitewing x-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full mouth set of x-rays (D0210)	\$0*	\$0*
D0330	Panoramic x-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*	\$0*
Cleanings					
D1110	Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as D4910 or D4355.	\$0*	\$0*
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*	\$0*
Other Preventive Services					
D1206, D1208	Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*	\$0*
D1310	Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities	\$0*	\$0*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D1354	Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth	\$0*	\$0*
Fillings					
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940	Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth.	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations.	n/a	\$0*
D3110, D3120	Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	n/a	\$0*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Crowns, Inlays, and Onlays					
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794	Cap (crown) or partial crown called an inlay or onlay - made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	n/a	50%*
Other Restorative Services					
D2920	Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	n/a	50%*
D2949	Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown	n/a	50%*
D2950	Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D2952, D2953, D2954, D2957	Buildup of filling around a post to prepare the tooth for a crown	One D2952 and D2953, or one D2954 and D2957 per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers both indirectly fabricated and prefabricated posts and cores.	n/a	50%*
Root Canals (Endodontic Services)					
D3310, D3320, D3330, D3346, D3347, D3348	Root canal treatment for a front, middle, or back tooth (excluding filling or crown needed after the root canal)	One initial root canal procedure (D3310, D3320, or D3330) and one retreatment procedure (D3346, D3347, or D3348) per tooth per lifetime of the member	This is a root canal performed on a tooth for the first time or as retreatment to a tooth that had a root canal completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment, or internal root repair of perforation defects.	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Scaling and Root Planing					
D4341	Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	n/a	50%*
D4342	Deep cleaning for 1-3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years		n/a	50%*
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910)	n/a	50%*
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as scaling and root planing (D4341 or D4342)	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Complete Dentures					
D5110	Complete upper denture	One procedure every five plan years	Denture covered when there are no erupted teeth remaining in the mouth	n/a	50%*
D5120	Complete lower denture	One procedure every five plan years		n/a	50%*
D5130	Complete upper denture delivered at the time of extracting remaining upper teeth	One procedure per lifetime of member		n/a	50%*
D5140	Complete lower denture delivered at the time of extraction of remaining lower teeth	One procedure per lifetime of member		n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Partials (Removable Partial Dentures)					
D5211	Upper partial denture - resin base	One procedure every five plan years	Partial denture covered when remaining/ supporting teeth are free of cavities and have good bone to support the partial denture. Includes retentive/clasping materials, rests and teeth.	n/a	50%*
D5212	Lower partial denture - resin base	One procedure every five plan years		n/a	50%*
D5213	Upper partial dentures - cast metal framework with resin denture bases	One procedure every five plan years		n/a	50%*
D5214	Lower partial denture - cast metal framework with resin denture base	One procedure every five plan years		n/a	50%*
D5221	Upper partial denture delivered at the time of extractions - resin base	One procedure every five plan years		n/a	50%*
D5222	Lower partial denture delivered at the time of extractions - resin base	One procedure every five plan years		n/a	50%*
D5225	Upper partial denture - flexible base	One procedure every five plan years		n/a	50%*
D5226	Lower partial denture - flexible base	One procedure every five plan years		n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Adjustments and Repairs for Complete Dentures					
D5410, D5411, D5850, D5851	Denture adjustments or tissue conditioning for complete upper and/or lower denture	Two of each type of procedure per denture per plan year	Covers adjustments, relines, repairs, tissue conditioning, and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture	n/a	50%*
D5511, D5512, D5520, D5730, D5731, D5750, D5751	Repairs and relines for broken complete upper and/or lower dentures	One of each type of procedure per denture per plan year		n/a	50%*
Adjustments and Repairs for Partial Dentures					
D5421, D5422	Adjustment of upper and/or lower partial denture	Two procedures per denture per plan year	Covers partial denture adjustments and relines.	n/a	50%*
D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5740, D5741, D5760, D5761	Repair or reline for upper and/or lower partial denture	One procedure of each procedure type per partial denture per plan year	Covers repairs to framework of the partial denture, repair or replacement of missing or broken partial denture teeth, and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture.	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Bridges					
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245	Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominately base, or noble metal; full cast high noble, predominately base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	n/a	50%*
D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794,	Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	n/a	50%*
D6930	Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Extractions and Oral Surgery Procedures					
D7111, D7140, D7210, D7250	Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	n/a	50%*
D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	One procedure per quadrant per plan year, up to four procedures on different/unique quadrants per plan year	Covers alveoloplasty either in conjunction with or not in conjunction with extractions.	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D7510, D7511	Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	n/a	50%*
Emergency Treatment of Pain and Other					
D9110	Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only	n/a	50%*
D9910	Application of desensitizing agent to a tooth or teeth	Unlimited per plan year	Covered once per visit. Does not cover bases, liners or adhesives used under restorations.	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
Nitrous Oxide and Sedation					
D9219	Evaluation for sedation or general anesthesia	Unlimited per plan year	Covers administration of, evaluation for, and monitoring for intravenous moderate (conscious) sedation/analgesia, deep sedation/general anesthesia, and nitrous oxide/analgesia - anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately.	n/a	50%*
D9222, D9223	Deep Sedation/ General Anesthesia	Unlimited per plan year		n/a	50%*
D9230	Nitrous Oxide	Unlimited per plan year		\$0*	\$0*
D9239, D9243	IV sedation	Unlimited per plan year		n/a	50%*
Splints					
D7880	Splint used to treat the TMJ	One procedure every three plan years	Covers occlusal orthotic devices provided for treatment of TMJ dysfunction	n/a	50%*
D9943	Adjustment of occlusal guard	Two procedures per plan year	Not covered within 6 months of occlusal guard delivery	n/a	50%*

Platinum Dental Rider Covered Services

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Routine Dental Copay	Platinum Dental Copay
D9944	Top or bottom, full-arch hard occlusal guard	One procedure every three plan years	Only covered in association with documented tooth clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances.	n/a	50%*

*Providers are paid based on Maximum Allowable Charge (MAC). You may be billed by the out-of-network provider for any amount greater than the payment made by the plan to the provider or any services not covered by the plan. Generally, an out-of-network provider will submit a claim on your behalf. If your provider does not submit the claim on your behalf and you pay for out-of-network services, please call the number on the back of your UnitedHealthcare ID card for assistance on how to submit your request for reimbursement.

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.

12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice.
14. Any services not listed above are not covered.



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

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 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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Routine Vision Benefit

Take advantage of comprehensive exams and eyewear benefits worth looking at.

With UnitedHealthcare Vision, you'll have access to a professional, nationwide network of providers and benefits that are easy to use and help deliver simplicity and savings. Take advantage of a wide range of retailer options, including online — from high-end to high value, with choices members want and expect.

Vision benefits include:



\$0 copay for an annual routine eye exam and a \$150 allowance toward frames or contacts every year.



Nationwide network of providers to serve your vision needs.



Standard lenses covered in full — including single vision, bifocals, trifocals and standard progressives — with scratch-resistant coating.



An allowance for frames or contacts — can also be used toward contact fittings and evaluations.



Discounts on lens upgrades — including tinting, UV/anti-reflective coating and polycarbonate lenses.



Convenient home delivery when ordering from online network providers.

How it works:

- 1 To find an UnitedHealthcare Vision provider, go to **medicare.myuhcvision.com**.
- 2 Call UnitedHealthcare Customer Service to answer questions about your routine vision benefits or to get help finding a network provider.

Renew Active™

Stay fit. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind — available at no additional cost. Stay active with a free gym membership, a personalized fitness plan, group fitness classes, an online brain health program and more. If you don't want to go to the gym, there are ways for you to stay active at home.

Renew Active includes:



A free gym membership with access to our extensive, nationwide network. It's one of the largest of all Medicare fitness programs and includes many premium gyms and fitness locations.¹



A one-on-one session with a personal trainer to set fitness-related goals and create a personalized fitness plan.



Access to Fitbit® Premium™, which includes thousands of workout videos of all levels, guided programs, personalized insights, mindfulness and more, all from the comfort of home — no Fitbit device is needed.



Social activities at local health and wellness classes and events and through the online Fitbit Community for Renew Active — no Fitbit device is needed.



An online brain health program from AARP® Staying Sharp, including a brain health assessment and exclusive content for Renew Active members.



With Renew Rewards, you may be eligible to earn up to \$120 in rewards for staying active by tracking your steps.



Renew Active is a key part of Renew, which offers a wide variety of health and wellness resources and activities that help inspire you to take charge of your well-being every day.

Renew includes:

- Brain games
- Healthy recipes
- Learning courses
- Fitness activities
- And more

How it works:

- 1 To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative.
- 2 Once you become a member, you can explore all Renew Active has to offer. Sign into your plan website, go to Health & Wellness and look for Renew Active. Or you can call the Customer Service number on the back of your member ID card.

¹Based on gym and fitness location network size.

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

Routine Hearing Benefit

It's time to take advantage of hearing benefits that will be music to your ears.

With UnitedHealthcare Hearing, you'll have access to routine hearing exams, custom-programmed hearing aids and professional, nationwide support for all your hearing needs.

Hearing benefits include:



\$0 copay for an annual routine hearing exam and two hearing aids every 2 years. Hearing aid copays range from \$375 to \$2,075 when you choose from a wide selection of hearing aids.



The largest nationwide network of credentialed hearing professionals with more than 5,500 hearing locations, where professionals can provide hearing exams and hearing aid evaluations.



Customized care options, including in-person with a hearing provider or at your home with hearing aids delivered right to your door.



Access to brand-name hearing aids, including Beltone™, Oticon, Phonak, Resound, Signia, Starkey®, Unitron™, Widex® as well as UnitedHealthcare Hearing's exclusive brand Relate™, at savings up to 80% off industry prices.



Wide selection of Relate™ hearing aids that feature advanced technology, including remote fittings and adjustments, Bluetooth® streaming, rechargeable batteries and a smartphone app.



3-year warranty which covers damage and repair, a trial period and extra batteries included with each hearing aid order.



Nationwide support including on-demand video chats with hearing providers, hearing aid adjustments, online tutorials and more.

3 simple steps to receive a hearing test and order hearing aids:

- 1 Visit **UHChearing.com/Medicare** to locate a hearing provider. Click “Locations,” enter your zip code, then click “Request an Appointment” to get connected to a provider near you. You can also call **1-855-523-9355**, TTY **711**, 8 a.m. – 8 p.m. CT, Monday – Friday.
- 2 Get your hearing tested and order hearing aids. Visit a hearing provider for a hearing test, hearing aid evaluation and to place your hearing aid order.
- 3 You’ll receive your hearing aids in person through your hearing provider, including fitting and follow-up support or through home delivery within 5–10 business days.

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Summary of Benefits 2021

Medicare Advantage Plan

Plan Information

AARP Medicare Advantage Patriot (HMO-POS)
H4527-024-000

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



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



www.AARPMedicarePlans.com



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Summary of Benefits

January 1st, 2021 - December 31st, 2021

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 or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP Medicare Advantage Patriot (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

Our service area includes these counties in:

Texas: Aransas, Austin, Bastrop, Bell, Brazoria, Brazos, Cameron, El Paso, Falls, Fort Bend, Galveston, Grimes, Hardin, Harris, Hays, Hidalgo, Hill, Jefferson, Jim Wells, Kleberg, Liberty, Matagorda, Maverick, McLennan, Montgomery, Nueces, Orange, San Patricio, Starr, Travis, Victoria, Webb, Wharton, Willacy, Williamson, Zavala.

Use network providers.

AARP Medicare Advantage Patriot (HMO-POS) has a network of doctors, hospitals, and other providers. For some services you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP.

You can go to www.AARPMedicarePlans.com to search for a network provider using the online directory.

AARP Medicare Advantage Patriot (HMO-POS)

Premiums and Benefits

	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Part B Premium Reduction	Up to \$30
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount	<div>\$5,500 annually for Medicare-covered services you receive from in-network providers.</div> <div>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.</div>

AARP Medicare Advantage Patriot (HMO-POS)

Benefits

		In-Network
Inpatient Hospital ^{1,2}		\$225 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay for a diagnostic colonoscopy \$150 copay otherwise (designated as Type 1 in the Provider Directory)
	Outpatient Hospital, including surgery ^{1,2}	\$0 copay for a diagnostic colonoscopy \$200 copay otherwise (designated as Type 2 in the Provider Directory)
	Outpatient Hospital Observation Services ^{1,2}	\$200 copay
Doctor Visits	Primary	\$0 copay
	Specialists ^{1,2}	\$35 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive Care	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay; 1 per year
Emergency Care		<p>\$90 copay (\$0 copay for worldwide coverage) 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” section of this booklet for other costs.</p>
Urgently Needed Services		\$30 - \$40 copay (\$0 copay for worldwide coverage)
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ^{1,2}	\$0 copay for each diagnostic mammogram \$125 copay otherwise
	Lab services ^{1,2}	\$0 copay
	Diagnostic tests and procedures ^{1,2}	\$0 copay
	Therapeutic Radiology ^{1,2}	\$60 copay per service
	Outpatient X-rays ^{1,2}	\$0 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid ²	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Routine Dental Benefits Covered in-network and out-of-network.	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*
	Benefit limit	\$500 limit on all covered dental services*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay
	Eyewear after cataract surgery ¹	\$0 copay
	Routine eye exam	\$0 copay; 1 every year
	Eyewear	\$0 copay every 2 years; up to \$250 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Mental Health	Inpatient visit ^{1,2}	\$225 copay per day: for days 1-5 \$0 copay per day: for days 6-90 Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$20 copay
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.

Benefits

		In-Network
Skilled Nursing Facility (SNF) ^{1,2}		\$0 copay per day: for days 1-20 \$184 copay per day: for days 21-50 \$0 copay per day: for days 51-100 Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit ^{1,2}		\$20 copay
Ambulance ^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$250 copay for ground \$250 copay for air
Routine Transportation		\$0 copay; 26 one-way trips per year to or from approved locations
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance
	Other Part B drugs ²	20% coinsurance

Additional Benefits

		In-Network
Acupuncture	Medicare-covered acupuncture ^{1,2}	\$0 copay for services provided by a primary care physician \$35 copay for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation ^{1,2}	\$20 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance
Fitness program through Renew Active™		Renew Active provides a standard gym membership with access to an extensive nationwide network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.
Foot Care (podiatry services)	Foot exams and treatment ^{1,2}	\$35 copay
Home Health Care ^{1,2}		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

Additional Benefits

		In-Network
Occupational Therapy Visit ^{1,2}		\$20 copay
Opioid Treatment Program Services ²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$20 copay
Personal Emergency Response System		Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost.
Renal Dialysis ^{1,2}		20% coinsurance

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

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

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits

		In-Network
Platinum Dental Rider	Premium	Additional \$38.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

Enrollment Checklist

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

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Required Information

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

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

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

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

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

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

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

2020 Medicare Star Ratings*

UnitedHealthcare - H4527

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- ☐ How our members rate our plan's services and care;
- ☐ How well our doctors detect illnesses and keep members healthy;
- ☐ How well our plan helps our members use recommended and safe prescription medications.

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

★★★★ 4 stars

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

Health Plan Services: ★★★½ 3.5 stars

Drug Plan Services: ★★★½ 3.5 stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars – Excellent
- ★★★★ 4 stars – Above Average
- ★★★ 3 stars – Average
- ★★ 2 stars – Below Average
- ★ 1 star – Poor

Learn more about our plan and how we are different from other plans at www.medicare.gov. You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

**Ready
to Enroll**

Plan Recap

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

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

Plan Information

Here are some details about your new plan.

My new plan is a:

- ☐ Medicare Advantage plan ☐ Medicare Advantage Special Needs plan
☐ Medicare Supplement Insurance (Medigap) plan ☐ Medicare Part D plan

The name of my new plan is: _____

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

My plan type:

- ☐ Requires referrals ☐ Does not require referrals
☐ Includes a medical deductible unless the state or another third party pays it for me
☐ Does not include a medical deductible

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

Proposed effective date: **M M - D D - Y Y Y Y**

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer: I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

Premium Information

What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less.* 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.

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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.

*Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

Network Information

Understanding your network is important.

Circle the correct answers: I need to get my medical 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. For my dental care, I can see providers in-network and out-of-network.

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

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

I have the option to access my plan documents, such as Explanation of Benefits (EOB), electronically.

- ☐ I have opted to access documents electronically.
- ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
- ☐ I do not have an email address; should I get one in the future, I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative

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

Ready to Enroll

How to Enroll

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



By phone

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



Online

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



By mail

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



By fax

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

Enrollment Request Form Checkpoints

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

Scope of Appointment Confirmation Form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative

Today's Date

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 - - - - -	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone - - - - -	Date Appointment will be Completed MM-DD-YYYY
Beneficiary Address		

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

Licensed Sales Representative Signature

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Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Stand-alone Medicare Prescription Drug Plans (Part D)

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

Other Related Products

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

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

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



2021 Enrollment Request Form

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

☐ **AARP Medicare Advantage Patriot (HMO-POS) H4527-024-000 - APC**

This is a Health Maintenance Organization - Point of Service (HMO-POS) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

Select optional supplemental benefits in addition to what is included with your plan.

You can add the following benefit rider(s) for an extra cost. You can purchase the rider now while you are enrolling, or within 3 months after your effective date. If more than one Dental Rider is listed, please select only one. See the Summary of Benefits for more information, including costs.

☐ **Platinum Dental Rider**

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

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

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

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

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

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

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

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

Email Address

Enrollee Name _____

Agent Name / ID No. _____

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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: _____

Sex: _____

Is Entitled to

Effective Date

Hospital (Part A)

MM - DD - YYYY

Medical (Part B)

MM - DD - YYYY

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

How do you want to pay?

Response to these questions is optional.

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it. If you don't choose an option below, we'll send a bill each month to your mailing address.

- ☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

We will bill you directly until the Social Security Administration or Railroad Retirement Board approves the deduction. It could take up to 90 days after the approval for the first deduction to occur, so please continue to make payments. If the Social Security Administration or Railroad Retirement Board does not approve your request for automatic deduction, we will notify you and continue to send a paper bill for your monthly premiums.

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

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

- ☐ Please read the statement below.

The bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). The bank will pay the funds from a checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from the account, I will tell both UHIC

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and the bank. I will give them a reasonable amount of time to change the method of payment.

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

Account Holder Name: _____

Bank Routing Number

Bank Account Number

Signature _____ **Date** **MM - DD - YYYY**

☐ **I want to pay online.**

Visit www.AARPMedicarePlans.com to make a payment directly from a bank account or a Visa, Mastercard or Discover credit card.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

If you want to pay by credit card.

After you become a member, you can call us to have your monthly payment automatically charged to a Visa, Mastercard or Discover credit card. Until then, we'll send you a bill each month.

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.

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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.

A few questions to help us manage your plan.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

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

Please check what you'd like: ☐ Spanish ☐ Other _____

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

2. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

3. 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 MM - DD - YYYY		

4. 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.

Ready to Enroll

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5. Do you or your spouse work?☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company

Subscriber Name

Group Number

Member Number

Effective Dates (if applicable)

MM - DD - YYYY - MM - DD - YYYY

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

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

Provider or PCP Full Name

Phone Number () -

Provider/PCP Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this doctor?

☐ Yes ☐ No**To select paperless delivery complete and sign the application and provide your email address.**

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

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

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

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 must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.

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- ☐ 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 an LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Annual Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ This plan serves a specific service area. If I move out of the area that this plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of this plan I have the right to appeal plan decisions about payment or services if I disagree.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.
- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.

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- ☐ If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

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

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

***NOT A SALES AGENT**

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

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For licensed sales representative/agency use only.

☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Branch ID

■ ■ ■ ■ ■ ■ ■ ■

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM - DD - YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM - DD - YYYY

Licensed Sales Representative Phone Number

Where did this application originate?

☐ National Retail/Mall Program

☐ Community Meeting

☐ Appointment

☐ Other

☐ Member Meeting

☐ Local Event Outreach

☐ Walmart Program

How was this application submitted?

☐ Mail

☐ Fax

☐ Online

Agent must complete

☐ IEP (MA-PD enrollees)

☐ ICEP (MA enrollees)

☐ IEP (MA-PD enrollees eligible for 2nd IEP)

☐ OEP (Jan1 – Mar 31)

☐ OEP (newly eligible)

☐ SEP (Dual LIS change of status)

☐ SEP (change in residence)

☐ SEP (loss of EGHP coverage)

☐ SEP (Chronic)

☐ SEP (Dual LIS maintaining)

☐ AEP (October 15- December 7)

☐ OEPI

☐ SEP (SEP Reason) _____

☐ SEP Eligibility Date MM - DD - YYYY

Licensed Sales Representative Signature (required)

Date: MM - DD - YYYY

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

Fax: 1-888-950-1170

Enrollee Name _____

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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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.

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

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

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to Enroll

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2021 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare® member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

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Applicant 1:

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

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Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

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We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-844-723-6473, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.

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

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Ready to Enroll

Take Advantage of What's Next

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



You are Here
Enrollment Submitted



Welcome Call



**Quick Start Guide
and UnitedHealthcare
Member ID Card**



**Explore Your
Member Website**



**Your plan coverage
begins. You can start
using your plan.**



Go online to manage your plan

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

- Find providers in your area.
- Complete your Health Assessment.
- View plan documents.
- Explore health and wellness activities and resources from Renew.



Once your coverage begins

- Call to schedule your Annual Physical and Wellness Visit to begin your preventive care.
- Add an Authorized Representative to your account. You can name someone you trust to speak with us about your account.



Thank you for choosing UnitedHealthcare®

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

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Vendor Information

AARP Medicare Advantage Patriot (HMO-POS)

Take advantage of your additional plan benefits, once you're enrolled, by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-550-4736, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355 www.UHChearing.com/Medicare
Vision Services	Plan network providers in your service area	1-866-550-4736 www.myAARPMedicare.com If you belong to a medical group or IPA, refer to the Provider Directory.
Additional Dental Benefits	UnitedHealthcare Dental	1-866-550-4736 www.myAARPMedicare.com
Transportation	Comfort Care	1-866-879-8023
Personal Emergency Response System	Philips Lifeline	1-855-596-7612 www.lifeline.philips.com/UHCMedicare
Fitness Program	Renew Active™	1-866-550-4736 www.UHCRenewActive.com

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



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



www.AARPMedicarePlans.com

