



Enrollment guide 2022



Medicare Advantage plan

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

AARP® Medicare Advantage Patriot (HMO-POS)

H4590-027-000

Plan Year: January 1, 2022 through December 31, 2022

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

Take advantage of the experience and expertise UnitedHealthcare® has to offer



More choice and more guidance

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



Get the care you need

Whether it's a virtual appointment with your doctor, a 3 a.m. call with a nurse or a wellness visit in the comfort of your own home, we make it easier to connect you with care — when, where and how you need it, so you can stay on top of your health.



1-on-1 help using your Medicare plan

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

Medicare plans developed exclusively for AARP® members by UnitedHealthcare.

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

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D.

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Also called Part C

They combine Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug insurance is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

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

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

Your plan does not cover medical care from providers outside our network. However, you have 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 this HMO-POS plan works



Always see network providers for your care. The plan does not cover medical care from providers outside our network.



Emergency and urgently needed services are covered no matter where you go.



Select a primary care provider (PCP).

This plan requires you to select a PCP to oversee and help manage your care.



A referral is needed to see a network specialist or other provider.



You pay your plan copay or coinsurance when you visit a network provider*.

If you see a provider outside the network, you will have to pay the full cost for services yourself, except for covered dental care.



There's an out-of-pocket spending limit for network care each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



Remember, you are not required to enroll in a Part D plan, but if you don't, you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed 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 to enroll in this plan?

You are eligible to enroll in this Medicare Advantage plan if:

- ✓ You are enrolled in Original Medicare Parts A and B, and continue to pay your Part B premium
- AND
- ✓ Live in the plan's service area

Helpful Resources

Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.



MedicareMadeClear.com

You may qualify for Extra Help from Medicare

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



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Plan information

Benefit highlights

AARP® Medicare Advantage Patriot (HMO-POS)

This is a short description of your 2022 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

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

Medical Benefits

| | Your Cost |
|---|--|
| Annual Medical Deductible | No deductible |
| Annual out-of-pocket maximum (The most you may pay in a year for covered medical care) | \$5,400 In-Network |
| Doctor's office visit | Primary Care Provider: \$0 copay Specialist: \$35 copay (referral needed) Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive services | \$0 copay |
| Inpatient hospital care | \$275 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 \$188 copay per day: days 21-49 \$0 copay per day: days 50-100 |
| Outpatient hospital, including surgery (Cost sharing for additional plan services will apply) | \$275 copay |
| Mental health (outpatient and virtual) | Group therapy: \$15 copay Individual therapy: \$25 copay Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Diabetes monitoring supplies | \$0 copay |
| Diagnostic radiology services (such as MRIs, CT scans) | \$125 copay |
| Diagnostic tests and procedures (non-radiological) | \$20 copay |
| Lab services | \$0 copay |
| Outpatient x-rays | \$0 copay |

Medical Benefits

| | Your Cost |
|---------------------------------|---|
| Ambulance | \$250 copay for ground or air |
| Emergency care | \$90 copay (\$0 copay for emergency care outside the United States) per visit |
| Urgently needed services | \$40 copay (\$0 copay for urgently needed services outside the United States) per visit |

Benefits and Services Beyond Original Medicare

| | Your Cost |
|---|--|
| Routine physical | \$0 copay; 1 per year |
| Routine eye exams | \$0 copay; 1 every year |
| Routine eyewear | <p>\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p> |
| 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 or 50% coinsurance for comprehensive dental services* |
| Dental - benefit limit | <p>\$1,500 combined limit on all covered dental services*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p> |
| Hearing - routine exam | \$0 copay; 1 per year |
| Hearing aids | <p>\$175 - \$1,225 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.</p> |
| Fitness program | Renew Active fitness membership, classes and online brain exercises at no cost to you. |
| Personal Emergency Response System | Emergency monitoring device at no cost. |
| Foot care - routine | \$35 copay; 6 visits per year |
| Over-the-Counter (OTC) Products Catalog | \$40 credit every quarter to use on approved over-the-counter products. |

| | Your Cost |
|---|---|
| NurseLine | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| * Benefits combined in and out-of-network | |

Explore your additional services

Get all the benefits of Original Medicare and more

With this 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 at the phone number on the back of this book.

Social and Government Referral Assistance Program

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 **1-855-368-9643**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

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Routine dental benefit basics

Additional coverage that may make you smile.

Routine dental care is important for your teeth and overall health, but it’s not covered by Original Medicare. Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

| With Routine Dental, you get: | | | |
|-------------------------------|--|---|---|
| ✓ | No deductible. | ✓ | \$0 copay in-network for exams, x-rays, cleanings, fluoride and covered fillings; 50% coinsurance on crowns, bridges, root canals, extractions and all other covered comprehensive services from our network. |
| ✓ | Up to \$1500.00 per year for covered dental services. | ✓ | Freedom to see any dentist you choose. Seeing an Out-of-Network dentist may cost more. |
| ✓ | Access to Medicare Advantage’s largest dental network. | | |

To find a network dentist in your area, go to www.UHCMedicareSolutions.com and click on 'Search Dentists' located under the 'Shop For a Plan' tab. When prompted, select the National Medicare Advantage Network. For all other questions or more information, please call the Customer Service number on the back of your member ID card.

Covered Routine Dental Services – Level 3

| American Dental Association (ADA) Codes: Covered dental procedures are listed by ADA code. These codes are used by dentists to submit dental claims. Categories provide easy reference. | Description of Dental Procedure: Easy to interpret description of the dental procedure code | Frequency: How often UnitedHealthcare will pay for the dental procedure | Criteria and Exclusions: Conditions under which UnitedHealthcare would pay for this procedure and situations where UnitedHealthcare would NOT pay for the procedure | Copayment or Co-Insurance *\$0 cost-share for network dental care, specified services only. If your plan offers out-of-network dental coverage and you see an out-of-network dentist you might be billed more, even for services listed as \$0 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* |
| D0140 | Limited exam to evaluate a problem | One procedure per plan year | | \$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* |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|--|--|--------------------------------------|---|---------------------------|
| 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 * |
| 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 * |
| 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 * |
| 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 * |
| 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 * |
| 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 * |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|---|--|---|---|---------------------------|
| Other Preventive Services | | | | |
| D1206, D1208 | Fluoride | Two procedures per plan year | Covers topical application of fluoride (either varnish or excluding varnish) | \$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 * |
| 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 * |
| 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. | \$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. | \$0 * |
| Crowns, Inlays, and Onlays | | | | |
| D2510, D2520, D2530, D2542, D2543, D2544, | Cap (crown) or partial crown called an inlay or | One procedure per tooth every five plan years | Covered when there is extensive decay or | 50% * |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|--|---|---|---|---------------------------|
| D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 | onlay - made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth. | | 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. | |
| 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. | 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 | 50%* |
| D2950 | Filling or pins placed when preparing a tooth for a crown | One procedure per tooth every five plan years | | 50%* |
| 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. | 50%* |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|--|--|---|---|---------------------------|
| 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. | 50%* |
| 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. | 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 | | 50%* |
| D4355 | Cleaning buildup off the teeth to allow for proper visibility of the | One procedure every three plan years | Used when there is extensive buildup that needs to be removed in | 50%* |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|---|--|---|---|---------------------------|
| | teeth for examination | | order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910) | |
| 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) | 50%* |
| 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, predominantly base, or noble metal; full cast high noble, predominantly base, or noble metal; and titanium. Does not cover any part of an implant supported bridge. | 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. | 50%* |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|---|--|--|--|----------------------------------|
| 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 | 50%* |
| 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. | 50%* |
| 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). | 50%* |
| Emergency Treatment of Pain | | | | |
| D9110 | Minor procedure for emergency treatment of dental pain | Unlimited per plan year | Covered for an urgent or emergent visit only | 50%* |
| Nitrous Oxide | | | | |
| D9230 | Nitrous Oxide | Unlimited per plan year | Covered to manage dental anxiety when | \$0* |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment or Co-Insurance |
|--|----------------------------------|------------|--------------------------|---------------------------|
| | | | clinically necessary. | |

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.



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

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.

Routine vision benefit

UnitedHealthcare Vision benefits provide services that help protect your eyesight and save you money on eyewear. From low-cost savings to high-end value, we give you the choices you want.

Some of the many ways to take advantage of our vision benefits:



\$0 copay for yearly comprehensive eye exam and a \$100 allowance toward frames or contacts every year



Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades include tinting, UV/anti-reflective coating and polycarbonate lenses



Medicare Advantage's largest nationwide vision network, including in-store and online retailers



Home delivered eyewear available through online providers, including Warby Parker, GlassesUSA and others



To get started: To find an UnitedHealthcare Vision provider go to medicare.myuhcvision.com



Network size varies by market. Vision benefits vary by plan and are not available with all plans. Additional charges may apply for out-of-network items and services. Annual routine eye exam and allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Limitations and exclusions apply. Savings on lens compared to retail and eyewear allowance. Other vision providers are available in our network.

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Over-the-counter (OTC) benefit

This benefit allows you to get over-the-counter products at no cost. You get up to \$40 to spend every quarter. Select from hundreds of approved items online or from a catalog.



Choose from hundreds of brand-name and generic OTC products, including vitamins and supplements, pain relievers, toothpaste and more



Order online, by phone or by mail for home delivery



To get started: You can learn more at myuhcmedicare.com/HWP



Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 nationwide network of gym and fitness locations. It's the largest of all Medicare fitness programs including many premium gyms



An annual personalized fitness plan



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events and through the online Fitbit® Community for Renew Active — no Fitbit® device is needed. Joining the community also provides access to Fitbit Premium™



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



Earn \$10 per month in rewards for staying active by tracking your steps with Renew Rewards



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



To get started: To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative



Renew Rewards is not available in all plans.

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.

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 and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March, 2021. 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.

Y0066_RA_2022_M

AAWI22PP5006363_000

Routine hearing benefit

With UnitedHealthcare Hearing, you'll have personal help every step of the way, from arranging a hearing exam to finding the right hearing aid.

Hearing benefits that are music to your ears:



\$0 copay for routine hearing exam and copays as low as \$175 for broad selection of brand-name hearing aids



One of the largest nationwide networks of hearing professionals, with more than 7,000 locations



Access to top hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™, and Widex®



Up to 80% off industry prices with UnitedHealthcare Hearing's brand, Relate™



Convenient home delivery on select hearing aids



One-on-one support, including on-demand video chats with hearing providers and hearing aid adjustments, plus online tutorials and more



To get started: Take an online hearing test and learn about hearing aid options at uhchearing.com/Medicare



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Network size varies by market. Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Hearing aid savings calculated based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any question about a medical condition.

Y0066_RHB_2022_M

AAWI22PP5006543_000



Summary of benefits 2022

AARP® Medicare Advantage Patriot (HMO-POS)
H4590-027-000

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



Summary of benefits

January 1st, 2022 - December 31st, 2022

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: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise.

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 \$50 |
| Annual Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Amount | <div>\$5,400 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} | | \$275 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 \$275 copay otherwise |
| | Outpatient Hospital, including surgery ^{1,2} | \$0 copay for a diagnostic colonoscopy \$275 copay otherwise |
| | Outpatient Hospital Observation Services ^{1,2} | \$275 copay |
| Doctor Visits | Primary Care Provider | \$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 |
|--------------------------|------------------|--|
| | | Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time) |
| | | 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. |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | \$90 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs. |
| Urgently Needed Services | | \$40 copay (\$0 copay for urgently needed services outside the United States) per visit |

Benefits

| | | In-Network |
|--|--|--|
| 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} | \$20 copay |
| | Therapeutic Radiology ^{1,2} | \$60 copay per service |
| | Outpatient X-rays ^{1,2} | \$0 copay per service |
| 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 | \$175 - \$1,225 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing. |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride* |
| | Comprehensive ² | \$0 copay or 50% coinsurance for comprehensive dental services* |
| | Benefit limit | \$1,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay |

Benefits

| | | In-Network |
|---|--|--|
| 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 |
| | Routine eyewear | <p>\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p> |
| Mental Health | Inpatient visit ^{1,2} | <p>\$275 copay per day: for days 1-5</p> <p>\$0 copay per day: for days 6-90</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> |
| | Outpatient group therapy visit ^{1,2} | \$15 copay |
| | Outpatient individual therapy visit ^{1,2} | \$25 copay |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Skilled Nursing Facility (SNF)^{1,2} | | <p>\$0 copay per day: for days 1-20</p> <p>\$188 copay per day: for days 21-49</p> <p>\$0 copay per day: for days 50-100</p> <p>Our plan covers up to 100 days in a SNF.</p> |
| Physical therapy and speech and language therapy visit^{1,2} | | \$35 copay |

Benefits

| | | In-Network |
|--|---------------------------------|--|
| 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 | | Not covered |
| Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ² | 20% coinsurance |
| | Other Part B drugs ² | \$0 copay for allergy antigens 20% coinsurance for all others |

Additional Benefits

| | | In-Network |
|---|---|--|
| Chiropractic Care | Medicare-covered 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 | | Renew Active provides a standard gym membership to an extensive 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 |
| | Routine foot care | \$35 copay; for each visit up to 6 visits every year |
| 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 |
|--|--|---|
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| Occupational Therapy Visit^{1,2} | | \$35 copay |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ^{1,2} | \$15 copay |
| | Outpatient individual therapy visit ^{1,2} | \$25 copay |
| Over-the-Counter (OTC) Products Catalog | | \$40 credit every quarter to purchase approved health products. Order online, over the phone, or by mail through your Over-the-Counter catalog. |
| 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

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 does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-800-950-9355 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-950-9355, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions 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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are 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.

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

2021 Medicare star ratings

UnitedHealthcare - H4590

Every year, Medicare evaluates plans based on a 5-star rating system. 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 focus 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 2021, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★☆ 4.5 stars

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

Health Plan Services: ★★★★★ 4.5 stars

Drug Plan Services: ★★★★★ 4 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 **800-950-9355** (toll-free) or **711** (TTY).

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 kenyan. 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 Medicare health coverage ☐ All Medicare prescription drug coverage

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

Proposed effective date: - - -

I can cancel my enrollment in this plan before my coverage starts. 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.


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. 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

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

TEAR HERE

TEAR HERE

Network Information

Understanding your network is important.

With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network. ☐ **Yes** ☐ **No**

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

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

I have **opted / not opted** to access some plan documents electronically. I can update or change this anytime. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.



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.

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 representative 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 (See the back of this page for definitions.):**

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

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

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

Beneficiary or authorized representative signature and signature date:

| | |
|--|---------------------|
| Signature of applicant/member/authorized representative | Today's date |
| <div></div> | MM - DD - YYYY |

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

| | |
|-------------------|-----------------------------|
| Name (First_Last) | Relationship to beneficiary |
| <div></div> | <div></div> |

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 |
| <div></div> | <div></div> |

Licensed sales representative signature

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Ready to enroll

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) 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. 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) 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. 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 (Part D) Plan

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.



2022 Enrollment Request Form

☐ **AARP® Medicare Advantage Patriot (HMO-POS) H4590-027-000 - APC**

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

| | | |
|-------------------------|------------|---|
| Last Name | First Name | Middle Initial |
| Birth Date | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Phone Number () - | | Mobile Phone Number () - |
| Medicare 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 | State | ZIP Code |
|------|-------|----------|

Email Address (optional)

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

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can 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).

If you don't choose an option below, we'll send a bill each month to your mailing address.

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:

Enrollee Name _____
Agent Name / ID No. _____
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- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you
- ☐ I want to pay from my Social Security
- ☐ I want to pay from my Railroad Retirement Board (RRB) check
- ☐ I want to pay directly from a bank account

Account Type ☐ Checking ☐ Savings
Account Holder Name: _____
Bank Routing Number ____/____/____/____/____/____/____
Bank Account Number ____/____/____/____/____/____/____/____

A few questions to help us manage your plan.

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

Please check what you'd like: ☐ Spanish ☐ Braille ☐ 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. 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

Member Number

3. 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

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.)

Ready to enroll

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Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

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:

- ☐ 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.
- ☐ 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. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ 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.**
- ☐ 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 applicable to 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.
- ☐ 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.

Enrollee Name _____
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Ready to enroll

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

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

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For licensed sales representative/agency use only.

Employer Group Name

| | | | |
|--|--|-------------------------|--|
| Employer Group ID | | Branch ID | |
| Licensed Sales Representative/Writing ID | | Initial Receipt Date | |
| Licensed Sales Representative/Agent Name | | Proposed Effective Date | |

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)

Licensed Sales Representative Signature (optional)

Date:

Please mail or fax this completed form to:

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

Fax: 1-888-950-1170

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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.

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 back cover of this book.

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

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to enroll

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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 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.

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2022 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.

Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

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.



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Ready to enroll

Take advantage of what's next

Your enrollment application has been submitted. Use this page to track upcoming communications and actions you can take to get the most from your new plan. We're here to help every step of the way.



You are here
Enrollment submitted



**Quick Start Guide
and UnitedHealthcare
member ID card**



Manage your plan online



**We'll check in to review
your plan**



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



Manage your plan online

Once you receive your UnitedHealthcare member ID card, you can use it to create your online account at www.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

- Schedule your annual physical and wellness visit
- Add an Authorized Representative. 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 your member ID card.

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: 1-800-950-9355, TTY 711, 24 hours a day, 7 days a week.

| Benefit Type | Vendor Name | Contact Information |
|---|---|---|
| Hearing Aids | UnitedHealthcare Hearing | 1-855-523-9355 www.UHChearing.com/Medicare |
| Routine Vision Services | Plan network providers in your service area | 1-800-950-9355 www.myAARPMedicare.com If you belong to a medical group or IPA, refer to the Provider Directory. |
| Routine Dental Benefits | UnitedHealthcare Dental | 1-800-950-9355 www.myAARPMedicare.com |
| NurseLine | Nurseline | 1-877-365-7949 |
| Over-the-Counter (OTC) Products Catalog | FirstLine Benefits™ | 1-800-933-2914 myuhcmedicare.com/HWP |
| Personal Emergency Response System | Philips Lifeline | 1-855-596-7612 www.lifeline.philips.com/UHCMedicare |
| Fitness Program | Renew Active® | 1-800-950-9355 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

Service area: Texas - Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise counties