

2025 Clarity Guide

Get clear answers to your questions about
UnitedHealthcare Medicare Advantage plans

Get to know UnitedHealthcare

With plans designed for all budgets, stages and ages of Medicare, we're America's most chosen Medicare Advantage brand, with benefits built to be used. Get the exclusive UnitedHealthcare UCard® to open doors to Medicare Advantage's largest national provider network, shop, redeem rewards, get discounts and more. Many plans have \$0 to low premiums and all plans offer \$0 copays on preventive care. And with our Right Plan Promise®, rely on our over 45 years of experience to help you find the right UnitedHealthcare plan for your needs. See why 4 out of 5 members recommend UnitedHealthcare to family and friends. It's coverage you can count on for your whole life ahead.



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Medicare coverage: Getting started

Step 1: Enroll in Original Medicare

Original Medicare is health insurance provided by the federal government. It has two parts:



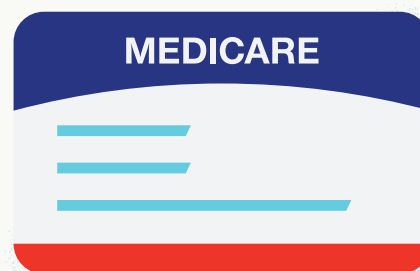
Part A

Helps pay for hospital stays and inpatient care.



Part B

Helps pay for doctor and provider visits as well as outpatient care.



Most people enroll in Medicare for the first time when they turn 65. Be aware that Original Medicare does not cover everything – prescription drugs or routine dental, vision and hearing are not included.

Step 2: Consider if you want additional coverage

Once you enroll in Original Medicare, you can purchase an insurance plan so that other medical expenses are covered as well. **You have two options for this additional coverage:**

Option 1

Add one or both of the following:

Medicare Supplement Insurance



- Offered by non-government private insurance companies
- Helps pay some or all of the costs not covered by Original Medicare

Medicare Prescription Drug (Part D) Plan



- Offered by Medicare-approved private insurance companies
- Helps pay for prescription medications

OR

Option 2

Add a Medicare Advantage (Part C) plan from a Medicare-approved private insurance company. These plans include:

Medicare Part C



Combines Part A (hospital insurance) and Part B (medical insurance) in one plan. Usually includes Part D (prescription drug coverage).

Additional Benefits



Also includes benefits not provided by Original Medicare, such as routine dental, vision and hearing coverage

What's most important to you?

Questions

A lower monthly premium, and pay for care as you need it?

Access to your current doctors?

Additional benefits not covered by Original Medicare?

A plan that works with your veteran's benefits?

A higher monthly premium in exchange for low or no cost when you need care?

Nationwide access to any provider who accepts Medicare?

Adding drug coverage?

Coverage to supplement the benefits you already receive from Medicaid?

Special coverage for certain chronic conditions such as diabetes or cardiovascular disorders?

Answers



Medicare Advantage Plans

Medicare Advantage plans combine Medicare Part A, Part B and usually Part D coverage into one plan. With some plans, members choose from a network of doctors, hospitals and other providers to get care. Plans may offer extras like dental, vision, hearing, fitness and more.



Medicare Supplement Insurance Plans

Also known as Medigap, these plans help pay some of the out-of-pocket costs not paid by Original Medicare Parts A and B. Medicare supplement plans allow you to go to any doctor or hospital that accepts Medicare patients without a referral.



Medicare Prescription Drug Plans

A standalone Part D plan offers prescription drug coverage, which helps pay for some Medicare-covered prescription drugs. This plan may be used along with Original Medicare or with Medicare supplement coverage.



Dual Special Needs Plans

Dual Special Needs plans (D-SNPs) are for people who have both Medicare and Medicaid. A dual plan will help you coordinate care for complex medical needs. You may get extra benefits and features not provided by either Medicare or Medicaid for a \$0 premium for members with Extra Help (Low Income Subsidy).



Chronic Special Needs Plans

Chronic Special Needs plans (C-SNPs) are for people who have a qualifying chronic health condition. This plan has extra services and programs designed to help you better manage your chronic condition.

Eligibility and enrollment



Medicare eligibility

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

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

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



When can I enroll in Original Medicare for the first time?

You can get started with Original Medicare during what's known as the Medicare Initial Enrollment Period (IEP). For most, this is around age 65. Your IEP is 7 months long, and includes the month you turn 65, the 3 months before and the 3 months after. If your birthday is on the 1st of the month, then your IEP is determined as though you were born the month before.

During this time, you can enroll in Original Medicare Parts A and B, Medicare Advantage (Part C) and Part D without penalty. You also have 6 months to be guaranteed coverage in a Medicare supplement insurance plan (Medigap), starting the first month you are age 65 or older and enrolled in both Original Medicare Part A and Part B.

Note: You may be automatically enrolled in Medicare Part A and/or Part B if you are receiving Social Security or Railroad Retirement Board benefits.



What if I miss my IEP?

If you miss your IEP, Original Medicare offers another chance to get coverage. This is known as the General Enrollment Period (GEP). The GEP runs January 1 to March 31 each year. During this time, you can enroll in Medicare Part A and Part B. If you enroll in Original Medicare during the GEP, you may also be able to add a Medicare Advantage (Part C) plan or a Medicare prescription drug (Part D) plan between April 1 and June 30 of the same year. Additionally, once you are enrolled in both Original Medicare Part A and Part B, you can apply for a Medicare Supplement insurance plan.

Keep in mind, missing your IEP can be costly. Medicare Part A, Part B and Part D may charge premium penalties if you miss your initial enrollment dates, unless you qualify for a Medicare Special Enrollment Period.



What is my enrollment schedule if I'm eligible due to a disability?

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

Eligibility and enrollment timing

When can you enroll or make changes to a Medicare Advantage (Part C) or prescription drug (Part D) plan?

If you're enrolled in Original Medicare Part A and Part B, you may be eligible to enroll and/or make changes to a Medicare Advantage (Part C) or standalone prescription drug (Part D) plan during the following enrollment periods.

Sept	
Oct	<p>Annual Enrollment Period, October 15–December 7</p> <p>During annual enrollment, you can add, drop or switch your Medicare coverage.</p>
Nov	
Dec	
Jan	
Feb	<p>Medicare Advantage Open Enrollment Period, January 1–March 31</p> <p>If you're already a Medicare Advantage plan member, you may disenroll from your current plan and either switch to a different Medicare Advantage plan one time only, or go back to Original Medicare during this period.</p>
Mar	
Apr	
May	<p>Special Enrollment Period</p> <p>Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:</p> <ul style="list-style-type: none"> Retire and lose your employer coverage Move out of the plan's service area Qualify for Extra Help from Medicare Qualify for a state Medicaid plan Have been diagnosed with certain qualifying chronic health conditions
Jun	
Jul	
Aug	

Note: Special needs plans have other eligibility requirements.

Prescription drug coverage

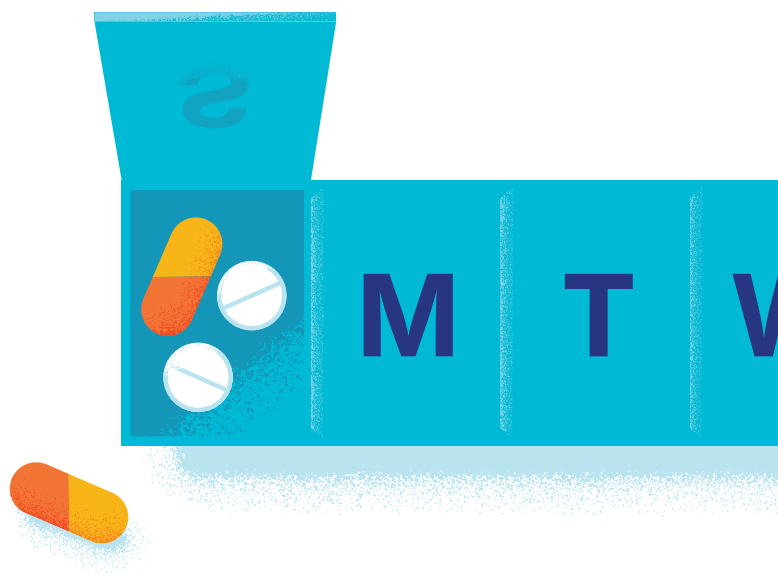
Understanding Medicare drug payment stages

Prescription drug costs can change during the year, depending which payment stage you are in. There are three drug payment stages as part of your prescription drug benefit.

Payment stages	Member typically pays	Plan typically pays	Stage limit
Annual deductible*	100% until you reach the plan deductible	0%	Varies by plan, but this stage ends once your deductible is met
Initial coverage	A copay or coinsurance	Balance after copay and coinsurance	Once your total out-of-pocket costs reach \$2,000, this stage ends
Catastrophic coverage	You pay \$0**	Varies, but typically pays the full cost of your covered Part D drugs	Through the end of the plan year

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

**You'll pay \$0 for Medicare-covered Part D medications in the Catastrophic phase.



Prescription drug coverage defined

Out-of-pocket costs

The total amount you (and others on your behalf) have paid for Medicare-covered Part D drugs. The maximum out-of-pocket costs for 2025 is \$2,000.

Pharmacy network

To receive Part D benefits, you must use a network pharmacy and show your UnitedHealthcare member ID card. You may receive additional savings on your prescriptions by using a preferred retail pharmacy or by using a mail service pharmacy and having your medications delivered.

Drug list or formulary

A formulary is a list of prescription drugs covered by a plan. Medicare sets standards for the types of drugs Part D plans must cover, but each plan chooses the specific brand-name and generic drugs to include on its formulary. Your enrollment guide will have a QR code to the official drug list.

Tiered formulary

There are five formulary tiers that plans use to organize their medication coverage. Typically, drugs on low tiers cost less than drugs on high tiers. Additionally, plans may charge a deductible for certain drug tiers and not for others, or the deductible amount may differ based on the tier. For example:

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

Step therapy

One way that UnitedHealthcare can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as brand-name drugs. You may be asked to do step therapy, which involves trying a preferred generic drug before your plan will cover a brand-name drug.

Quantity limits

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

Prior authorization

Before your plan will cover certain drugs, your doctor may need to provide information confirming a drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover the prescribed drug.

Formulary and utilization exceptions

If you need a drug that's not currently covered by your plan, you may:

- Ask for a formulary exception, which is coverage for your drug even if it is not on the drug list.
- Ask for a utilization exception, which waives coverage restrictions or limits on your drug.

Coverage decision timelines

If your doctor has submitted an exception request on your behalf, generally a decision will be made within 72 hours. You can request an expedited, or faster, decision if you or your doctor believes your health requires it.

Get to know: Important Medicare Advantage info



Things to be aware of:

Medicare Advantage has you covered

Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits.

Adding a Medicare Advantage plan may affect current coverage

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

Medicare Advantage offers the same protections as Original Medicare

Even though Medicare Advantage plans are provided by private companies, you still have the same rights and protections as with Original Medicare.

A Medicare Supplement Insurance plan (Medigap policy) is not a Medicare Advantage plan

Medicare supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B – and usually Part D – into a single plan.



Take steps to protect yourself:

You must continue to pay your Medicare Part B premium

Medicare gives your Part B premium to your UnitedHealthcare® Medicare Advantage plan to help pay for your additional coverage. Important: If you qualify for state Medicaid, your state may pay your Part B premium on your behalf.

You may qualify for financial assistance

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

If you are late to enroll in Part D, you may pay a penalty

This is an additional amount charged by Medicare that will be added to your Part D premium if you didn't enroll in prescription drug coverage when initially eligible for Medicare and didn't have other creditable drug coverage, or you didn't enroll in prescription drug coverage within 63 days of losing your creditable drug coverage. To avoid this, enroll in your prescription drug coverage right when you are initially eligible for Medicare. If you qualify for Extra Help, this does not apply to you.



Things to remember moving forward:

It may be better to use network providers

Use of network health care and pharmacy providers is typically required in most plans, and using providers outside of the network may cost you more. In an emergency, however, you can use any provider.

Keep your member ID card handy

You must present your UnitedHealthcare member ID card, not your Original Medicare card, when receiving covered services and prescriptions drugs if your plan has prescription drug coverage.

You have a built-in financial safety net

Your plan's annual out-of-pocket maximum ensures you'll never pay more than a certain amount in a given plan year for covered medical services. However, there are costs that do not count towards the out-of-pocket maximum, such as premium payments, drug costs and costs of extra services that a plan may offer such as routine dental, vision and hearing.

Additional resources

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

Medicare Made Clear®

MedicareMadeClear.com

An educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.

Medicare

Medicare.gov

1-800-633-4227, TTY 1-877-486-2048

24 hours a day, 7 days a week
(except some federal holidays)

A hotline for questions about Medicare plus detailed information about plans and policies available in your area.

Medicare & You

Downloadable at Medicare.gov or call the Medicare Helpline to request a copy.

The official Medicare handbook for Medicare programs, updated each year.

Online plan finders

Online tools for finding and comparing drug plans, Medicare Advantage plans and Medicare supplement plans.

Social Security Administration

SSA.gov

1-800-772-1213, TTY 1-800-325-0778

8 a.m.-7 p.m., Monday-Friday

Information about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also learn about Extra Help eligibility.

Low-Income Subsidy (LIS)

Extra Help with prescription drug costs

SSA.gov/medicare/part-d-extra-help

Extra Help is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs.

Administration on Aging

Eldercare locator

Eldercare.acl.gov

1-800-677-1116, TTY 711

8 a.m.-9 p.m. ET, Monday-Friday

Help in finding local, state and community-based organizations that serve older adults and their caregivers in your area.

State Health Insurance Assistance Program (SHIP)

ShipHelp.org

SHIP offers free counseling and can help with questions about buying insurance, choosing a health plan, help with paying for prescription drugs under the State Pharmaceutical Assistance Program, and your rights and protection under Medicare.

With our Right Plan Promise[®], you can rely on us to help you find the right UnitedHealthcare plan for your needs and budget.



An agent can help you take the next step today

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

Ask your agent to help you:



Look up your current doctors, specialists, hospitals and clinics to see if they're part of the UnitedHealthcare provider network



Check your prescription medications to make sure they're covered and help you understand your possible drug costs



Plan your enrollment and renewal schedule – with some plans, your coverage remains the same and auto-renews so long as you stay current with your premium payments



Determine if a financial need or specific medical condition could make you eligible for a special needs plan



Understand how a Medicare Advantage plan from UnitedHealthcare can work with care you receive from the Department of Veterans Affairs

Using your enrollment guide

Ask your agent for an enrollment guide – it's full of important information, including a summary about your specific plan as well as details about:

- **Enrollment:** Everything you need to enroll, including helpful checklists
- **Benefit information:** A quick overview of common plan benefits plus a summary of plan-specific coverage and what you'll pay for services
- **UnitedHealthcare® UCard:** Your UCard is your member ID and so much more
- **QR codes:** Use your smartphone or tablet to link directly to your plan's formulary, drug tool, member site and download the UnitedHealthcare app
- **Medicare Star ratings:** Yearly quality and performance ratings for the plan, so you may feel confident about the quality of your coverage
- **Multi-language interpreter services:** Free help with translations and to answer questions
- **Contact information:** Customer Service, routine services and others



At UnitedHealthcare, our mission is to help people live healthier lives and make the health system work better for everyone.
We work to make care easier to get to, and simpler to manage.
And we're committed to help you find the right plan for your needs.

Why choose a UnitedHealthcare Medicare plan?

Designed for all budgets, stages and ages, UnitedHealthcare plans are America's most-chosen Medicare Advantage brand.

Click. Call. Connect.

Find Medicare coverage you can count on



Shop plans at uhc.com/medicare



Talk with a Medicare Plan Expert **1-855-868-8374**, TTY **711**



Chat online with a Medicare Plan Expert

UnitedHealthcare® Medicare Advantage



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and/or Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Provider network may vary in local market. Provider network size based on Zelis Network360, May 2024. Most chosen based on total plan enrollment from CMS Enrollment Data, May 2024. Member recommendations based on Human8, May 2023. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Medicare Plan Expert is a licensed insurance sales agent/producer. The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations. © 2024 United HealthCare Services, Inc. All Rights Reserved.