

90 DAYS
FROM RETIREMENT

EMPLOYEE ROADMAP TO MEDICARE



University
of Idaho

Resources for
Medicare Eligible
Employees



Finally, a useful (free) Medicare and Social Security resource

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

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



Resource Library

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

On-call experts

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

1-on-1 meetings

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

101 Seminars

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

101 Webinars

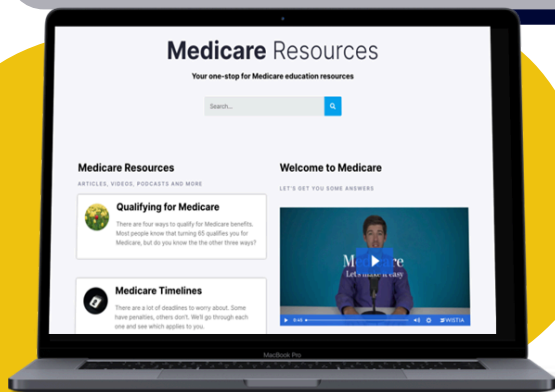
Learn all about Medicare and Social Security from the comfort of your home, or anywhere else in the world for that matter, with a virtual webinar.

Presentation on Demand

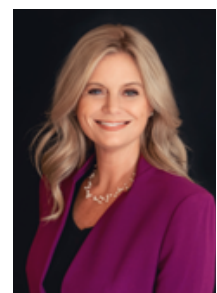
Anyone can watch pre-recorded 101 presentations at any time from anywhere.

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

90DaysFromRetirement.com/ID



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Step 1

Enroll in Original Medicare

www.SocialSecurity.gov/Medicare or 1-800-772-1213

Original Medicare is provided by the federal government



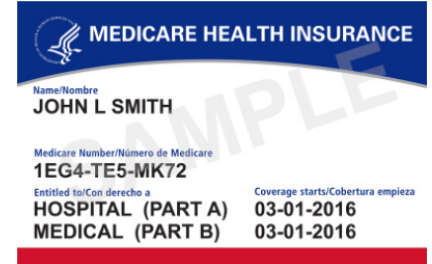
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



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

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

OPTION 1 ————— OR ————— OPTION 2

Medicare Supplement Plan



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

Medicare Part D Plan



Helps pay for prescription drugs

Medicare Advantage Plan

Part C



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

Part D



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

OPTION 3

* available only if offered by your employer

Group Retiree Plan

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

Please contact us with any questions

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COMPARE THE COSTS OF MEDICARE PLANS



	PLAN 1	PLAN 2	PLAN 3
Name of Plan			
Monthly Plan Premium			
Max Out of Pocket			
Primary Care Copay			
Specialist Copay			
Emergency Room			
Inpatient Hospitalization			
Outpatient Surgery			
Diagnostic Test			
Lab Services			
Diagnostic Radiology (MRI,CT,PET)			
Outpatient Rehab (PT/OT/ST)			
Prescription Drug deductible			
Prescription Drug Cost			

COMPARE PLAN FEATURES

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

FEATURES	PLAN 1	PLAN 2	PLAN 3
Current physicians In-network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current prescriptions covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Vision Services	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Hearing Exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/ Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the Counter (OTC)	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Gym Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HSA REFERENCE SHEET

Participating in an HSA stipulates that the member *cannot* be enrolled in Medicare. Enrollment in Medicare will render an individual ineligible to begin a new HSA and we will require those who have HSA's to stop making contributions.

All forms of contributions must cease

- Employee contributions
- Employer contributions
- Contributions by others on the individual's behalf
- Contributions using the "Last Month Rule"
- Contributions from an IRA rollover



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

HSA / MEDICARE TIMING RECOMMENDATIONS

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

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

What to do:

Determine your desired Part A start date in advance and work backwards from that point to know when HSA contributions need to cease to avoid the taxes and penalties.

Low Income Subsidy (LIS) Part D Prescription Drug Extra Help



Income and Resource Requirements

2024 Income Limits		
150% Federal Poverty Level	Individual	Married
Yearly Gross Income	\$22,590	\$30,660
Monthly Gross Income	\$ 1,882	\$ 2,555

What is LIS?

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

To qualify for Extra Help, the consumer must:

- Have Medicare Part A and/or Part B
- Meet **resource** and **income** limits

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

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

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

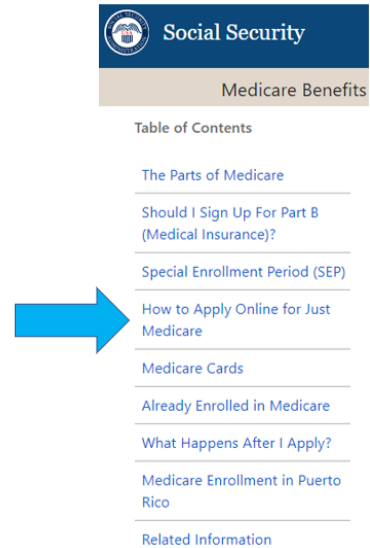
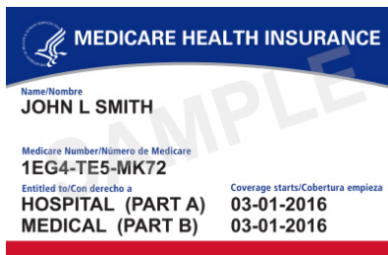
<http://www.socialsecurity.gov/prescriptionhelp/>

Helpful Guide for applying for your Medicare online

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

2 Simple Steps

1. Before applying, visit "Checklist for Online Applications" to see what you will need at www.ssa.gov/hlp/isba/10/isbachecklist.pdf (see back side for checklist)
2. Then apply at: www.socialsecurity.gov/medicare



It's that easy!

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



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**You don't need to do this alone -
take advantage of free, expert advice**



www.90DaysfromRetirement.com/ID



Checklist for Online Medicare, Retirement, & Spouses Applications

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

Create a **my Social Security** Account

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

File for Benefits Online – The Information You Need	Medicare Only	Retirement & Spouses
Date and Place of Birth If you were born outside the United States or its territories: <ul style="list-style-type: none"> Name of your birth country at the time of your birth (it may have a different name now) Permanent Resident Card number (if you are not a U.S. citizen) 	X	X
MEDICAID Number (State Health Insurance) - Start and End Dates	X	
Current Health Insurance <ul style="list-style-type: none"> Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan Start and end dates for the Group Health Insurance provided by you (or your spouse's) current employer 	X	
Marriage and Divorce <ul style="list-style-type: none"> Name of current spouse Name of prior spouse (if the marriage lasted more than 10 years or ended in death) Spouse(s) date of birth and SSN (optional) Beginning and ending dates of marriage(s) Place of marriage(s) (city, state or country, if married outside the U.S.) 		X
Names and Dates of Birth of Children Who: <ul style="list-style-type: none"> Became disabled prior to age 22, or Are under age 18 and are unmarried, or Are aged 18 to 19 and still attending secondary school full time 		X
U.S. Military Service <ul style="list-style-type: none"> Type of duty and branch Service period dates 		X
Employer Details for Current Year and Prior 2 Years (not self-employment) <ul style="list-style-type: none"> View your Social Security Statement online at www.socialsecurity.gov/myaccount Employer name Employment start and end dates 		X
Self-Employment Details for Current Year and Prior 2 Years <ul style="list-style-type: none"> View your Social Security Statement online at www.socialsecurity.gov/myaccount Business type Total net income 		X
Direct Deposit - Domestic bank (USA) <ul style="list-style-type: none"> Account type and number Bank routing number 	Direct Deposit - International bank (non-USA) <ul style="list-style-type: none"> International Direct Deposit (IDD) bank country Bank name, bank code, and currency Account type and number, branch/transit number 	
		X

How to Enroll to Medicare

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The screenshot shows the 'Sign up for Medicare' page on the Social Security website. At the top, there is a navigation bar with 'Social Security', 'Benefits', 'Medicare', and 'Card & record'. Below the navigation bar, the page title is 'Sign up for Medicare' with a URL www.ssa.gov/medicare/sign-up. The page contains a sidebar with links like 'Plan for Medicare', 'Sign up for Medicare', 'Sign up for Part B only', 'Request to lower IRMAA', 'Apply for Part D Extra Help', and 'Manage Medicare benefits'. The main content area has a heading 'Sign up for Medicare' and a sub-heading 'Sign up for Part B only'. A red arrow points to the 'Apply online' button under the 'Sign up for Medicare' section. A yellow arrow points to the 'Get started' button under the 'Sign up for Part B only' section, with a note 'Use only if you already have Part A'.

The screenshot shows the 'Apply for Benefits' page on the Social Security website. The page title is 'Apply for Benefits'. Below the title, there is a section titled 'Who Is Completing This Application?'. This section contains three questions with radio button options: 'Tell us information about the person completing this application:', 'Do you have a my Social Security account?', and 'Do you have an address in the United States or U.S. territories?'. A red arrow points to the 'No' option for the 'Do you have a my Social Security account?' question. At the bottom of the page, there are 'Next' and 'Previous' buttons.

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

The screenshot shows the 'Sign In' page on the Social Security website. The page title is 'Sign In'. Below the title, there is a note: 'Accounts created before September 18, 2021 should enter a Username and Password.' The page contains two input fields: 'Username' and 'Password'. Below the 'Password' field, there is a 'Forgot Password?' link. There are two buttons: 'Sign in' and 'Sign in with LOGIN.GOV'. The 'Sign in with LOGIN.GOV' button is circled in yellow. Below it is a 'Sign in with ID.me' button. At the bottom of the page, there is a 'Learn more' link and a 'Create an account' link. A red arrow points to the 'Create an account' link. A yellow box contains the text: 'When you select "Create an account" it defaults to LOGIN.GOV This is the recommended site, NOT ID.me'.

The screenshot shows the 'Create your personal my Social Security account today' page on the Social Security website. The page title is 'Create your personal my Social Security account today'. Below the title, there is a paragraph: 'A free and secure my Social Security account provides personalized tools for everyone, whether you receive benefits or not. You can use your account to request a replacement Social Security card, check the status of an application, estimate future benefits, or manage the benefits you already receive.' At the bottom of the page, there are two buttons: 'Create an Account' and 'Sign In'.

Order Medicare Card or Verify Medicare Coverage with my Social Security

 my Social Security

www.ssa.gov/myaccount/

[Sign Out](#)


[Home](#) [Messages](#) [My Profile](#)

Welcome,

You last signed in on 1

 [Your Social Security Statement](#)

You can download your statement as a PDF or an XML file.

 [Your Benefit Verification Letter](#)

This is your proof of income letter.

 [Replace Your Social Security Card](#)

 [Replace Your Tax Form SSA-1099/SSA-10425](#)

Benefits and Payments

Benefit Summary

total monthly benefit before deductions

[View your payment history and overpayment details](#)

Need to update your **contact** or **direct deposit** information? Go to [My Profile](#).

Social Security (Retirement)

Active

next payment before deductions

Next Payment Date:

Payments are made on the **4th Wednesday** of every month

Payments are made by **Direct Deposit**

Last payment: February 21, 2023

Monthly Benefit Amount:

Medicare Premium(s):

Other Deductions:

Last Payment Total:

Medicare Enrollment Details

Status: **Enrolled**

Part A (Hospital Insurance)

Your coverage started **February 2022**. Your monthly premium is **\$0.00** (as of February 2022).

Part B (Medical Insurance)

Your coverage started **February 2022**. Your monthly premium is **\$164.90** (as of March 2023).

Part C (Medicare Advantage)

Your coverage started **February 2022**. Your monthly premium is (as of January 2023).


Part D (Medicare Prescription Drug Coverage)

Your coverage started **February 2022**. Your monthly premium is (as of January 2023).

[Replace your Medicare Card](#)

Medicare Questions?

This information should not be used as proof of coverage. It is provided by the Center for Medicare Services and may not reflect recent updates. Please call 1-800-633-4227 or visit [Medicare.gov](#) for assistance. If you are deaf or hard of hearing, you may call the TTY number, at 1-877-486-2048.

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

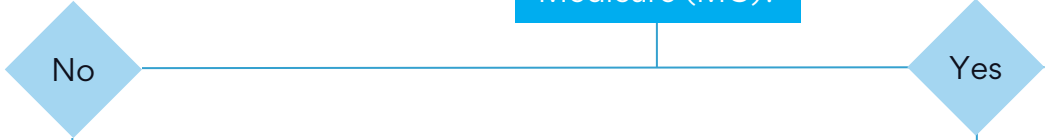
Coverage starts/Cobertura empieza
03-01-2016
03-01-2016



Medicare DECISION TREE

Are you going to continue working after you are eligible for Medicare (MC)?

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Ask the employer when your current coverage ends

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



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



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

Ask the employer or benefits administrator (HR) how the current Employee Group Health Plan (EGHP) works with Medicare and determine if you should:
A) Remain on EGHP and enroll in Medicare Part A & B
B) Remain on EGHP, decline Part B and enroll in Part A only
C) Remain on EGHP and decline Medicare Part A & B
D) Drop EGHP and enroll to Medicare Part A & B

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

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



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

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

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*Turn page for additional information

(1)
Enroll to Part A only

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

Yes

No

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

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

Use the "Related Information" links

Please contact us with any question

(2)
Enroll to Part A & Part B

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

Yes

No

You will automatically be enrolled to MC Parts A & B. We recommend you verify your MC coverage at www.ssa.gov/myaccount
Note: you are unable to delay Part A if you are collecting SSA

Please contact us with any question

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

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

Use the "Related Information" links

Please contact us with any question

(3)
Enroll into Part B after delaying Part B coverage

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

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

Please contact us with any question

Go to: <https://secure.ssa.gov/mpboa/medicare-part-b-online-application/>
You will need the following forms from SSA (found on website)
CMS 40B (Application for enrollment in Medicare)
CMS L564 (Request for employment information)
Fill out and sign CMS 40B.
Ask your employer to complete CMS L564.

Note: When completing the forms CMS-40B and CMS-L564: State "I want Part B coverage to begin (MM/YY)" in the remarks section of the CMS-40B form or online application.



2024 Medicare Advantage

Clarity Guide

Get clear answers to your
Medicare plan questions.

United
Healthcare
Medicare Advantage

Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Provided by the federal government



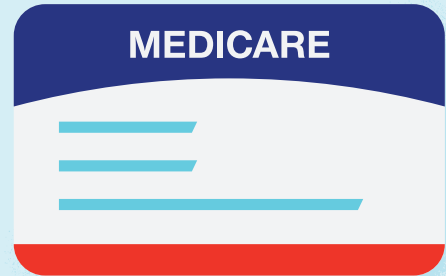
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care



Step 2

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

Option 1

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance

Offered by private companies



Helps pay some or all the costs **not** covered by Original Medicare

Medicare Part D Plan

Offered by Medicare-approved private companies



Helps pay for prescription drugs

or

Option 2

Choose a Medicare Advantage plan:

Medicare Advantage Plan

Offered by Medicare-approved private companies



Part C

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



Part D

Often include prescription drug coverage



May offer additional benefits not provided by Original Medicare

Eligibility and enrollment

Medicare eligibility

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

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

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

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

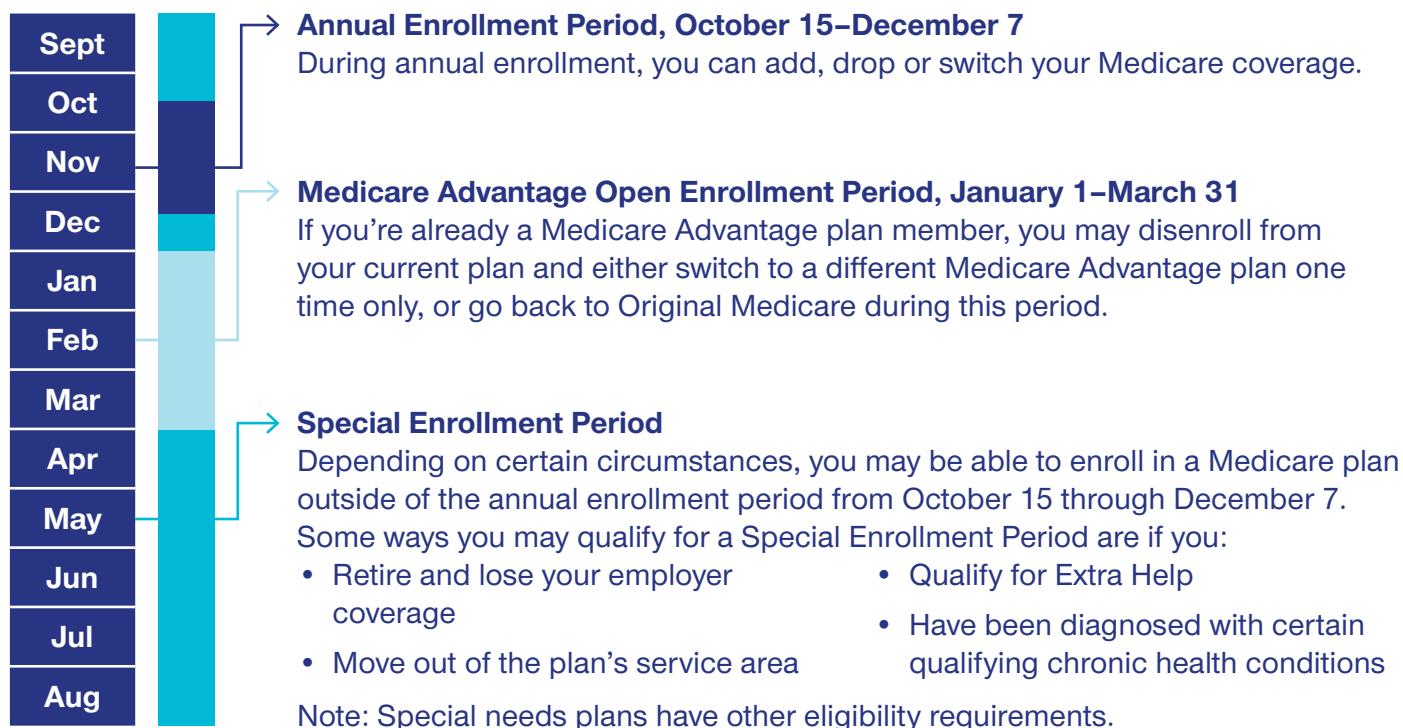
Initial Enrollment Period (IEP)

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



Eligible due to a disability?

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



A woman with curly brown hair, wearing glasses and a blue denim shirt, is looking down at her smartphone. She is wearing a necklace with orange beads and a silver pendant, and a ring on her finger. The background is a bright, out-of-focus window.

10 things to know about Medicare Advantage

- 1 You must continue to pay your Medicare Part B premium.**

Medicare then gives your premium to your UnitedHealthcare® Medicare Advantage plan to help pay for your additional coverage.
- 2 Medicare Advantage has you covered.**

Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits.
Important: Hospice care is still covered under Original Medicare.
- 3 Joining a Medicare Advantage plan may affect your current coverage.**

If you have existing coverage or employer-provided health insurance and plan to work past 65, check to see how joining a Medicare Advantage plan could affect or cancel your current coverage.
- 4 It's best to use network providers.**

Use of network health care and pharmacy providers is typically required. Using providers outside of the network may cost you more. In an emergency, you can use any provider.
- 5 You may qualify for financial assistance.**

Depending on your financial situation, you may qualify for help paying your plan premiums or Part D prescription drugs through a low-income subsidy or Extra Help.
- 6 If you enroll in Part D late, you may pay a penalty.**

This is an additional amount charged by Medicare that will be added to your Part D premium if you didn't enroll in prescription drug coverage when initially eligible for Medicare and didn't have other creditable drug coverage, or you didn't enroll in prescription drug coverage within 63 days of losing your creditable drug coverage.
- 7 A Medicare Supplement insurance plan (Medigap policy) is not a Medicare Advantage plan.**

Medicare Supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B, and often Part D, into a single plan.
- 8 Keep your member ID card handy.**

Members must present their UnitedHealthcare member ID card, not their Original Medicare card, when receiving services.
- 9 Medicare Advantage offers the same protections as Original Medicare.**

Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as with Original Medicare.
- 10 You have a built-in financial safety net.**

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

Prescription drug coverage

Understanding Medicare drug payment stages

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

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

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



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

Total drug costs

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

Out-of-pocket costs

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



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

Prescription drug coverage defined

Pharmacy network

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

Drug list (formulary)

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

Tiered formulary

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

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

Step therapy

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

Quantity limits

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

Prior authorization

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

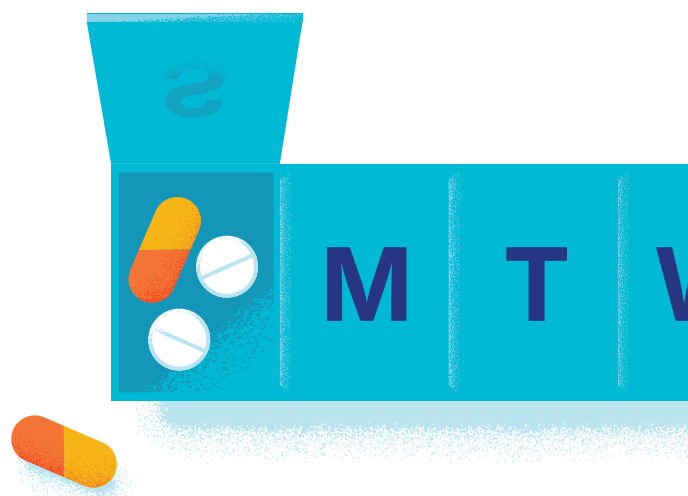
Asking for an exception

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

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

Coverage decisions

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



When it comes to Medicare, everyone has different needs



An agent can help you take the next step today

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

Ask your agent to help you:



Look up your providers, hospitals, specialists and clinics to make sure they're part of the large UnitedHealthcare provider network



Check your prescription medications to make sure they're included and help you understand your anticipated costs



Access additional services, including unique benefits available to UnitedHealthcare plan members



Find out if you're eligible for more benefits if you have certain medical conditions or qualify for both Medicare and Medicaid



Understand how a Medicare Advantage plan from UnitedHealthcare can work with the care you receive from the VA

Additional resources

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

Medicare Made Clear®

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

Medicare

Medicare Helpline

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

Medicare & You

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

Online plan finders

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

Social Security

Social Security Administration

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

Low-Income Subsidy (LIS)

Extra Help with prescription drug costs

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

Administration on Aging

Eldercare locator

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

State resources

State Health Insurance Assistance Program (SHIP)

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

ShipHelp.org

Why UnitedHealthcare?

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

Reasons to choose UnitedHealthcare:

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

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



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



Go online anytime to **uhc.com/medicare**.



From the UnitedHealthcare family of Medicare plans.



UnitedHealthcare® Medicare Advantage

¹Based on total plan enrollment from CMS Enrollment Data, May 2023

²Member recommendation based on Human8, May 2023

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

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