UnitedHealthcare® welcomes you

Y0066_111019_132221_FINAL_ CMS Approved 11212011

2012 TSP H4590-012
OVEX3320024_000

Discussing
AARP® MedicareComplete® SecureHorizons®
(HMO)

Pre-enrollment/sales kits are available to you. Please take one, as they contain valuable information such as summary benefit information, appeal and grievance information, plan renewal information, and written notice on low income subsidies.

Contracted, independent licensed agent authorized to sell products within the UnitedHealthcare Medicare Solutions portfolio.

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Meeting agenda

- An introduction to UnitedHealthcare
- The ABCs of Medicare
- AARP® MedicareComplete® SecureHorizons® (HMO)
- How to enroll
- What to expect after enrollment

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Why choose UnitedHealthcare?

- We've been providing Medicare solutions to our members for over 30 years
- More people trust us with their Medicare coverage than any other company[1]
- We offer a wide range of programs and services designed to help members live healthier lives

[1]June 2011 CMS Enrollment Data

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A health care company with a local focus

- A membership base that speaks for itself
- A comprehensive provider network
- A committed community partner

AARP and UnitedHealthcare

Organizations that believe everyone with Medicare should have access to affordable, quality health care coverage.

AARP

- A nonprofit organization focused on making positive social change and delivering value to members
- Provides members with access to a wide range of products and services from top companies, including health and wellness programs

UnitedHealthcare®

- Insurer holding the plan contract with Medicare
- A health and well-being company dedicated to improving health care for all Americans
- Provides a wide range of Medicare services on a national basis

These UnitedHealthcare® Medicare Advantage plans are insured or covered by an affiliate of UnitedHealthcare Insurance Company. 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. AARP and its affiliates are not insurance agencies and do not employ or endorse individual agents, brokers, producers, representatives, or advisors.

The ABCs of Medicare

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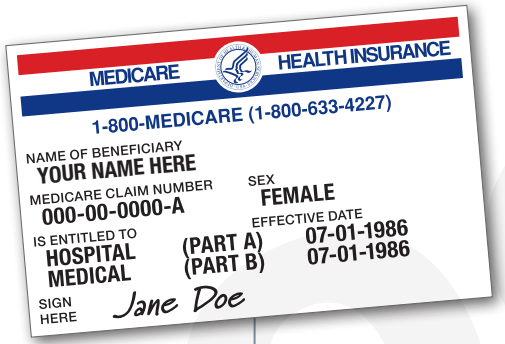
Eligibility for Original Medicare



You're eligible to join Medicare if:

- You are 65 years old, or you are under 65 and qualify on the basis of disability or other special situation
- You are a U.S. citizen or a legal resident who has lived in the U.S. for at least five consecutive years

Some things to know about the "age 65" rule

- Even if you're already collecting Social Security, you must wait until you're 65
- You must be 65, your spouse's age doesn't count
- Even if you're not collecting Social Security yet, you're eligible at age 65

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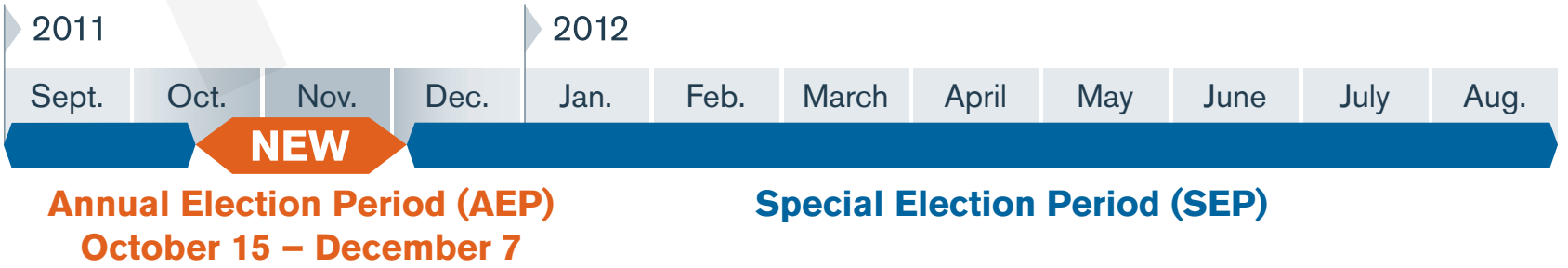
Election periods

- Election periods allow you to enroll or switch Medicare plans
- Your Initial Enrollment Period (IEP) extends three months before and three months after your initial eligibility month (seven-month window)
- **Annual Election Period (AEP)** is between October 15 and December 7
- Some individuals may also qualify for a **Special Election Period (SEP)** depending on their circumstances



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The ABCs of Medicare

Medicare (Parts A & B)

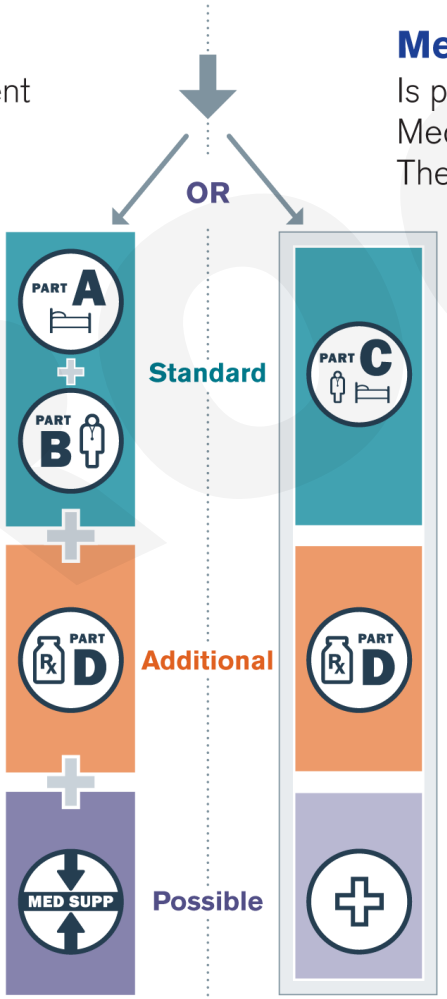
Is provided by the government and government subcontractors. Medicare pays fees for your care directly to the doctors and hospitals you visit. Some people call this "fee for service."

Part A
helps with hospital costs.

Part B
helps with doctor and outpatient care.

Part D
helps pay for prescription drugs.

Medicare supplement insurance plans
cover some costs not covered in Parts A & B.



Medicare Advantage (Part C)

Is provided by private companies approved by Medicare. Medicare pays a fixed fee to the plan for your care. Then the plan pays the doctors and hospitals.

Part C
plans combine hospital costs, doctor and outpatient care in one plan.

Part D
in many Medicare Advantage plans. Some plans offer built-in drug coverage. Other plans treat it as an optional add-on.

Additional benefits
are often included, such as vision and hearing services.

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Medicare Advantage eligibility

- Enrolled in Medicare Part A and Part B
- Live in plan service area
- Do not have End Stage Renal Disease (ESRD)

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Questions?

Plan benefits

Glossary

- **Premium:** A fixed monthly amount you may pay to participate in the plan
- **Deductible:** A preset amount that you have to pay first, before your plan begins to help you with the costs
- **Copayment (copay):** A type of cost sharing where you pay a preset, fixed amount for each service
- **Coinsurance:** A type of cost sharing where costs are split on a percentage basis. For example, your plan might pay 80%, and you would pay 20%
- **Out-of-pocket maximum:** A limit that plans set on the amount of money you will have to spend out of your own pocket

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AARP® MedicareComplete® SecureHorizons® (HMO)

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What's an HMO plan?

- HMO stands for Health Maintenance Organization
- A Medicare Advantage plan with a network of physicians, hospitals and other health care professionals
- You must get routine care from one of our many plan providers
- Your primary care physician oversees your care and may refer you to specialists, if applicable

In all types of Medicare plans, if you have an emergency or need urgent care, you can go to the nearest doctor or hospital. Coverage varies by plan. Not all plans are available in every state or county.

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Plan Costs	In-Network
Monthly plan premium	$0
Deductible	None
Annual out-of-pocket maximum	$4,900

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How can we offer a plan with a $0 monthly premium?

- When you enroll, the federal government pays us a set amount of money to help pay for your future health care costs
- Because of our size we have the plans, provider partnerships and wellness programs to help keep costs down
- This allows us to offer more benefits than Original Medicare for a $0 monthly premium in addition to your Part B premium

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Doctor Office Visits	In-Network
Primary care physician (PCP)	$5 copay
Specialist	$35 copay (Referral needed)

Preventive Care	
Annual physical	$0 copay
Cardiovascular screening	$0 copay
Colorectal cancer screening	$0 copay
Prostate cancer screening	$0 copay
Breast cancer screening	$0 copay

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Inpatient Care	In-Network
Inpatient hospital	$175 copay per day: days 1-7. $0 thereafter
Skilled nursing facility (SNF) care	$0 copay per day: days 1-3

Outpatient Services	
Outpatient surgery and hospital services	$175 copay
Diabetes testing supplies	$0 copay
Home health care	$0 copay

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Lab Services	In-Network
Laboratory tests	$14 copay
Diagnostic testing	20% coinsurance
X-rays	$15 copay

Emergency Services	
Ambulance services	$200 copay
Emergency room	$65 copay
Urgently needed care	$30 copay in-area. $40 copay out-of-area.

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Plan Costs	In-Network
Additional services and programs not covered under Medicare	
Podiatry services	
Foot care	$35 copay for 6 visits per year
Vision services	
Glaucoma screening	$0 copay
Routine exams	$35 copay; 1 per year
Eyewear	$30 copay for coverage up to $70 every 2 years for frames (standard lenses included) or $105 for contact lenses
Hearing services	
Annual hearing test	$5 copay
Hearing aids	$110 copay for each UnitedHealthcare Health Innovations Behind-the-Ear aid $160 copay for each UnitedHealthcare Health Innovations Open-Fit In-the-Canal aid Limit 2 per year See the "Good to Know" section for more information

Benefit information shown as represented in the plan's 2012 Enrollment Kit. This is not a complete description of benefits. Please refer to the Summary of Benefits for further benefit details.

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AARP® MedicareComplete® SecureHorizons® (HMO)

Plan Costs	In-Network
Additional services and programs not covered under Medicare	
SilverSneakers® Fitness program	Basic fitness membership at a participating location. Access to fitness classes designed especially for older adults, heated pools, treadmills and free weights varies depending on location. Please visit www.SilverSneakers.com for more information.
Nurseline℠	Speak with a registered nurse (RN) 24 hours a day
Optional additional plan coverage	
Dental 467 Rider	$15 additional monthly premium See the "Good to Know" section for more information
Deluxe Rider	$39 additional monthly premium See the "Good to Know" section for more information

Benefit information shown as represented in the plan's 2012 Enrollment Kit. This is not a complete description of benefits. Please refer to the Summary of Benefits for further benefit details.

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Did you know that hearing loss is the third most common chronic health condition?[1]

- Untreated hearing loss can diminish your ability to stay connected to people, and has been linked to depression, anxiety, dementia, heart disease and diabetes[2]
- Fortunately, 90% of people with hearing loss can benefit from hearing aids[3]
- We worked hard to bring our members hearing aid coverage that may help to improve their hearing and wellness
- Instead of paying thousands of dollars for hearing aids, you pay a much smaller price from hi HealthInnovations

hi HealthInnovations™

1-855-5BE-WELL (TTY 711)
8 a.m. – 8 p.m. CST,
Monday through Friday
www.hihealthinnovations.com

[1]National Institute on Deafness & Other Communication Disorders, 2011
[2]National Institute of Health, 2008; Johns Hopkins Medicine, 2011; Hearing Loss and Coronary Heart Disease, 1965; WebMD, 2009
[3]Better Hearing Institute, 2011

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Prescription drug coverage

Two important concepts

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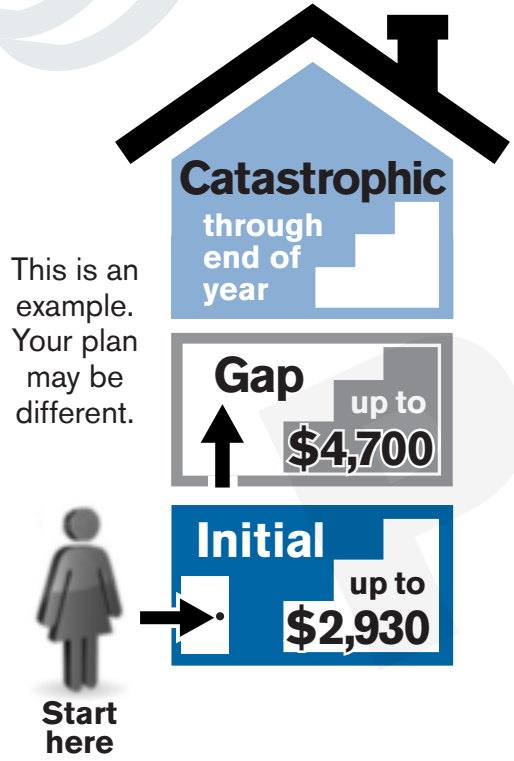
Prescription drug coverage stages



This is an example. Your plan may be different.

Catastrophic Coverage Stage

In this stage you pay only a small copay or coinsurance amount for each filled prescription. The plan pays the rest until the end of the calendar year.

Coverage Gap Stage (Doughnut hole)

During this stage you pay 50% of the cost (plus the dispensing fee) of brand-name drugs and 86% of the cost of generic drugs.
Once your out-of-pocket costs reach $4,700, you move to catastrophic coverage.

Initial Coverage Stage

During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill. The plan pays the rest until you reach $2,930 in total drug costs.

In the coverage gap you pay only a percentage of the drug cost.

less than 1 in 9

UnitedHealthcare members without Extra Help enter the coverage gap.

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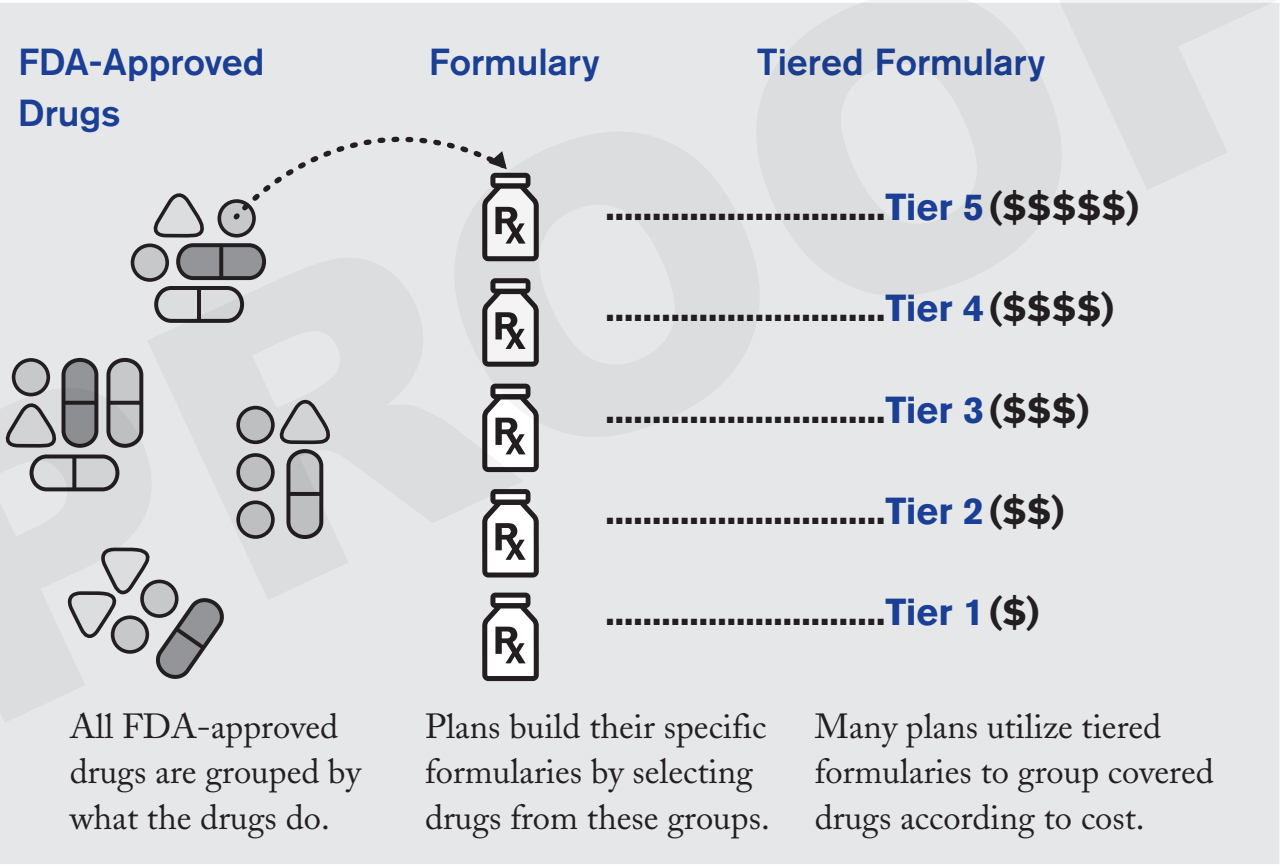
Prescription drug formulary



Medications not on a plan's Formulary, or covered drug list, may not be covered or may cost more.

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Prescription Drugs	Your Costs	
Prescription drug deductible	$0	
Initial coverage stage	31-day retail supply	90-day mail order supply
Tier 1	$3	$6
Tier 2	$6	$12
Tier 3	$44	$122
Tier 4	$88	$254
Tier 5	33%	33%
Coverage gap stage (after prescription costs reach $2,930)	Tier 1 and Tier 2 only	
Catastrophic coverage stage (after you have paid $4,700 out-of-pocket)	The greater of $2.60 for generics, $6.50 for brand-name, or 5%.	

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Pharmacy Saver

- We worked with network pharmacies to get lower costs on some of the most common drugs
- Includes drugs used to treat high cholesterol, high blood pressure, diabetes and much more
- Hundreds of generic drugs are now only $2 for a 30-day supply
- Different participating pharmacies offer different drugs
- To learn more or to see a list of pharmacies, drugs and prices go to: www.PharmacySaver.com

$2

on hundreds of prescription drugs

PharmacySaver

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Drugs and prices are subject to change. Quantities may be limited by retailer based on their dispensing policy.

Preferred Mail Service Pharmacy

- Fill your prescriptions for less and have them delivered right to you
- Your plan's preferred mail service is offered through Prescription Solutions® by OptumRx™
- Licensed pharmacists are available by phone 24 hours a day, 7 days a week to answer your medication questions
- Call Prescription Solutions by OptumRx at 1-800-788-4863 (TTY 711), 24 hours a day, 7 days a week

If you are receiving Extra Help from Medicare, your copays may be lower or you may have no copays. Please have your medication name and physician's telephone number ready when you call.

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Let's look at AARP® MedicareComplete® SecureHorizons® (HMO) in action

The following scenario provides a health care costs snapshot of a member who is in relative good health, but sees a specialist once a month to manage a chronic health condition.

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AARP® MedicareComplete® SecureHorizons® (HMO)

	Monthly premium	Health events
Month 1	$0.00	$35.00 copay for specialist visit, $0 copay for annual physical visit
Month 2	$0.00	$35.00 copay for specialist visit
Month 3	$0.00	$35.00 copay for specialist visit, $5.00 copay for sick visit to PCP
Out-of-pocket totals	$0.00	$110.00

The plan's annual out-of-pocket maximum is there to ensure he'll never spend more than $4,900.00 for covered services during a given plan year.

You must continue to pay your monthly Part B premiums. Premiums/copays/coinsurance and deductibles may vary based on the level of Extra Help received.

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UnitedHealthcare Customer Service

Josie Laster

UnitedHealthcare Member

"Customer service has always been courteous and helpful."

Ginnie Bivona

UnitedHealthcare Member

"I got to a live human being fairly quickly who got my questions answered. When the person I was talking to couldn't answer one of my questions, they got me to someone who could."

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Questions?

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Ready to enroll?

Here's your enrollment checklist:

1. **Review** the benefit information included in your Enrollment Kit
2. Use a **Provider Directory** to find a primary care physician (PCP)
3. Check the plan's **Drug List** to see if your medications are included
4. Have your **Original Medicare ID** card ready
5. Discuss your enrollment options with an **agent**

Outbound enrollment and verification (OEV) call che

After walking you through the enrollment kit, your agent will use the checklist on the next page to mak you fully understand Medicare Advantage plans.

After you've submitted the enrollment request, you'l a call within 15 days from DSS Research, a trusted vendor authorized by UnitedHealthcare. During thi a representative from DSS Research will make sure Medicare Advantages plan was explained to you cle and completely, and will verify your intent to enroll plan before you actually enroll. The representative w help you understand the 7-day cancellation language required by Medicare. The verification call may not this checklist exactly, but it may be helpful to have it for the call.

This call is required by Medicare. It will not affect y ability to enroll in the plan. Your sales agent will no this call. To confirm your identity and protect your p the representative will need your date of birth.

If you are not home to take the call, DSS Research you an enrollment verification letter.

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Outbound enrollment and verification (OEV) call checklist (cont.)

For all plans:		
Did the sales agent explain that you would be receiving a call to verify your enrollment?	☐ Yes	☐ No
Do you understand you have applied for a Medicare Advantage plan?	☐ Yes	☐ No
Do you understand that to enroll you must have Medicare Parts A and B?	☐ Yes	☐ No
Did the sales agent fully explain your premium, benefits, copays and coinsurances?	☐ Yes	☐ No
Did the sales agent make sure that your doctor is in the network?	☐ Yes	☐ No
Did the sales agent show you the Summary of Benefits (SB) inside this booklet?	☐ Yes	☐ No
Did the sales agent give you their contact information (name, phone or business card)?	☐ Yes	☐ No
Did the sales agent give you the receipt from the enrollment form?	☐ Yes	☐ No
Only for PFFS plans:		
Did the sales agent ask if you get both Medicare and Medicaid benefits? Did they explain that PFFS plans may not always be a good choice for people with Medicare and Medicaid?	☐ Yes	☐ No
Did the sales agent fully explain to you what "deeming" means?	☐ Yes	☐ No
Only for Dual SNP plans:		
Did the sales agent tell you that your enrollment form will not be processed until your Medicaid status is confirmed?	☐ Yes	☐ No
Only for Chronic plans:		
Did the sales agent tell you that your enrollment form will not be processed until your chronic illness has been confirmed, which may take up to 21 days?	☐ Yes	☐ No
Only for HMO, HMO-POS and PPO plans:		
Do you understand you must use in-network health care providers to get the in-network benefits, copays and coinsurances?	☐ Yes	☐ No
Do you understand that if you use out-of-network health care providers you will likely pay higher out-of-pocket costs?	☐ Yes	☐ No
Only for Medicare Advantage plans including prescription drug coverage:		
Did the sales agent explain the plan's drug list and drug tiers?	☐ Yes	☐ No
Did the sales agent explain the coverage gap, sometimes called the doughnut hole?	☐ Yes	☐ No
Do you understand you must use a UnitedHealthcare network pharmacy?	☐ Yes	☐ No

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Road map after enrollment

Steps	How you get it	Description
1 Receipt of completed enrollment form	Agent	Confirms you submitted an enrollment form
2 Copy of completed enrollment form	Mailed	UnitedHealthcare will mail you a copy of your enrollment form, within two weeks, for your records
3 Acknowledgement of receipt of completed enrollment form	Mailed	A letter stating we received your completed enrollment form. (Please note: Medicare must approve your enrollment form)
4 Notice to confirm enrollment	Mailed	Notice that Medicare has approved your enrollment form. Your enrollment is complete
5 Outbound enrollment and verification call	Phone	Makes sure the Medicare Advantage plan was fully explained by your sales agent. This call will also confirm your intent to enroll in the plan

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Road map after enrollment

Steps	How you get it	Description
6 Member ID card	Mailed	Bring your new plan member ID card every time you visit the doctor, hospital or pharmacy
7 Welcome kit	Mailed	Includes important plan information, such as the Evidence of Coverage
8 Premium assistance	Mailed	You may receive a letter on how to get extra help with your Medicare premiums and other health care costs, if you qualify
9 Health needs assessment call	Phone	This call will help UnitedHealthcare learn about your health history. The information will not affect your enrollment in this plan. Your answers will help us create a health program to fit your needs

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Members may enroll in the plan only during specific times of the year. Contact UnitedHealthcare for more information. You must have both Medicare Parts A and B to enroll in the plan.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your Medicaid Office. You must use contracted network pharmacies to access your Part D prescription drug benefit except under non-routine circumstances, in which case quantity limitations and restrictions may apply.

HMO members must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor UnitedHealthcare® Medicare Advantage plans will be responsible for the costs.]

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas. Pharmacies, drugs and prices are subject to change during the plan year. Quantities may be limited by retailer based on their dispensing policy.

You are not required to use the plan's Preferred Mail Service Pharmacy to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using the Preferred Mail Service Pharmacy. Your prescriptions should arrive in about seven days from the date the completed order is received by the Mail Service Pharmacy. You will be contacted by the Preferred Mail Service Pharmacy if there will be an extended delay in the delivery of your medications. Prescription Solutions® by OptumRx™ is an affiliate of UnitedHealthcare Insurance Company.

Thank you for your time