

Part D prescription drug benefits designed for the state of Texas.

Hello SAVINGS

A Medicare Part D plan is designed to help you save money on your prescription drug costs. The first section of this booklet walks you through the benefits of an AARP® MedicareRx plan, insured through UnitedHealthcare.®

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GETTING TO KNOW UNITEDHEALTHCARE.

More people trust their Medicare needs to UnitedHealthcare than to any other company.¹

At UnitedHealthcare, your health is our business. For over 30 years, we've offered in-depth resources, innovative tools and health coverage that's as individual as our members. Now, we want to help you have the best health care experience possible. We'll help you get the care you need, as well as the extra benefits you deserve. Get more out of your Medicare with UnitedHealthcare.

PART D – WHAT IT IS AND HOW IT WORKS.



- Medicare Part D is a government program that helps cover the cost of most prescription drugs
- Part D plans are available to those eligible for Medicare
- Original Medicare does not include prescription drug coverage
- You must enroll in a Part D plan through a private insurance company like UnitedHealthcare or other companies contracted with Medicare
- If you don't join a Medicare Part D plan when you're first eligible, you may have to pay the Medicare late-enrollment penalty if you enroll later²

PLAN HIGHLIGHTS.

- **\$0 deductible plans available³** so you start saving with your first prescription
- **New low-premium plan available** for an easy and affordable way to get prescription drug coverage
- **Copays as low as \$1** with the new Preferred Pharmacy Network
- **\$0 for a 90-day supply⁴** of Tier 1 medications (typically generic drugs) through our Preferred Mail Service Pharmacy
- **65,000+ convenient pharmacy locations** including large retail chains and small hometown pharmacies
- **Predictable copays** prevent surprises
- **Customer service** available seven days a week

PLAN PRICING.

	AARP MedicareRx Saver Plus (PDP)		AARP MedicareRx Preferred (PDP)		AARP MedicareRx Enhanced (PDP)	
AT A GLANCE	Lowest premium, plus coverage for most commonly used generic drugs.		Good value with robust drug coverage.		Best coverage with a more extensive drug list.	
ANNUAL DEDUCTIBLE	\$325.00		\$0.00		\$0.00	
MONTHLY PREMIUM	\$15.00		\$44.60		\$92.60	
PHARMACY	Preferred	Other Network	Preferred	Other Network	Preferred	Other Network
TIER 1: Lowest copay	\$1.00	\$4.00	\$3.00	\$6.00	\$2.00	\$4.00
TIER 2: Low copay	\$2.00	\$5.00	\$5.00	\$10.00	\$5.00	\$7.00
TIER 3: Medium copay	\$25.00	\$35.00	\$40.00	\$45.00	\$40.00	\$45.00
TIER 4: Highest copay	\$45.00	\$70.00	\$85.00	\$95.00	\$76.00	\$95.00
TIER 5: Coinsurance	25%	25%	33%	33%	33%	33%
DRUG LIST (Formulary)	Includes most generic drugs covered by Medicare Part D and many commonly used brand name drugs.		Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand name drugs.		Includes more than 95% of the drugs covered by Medicare Part D.	
COVERAGE GAP	You pay 79% of the total cost for generic drugs and 47.5% of the total cost for brand name drugs during the coverage gap.		You pay 79% of the total cost for generic drugs and 47.5% of the total cost for brand name drugs during the coverage gap.		You pay 79% of the total cost for generic drugs and 47.5% of the total cost for brand name drugs during the coverage gap, plus you get additional coverage for Tier 1 and Tier 2 drugs and for select brand name drugs in Tiers 3–5.	
PREFERRED MAIL SERVICE PHARMACY	Includes \$0 for a 90-day supply ⁴ of Tier 1 medications (typically generic drugs).		Includes \$0 for a 90-day supply ⁴ of Tier 1 medications (typically generic drugs).		Includes \$0 for a 90-day supply ⁴ of Tier 1 medications (typically generic drugs).	

PRESCRIPTION DRUG COVERAGE STAGES.

Understanding drug payment stages.

Part D coverage gap: what you need to know.

ANNUAL DEDUCTIBLE

Not all plans have a deductible.

You pay \$325 before initial coverage begins.

INITIAL COVERAGE STAGE

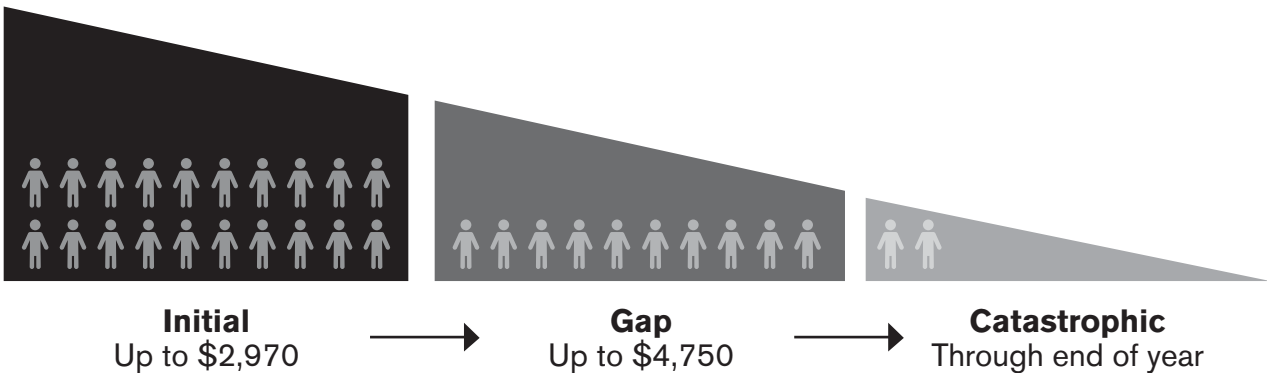
During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill. **The plan pays the rest until your total drug costs (paid by you and the plan) reach \$2,970.**

COVERAGE GAP STAGE

During this stage you pay 47.5% of the total cost for brand name drugs and 79% of the total cost for generic drugs. **Once your out-of-pocket costs reach \$4,750, you move to catastrophic coverage.**

CATASTROPHIC COVERAGE STAGE

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



Payment stage amounts may differ for select plans. For more information see the plan's Summary of Benefits.

INTRODUCING THE NEW PREFERRED PHARMACY NETWORK.

A new way to save even more.

UnitedHealthcare has worked with many retail pharmacies to help lower your drug costs. You can save money on your copays when you fill your covered prescriptions at one of the preferred pharmacies. To find a preferred pharmacy near you, call UnitedHealthcare or visit www.AARPMedicareRx.com.

Benefits include:

- Copays as low as \$1
- More than 14,600 pharmacies in the Preferred Pharmacy Network

The pharmacies at these retail locations are included in the Preferred Pharmacy Network.



There are over 65,000 pharmacies to choose from in the plan's network. The pharmacies listed above are a sample of pharmacies participating in the Preferred Pharmacy Network.

MORE WAYS TO SAVE.

1 Choose generic drugs.

- Using generic drugs can save you a lot of money
- New generic drugs are made available every year. Ask your doctor if any of your drugs are available as a generic

2 Use lower-tier drugs.

- Many drugs in Tier 1 and Tier 2 (most generic drugs) may work just as well for your condition as drugs in Tier 3 or Tier 4, but cost less money
- Ask your doctor if there is a lower-tier drug that could work for you

3 Order by mail.

- Pay \$0 for a 90-day supply⁴ of Tier 1 medications (typically generic drugs)
- Savings start at \$12 off your copay for a 90-day supply⁴ of Tier 2 medications (typically generic drugs) for some plans
- Save \$15 off your copay for a 90-day supply⁴ of Tier 3 and Tier 4 medications (typically brand name drugs)

WHEN TO ENROLL IN A PART D PLAN.



You can enroll in a Medicare Part D plan, or switch plans, only during certain times of the year. If you miss the enrollment periods, you may have to wait until the following year to enroll, and you may have to pay the Medicare late-enrollment penalty.²

You can enroll or switch your plan:

When you turn 65 or become eligible for Medicare.	<ul style="list-style-type: none">• You can enroll in a Medicare health plan three months before the month you turn 65, the month of your birthday, and the three months after• If you have employer coverage you don't need to enroll until you lose that coverage. When you lose your employer coverage, you have a two-month Special Election Period to enroll in a Medicare plan
October 15 – December 7.	<ul style="list-style-type: none">• This is the Open Enrollment Period. It's a set time every year when you can enroll in, or switch, Medicare Part D plans• Once you enroll, coverage will begin on January 1
If something changes.	<ul style="list-style-type: none">• If your situation changes you may have a Special Election Period (SEP). For example:<ul style="list-style-type: none">– You retire and leave a health care plan through your employer or union– You move out of your current health plan's service area• Contact UnitedHealthcare to learn more about these and other SEPs

AFTER YOU ENROLL YOU'LL RECEIVE:

- 1 A letter from UnitedHealthcare stating that your application is being reviewed** by the Centers for Medicare & Medicaid Services (CMS). **If you enrolled through an agent or broker**, you'll also get a call from UnitedHealthcare to answer any questions you may have. If we cannot reach you by phone, you will receive a letter confirming you want to enroll.
- 2 A letter from UnitedHealthcare confirming that CMS has approved your application.** The letter will include your new member ID cards and the date your coverage will start.
- 3 Welcome kit from UnitedHealthcare that contains important plan information**, including:
 - Guide to Plan Benefits
 - Pharmacy Directory
 - Partial Drug List (Formulary)
 - Preferred Mail Order Form
- 4 Explanation of Benefits statements will be sent each month** you fill a prescription drug using your plan.

Contact your agent or UnitedHealthcare Customer Service to learn more.

1-866-803-8575, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

Se habla español.

Or visit

www.AARPMedicareRx.com/BR

A UnitedHealthcare® Medicare Solution

¹May 2012 CMS enrollment data.

²If you qualify for extra help, you will not have a late-enrollment penalty (LEP). Also, if you have other prescription coverage at least as good as Medicare (also known as creditable coverage), you may not be assessed a LEP.

³\$0 deductible not available on all plans.

⁴Savings apply during the initial coverage period, which begins after the payment of your required deductible (if any) and ends when the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches \$2,970. Other pharmacies are available in our network.

Member may use any pharmacy in the network but may not receive Preferred Pharmacy pricing. Pharmacies in the Preferred Pharmacy Network may not be available in all areas. Copays apply after deductible.

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.

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.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor.

Formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium. Limitations, copayments, and restrictions may apply.

AARP does not employ or endorse agents, producers or brokers. An agent may call you.

If you prefer, you can contact UnitedHealthcare directly for more information at 1-866-803-8575, TTY 711, from 8 a.m. to 8 p.m. local time, 7 days a week.

Exhibit 1a: Information to Include on or With Enrollment Mechanism – Attestation of Eligibility for an Enrollment Period

Referenced in section: 30

Typically, you may enroll in a Medicare prescription drug plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare prescription drug plan outside of the annual enrollment period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- ☐ I get extra help paying for Medicare prescription drug coverage.
- ☐ I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.
- ☐ I live in or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I am making this enrollment request between January 1 and February 14, and I recently ended my enrollment in a Medicare Advantage plan. I left my Medicare Advantage plan on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact AARP® Medicare plans at 1-866-803-8575 to see if you are eligible to enroll. We are open 8 a.m. – 8 p.m. local time, 7 days a week. TTY users should call 711.

AARP® MedicareRx Plans Medicare Prescription Drug Plan Individual Enrollment Form

Please contact AARP MedicareRx Plans if you need information in another language or format (Large Print).

**To Enroll in One of the 2013 AARP MedicareRx Plans,
Please Provide the Following Information:**

Please check which plan you want to enroll in:

- ☐ **AARP® MedicareRx Preferred (PDP)** ☐ **AARP® MedicareRx Enhanced (PDP)**
☐ **AARP® MedicareRx Saver Plus (PDP)**

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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Birth Date: ____/____/____ (M M/ D D/ Y Y Y Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: (____) ____ - ____
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Permanent Residence Street Address (P.O. Box is not allowed):

City:	State:	County:	ZIP Code:
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Mailing Address (only if different from your Permanent Residence Address):

Street Address:	City:	State:	ZIP Code:
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E-mail Address (optional):

Please e-mail me plan information and updates.

Please Provide Your Medicare Insurance Information

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

Please take out your red, white and blue Medicare card to complete this section.

- Please fill in these blanks so they match your Medicare card

— **OR** —

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board

An incorrect or incomplete Medicare Claim Number may cause a delay or denial of coverage.



Name: _____

Medicare Claim Number _____ Sex _____

_____ - _____ - _____

Is Entitled To _____ Effective Date _____

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

Name: _____

Please Answer the Following Questions:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to AARP MedicareRx Plans?... ☐ Yes ☐ No
If "Yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____	ID # for this coverage: _____	Group # for this coverage: _____
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2. Are you a resident in a long-term care facility, such as a nursing home?..... ☐ Yes ☐ No
If "Yes," please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street): _____

Your Plan Premium Payment Options:

Please select one monthly payment option by checking the appropriate box. If you select the Electronic Funds Transfer option, please include the requested information.

You have three options for paying your monthly premium (including any late enrollment penalty you may owe). You can have the monthly premium for this Medicare drug plan automatically deducted from your Social Security or Railroad Retirement Board benefit check, automatically deducted from your checking or savings account through automatic debit, also known as Electronic Funds Transfer (EFT), or you can make your premium payments through a payment coupon book. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to AARP MedicareRx.

- ☐ Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check. (The Social Security/Railroad Retirement Board deduction may take two or more months to begin. If Social Security/the Railroad Retirement Board accepts your request for automatic deduction, premium withholding will not be retroactive and you will be responsible for paying for all premiums due from the enrollment effective date until the month in which premium withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a payment coupon book for your monthly premiums.)

- ☐ Electronic Funds Transfer (EFT) from your bank account each month
(please enclose a blank check with **VOID** written on the front).

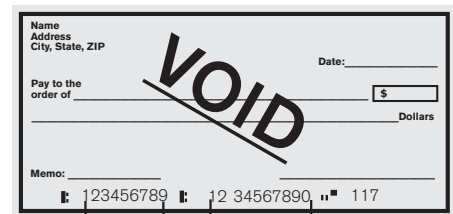
Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

- ☐ Payment coupon book for monthly payments by check



Bank Routing Number Bank Account Number

If you don't select a payment option, you will receive a payment coupon book.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.



Please Read This Important Information

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining one of the AARP MedicareRx Plans, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from a plan sponsor (former employer, union, or trust administrator), you could lose your employer or union health coverage if you join an AARP MedicareRx Plan. Even if your group coverage is with our organization, your enrollment in an individual prescription drug plan could affect or terminate your plan sponsor coverage. In some cases, you may not be able to have your group coverage reinstated. To avoid potential disruption of your current plan coverage, read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

The AARP MedicareRx Plans are Medicare drug plans and are contracted with the Federal government.

I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform AARP MedicareRx Plans of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare Prescription Drug Plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in the AARP MedicareRx Plans will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

The AARP MedicareRx Plans serve a specific service area. If I move out of the area that AARP MedicareRx Plans serve, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use AARP MedicareRx Plans network pharmacies. Once I am a member of AARP MedicareRx Plans, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from AARP MedicareRx Plans when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with AARP MedicareRx Plans he/she may be paid based on my enrollment in the AARP MedicareRx Plans.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options or medical assistance through the state Medicaid program, and the Medicare Savings Program.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that AARP MedicareRx Plans will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that AARP MedicareRx Plans will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment 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.

Name: _____

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that: (1) this person is authorized under State law to complete this enrollment; and (2) documentation of this authority is available upon request by Medicare.

Your Signature: _____

Today's Date: _____

 **SIGNATURE**

Authorized Representative Information:

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Date: _____

Phone: _____ Relationship to Enrollee: _____

Address: _____

Please check one of the boxes below if you would prefer that we send you enrollment information in a language other than English or in another format if available: ☐ Spanish ☐ Large Print

Please contact AARP MedicareRx Plans at **1-866-803-8575** if you need information in another format or language than what is listed above. TTY users should call **711**. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week.

Broker or Sales Agent Use Only

Sales Agent Signature: _____ Date: _____

Sales Agent Name: _____ Sales Agent ID#: _____

Sales Agent Organization: _____

Effective Date of Coverage: _____ IEP: _____ AEP: _____ SEP (type): _____

Sales Initiative: ☐ Retail/Mall ☐ Community Meeting ☐ Member Meeting
☐ Local B2B Outreach ☐ Local Event Outreach ☐ Other _____

For proper commission processing, please print clearly and include the correct Agent ID#. Agents must be licensed, appointed, and certified to receive commission. Incomplete agent information will cause delays in commission.

AARP MedicareRx Plans Use Only

Plan ID#: _____

Employer ID#: _____ Branch ID#: _____

Marketing ID#: _____ Source Code: 740016

2013 Summary of BENEFITS

AARP® MedicareRx Enhanced (PDP)

AARP® MedicareRx Preferred (PDP)

AARP® MedicareRx Saver Plus (PDP)

January 1, 2013 — December 31, 2013

S5921-193, S5820-021, S5921-367

AARP | MedicareRx Plans
insured through UnitedHealthcare

Section 1

Introduction to Summary of Benefits

Thank you for your interest in AARP MedicareRx Enhanced (PDP), AARP MedicareRx Preferred (PDP), and AARP MedicareRx Saver Plus (PDP). Our plans are offered by UNITEDHEALTHCARE INS. CO. AND UNITEDHEALTHCARE NY/UnitedHealthcare and UNITEDHEALTHCARE INSURANCE COMPANY/UnitedHealthcare, Medicare Prescription Drug Plans that contract with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call the AARP MedicareRx Plans and ask for the "Evidence of Coverage".

You have choices in your Medicare prescription drug coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the AARP MedicareRx Plans. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the AARP MedicareRx Plans to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are the AARP MedicareRx Plans available?

The service area for these plans includes: Texas. You must live in this area to join these plans.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where can I get my prescriptions?

The AARP MedicareRx Plans have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The AARP MedicareRx Plans have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.AARPMedicareRx.com. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

The AARP MedicareRx Plans do not cover drugs that are covered under Medicare Part B as prescribed

and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What is a prescription drug formulary?

The AARP MedicareRx Plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at www.AARPMedicareRx.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join the AARP MedicareRx Plans. Get this information before you decide to enroll in these plans.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov

'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

What are my protections in these plans?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the AARP MedicareRx Plans, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before

you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific

health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact the AARP MedicareRx Plans for more details.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for these plans. Our customer service number is listed below.

Please call UnitedHealthcare for more information about the AARP MedicareRx Plans.

Visit us at www.AARPMedicareRx.com or, call us:

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Local

Customer Service Hours for February 15 – September 30:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Local

Current members should call toll-free 1-888-867-5575. (TTY/TDD 711)

Prospective members should call toll-free 1-888-867-5564 for AARP MedicareRx Enhanced (PDP) or AARP MedicareRx Preferred (PDP), 1-866-679-3282 for AARP MedicareRx Saver Plus (PDP). (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener más información, llame a servicio al cliente al número de teléfono que aparece arriba.

If you have any questions about these plans' benefits or costs, please contact UnitedHealthcare for details.

Section 2

Summary of Benefits

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
Prescription Drug Benefits				
Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian /Tribal/Urban (Indian Health Service) providers. <p>\$92.60 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p>	<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian /Tribal/Urban (Indian Health Service) providers. <p>\$44.60 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p>	<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian /Tribal/Urban (Indian Health Service) providers. <p>\$15 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Your provider must get prior authorization from AARP MedicareRx Enhanced (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Enhanced (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p>	<p>Your provider must get prior authorization from AARP MedicareRx Preferred (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Preferred (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p>	<p>Your provider must get prior authorization from AARP MedicareRx Saver Plus (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Saver Plus (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,970:</p> <p>Retail Pharmacy Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$4 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy 	<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,970:</p> <p>Retail Pharmacy Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$9 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$6 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy 	<p>In-Network \$325 annual deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,970:</p> <p>Retail Pharmacy Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$1 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$3 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$4 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<ul style="list-style-type: none"> • \$15 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$120 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$45 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<ul style="list-style-type: none"> • \$15 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$10 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$120 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$45 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<ul style="list-style-type: none"> • \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$5 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$25 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$35 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$76 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$228 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$95 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$85 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$255 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$95 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$135 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Mail Order Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Mail Order Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Mail Order Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$2 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$105 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$213 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$105 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$240 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$60 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$120 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Coverage Gap After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750.</p> <p>Additional Coverage Gap The plan covers some formulary generics (10%-64% of formulary generic drugs) through the coverage gap.</p> <p>The plan covers formulary brands (10% to 64% of formulary brand drugs) through the coverage gap.</p> <p>The plan offers additional coverage in the gap for the following tiers.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750.</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (31-day) supply of all drugs covered in this tier from a preferred pharmacy • \$6 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy • \$4 copay for a one-month (31-day) supply of all drugs covered in this tier at a non-preferred pharmacy • \$12 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of all drugs covered in this tier from a preferred pharmacy • \$15 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all drugs covered in this tier at a non-preferred pharmacy • \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (31-day) supply of select drugs covered in this tier from a preferred pharmacy • \$120 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy • \$45 copay for a one-month (31-day) supply of select drugs covered in this tier at a non-preferred pharmacy • \$135 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$76 copay for a one-month (31-day) supply of select drugs covered in this tier from a preferred pharmacy • \$228 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy • \$95 copay for a one-month (31-day) supply of select drugs covered in this tier at a non-preferred pharmacy • \$285 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of select drugs covered in this tier from a preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of select drugs covered in this tier at a non-preferred pharmacy • 33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy <p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of all generic drugs covered in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all generic drugs covered in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of select drugs covered in this tier 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of select drugs covered in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of select drugs covered in this tier <p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Mail Order</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$2 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy • \$12 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy • \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$105 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy • \$135 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$213 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy • \$285 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy • 33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy <p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. 	<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. 	<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs.

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Enhanced (PDP).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,970:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of drugs in this tier 	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Preferred (PDP).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,970:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier 	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Saver Plus (PDP).</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,970:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of drugs in this tier

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Out-of-Network Coverage Gap You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-Network Coverage Gap The plan covers some formulary generics (10%-64% of formulary generic drugs) through the coverage gap.</p>	<p>Out-of-Network Coverage Gap You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-Network Coverage Gap You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Out-of-Network Coverage Gap You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-Network Coverage Gap You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>The plan covers formulary brands (10% to 64% of formulary brand drugs) through the coverage gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of select drugs covered in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of select drugs covered in this tier 		

Benefit	Original Medicare	AARP MedicareRx Enhanced (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
		<p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of select drugs covered in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-867-5575. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-867-5575. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-888-867-5575。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-867-5575。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-867-5575. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-867-5575. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-867-5575 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-867-5575. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-867-5575번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-867-5575. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: فوري، مترجم على للحصول لدينا الأدوية جدول أو بالصحة تتعلق أسئلة أي عن للإجابة المجانية الفوري المترجم خدمات نقدم إننا مجانية خدمة هذه بمساعدتك العربية يتحدث ما شخص سيقوم. 1-888-867-5575 على بنا الاتصال سوى عليك ليس.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-867-5575. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através

do número 1-888-867-5575. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-867-5575. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-867-5575. Ta usługa jest bezpłatna.

Hindi: हमारे सुवास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-867-5575 पर फोन करें. कोई व्यक्ति जो हन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-867-5575にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

UnitedHealthcare – S5820

2013 Medicare Plan Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Plan Ratings help you know how good a job our plan is doing. You can use this Plan Rating to compare our plan's performance to other plans. Examples of the areas covered by this rating 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 2013, UnitedHealthcare received the following overall Plan Rating from Medicare.

★★★
3 Stars

The number of stars shows how well our plan performs.

★★★★★	excellent
★★★★	above average
★★★	average
★★	below average
★	poor

**Some contracts do not have enough data to rate their performance.*

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 8 a.m. – 8 p.m. local time, 7 days a week, at 1-888-867-5564 (toll-free) or 711 (TTY/TDD).

Current members please call 1-888-867-5575 (toll-free) or 711 (TTY/TDD).

This information is available for free in other languages. Please contact our customer service number at 1-888-867-5564, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con el nuestro Servicio al Cliente de UnitedHealthcare al número 1-888-867-5564, TTY 711, de 8 a.m. – 8 p.m. hora local, los 7 días de la semana.

UnitedHealthcare – S5921

2013 Medicare Plan Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Plan Ratings help you know how good a job our plan is doing. You can use this Plan Rating to compare our plan's performance to other plans. Examples of the areas covered by this rating 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 2013, UnitedHealthcare received the following overall Plan Rating from Medicare.

★★★
3 Stars

The number of stars shows how well our plan performs.

★★★★★	excellent
★★★★	above average
★★★	average
★★	below average
★	poor

**Some contracts do not have enough data to rate their performance.*

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 8 a.m. – 8 p.m. local time, 7 days a week, at 1-888-867-5564 (toll-free) or 711 (TTY/TDD).

Current members please call 1-888-867-5575 (toll-free) or 711 (TTY/TDD).

This information is available for free in other languages. Please contact our customer service number at 1-888-867-5564, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con el nuestro Servicio al Cliente de UnitedHealthcare al número 1-888-867-5564, TTY 711, de 8 a.m. – 8 p.m. hora local, los 7 días de la semana.

Scope of Sales Appointment Confirmation Form Page 1 of 2

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. Please note that an agent may also discuss a Medicare Supplement policy with you.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print clearly and legibly below:	
Name (First_Last)	Relationship to Beneficiary

If you are the authorized representative, please sign above and print clearly and legibly below:	
Name (First_Last)	Relationship to Beneficiary

To be completed by Agent (please print clearly and legibly)		
Agent Name (First_Last)	Agent Phone	Agent ID
Beneficiary Name (First_Last)	Beneficiary Phone (Optional)	Date Appointment Completed
Beneficiary Address (Optional)		
Initial Method of Contact	Plan(s) the agent represented during the meeting	
Agent's Signature		
Scope of appointment (SOA) is subject to CMS Record Retention Requirements		
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: Please check all that apply		
<input type="checkbox"/> Unplanned Attendee <input type="checkbox"/> New SOA required (consumer requested other Health Product information)		
<input type="checkbox"/> Walk-in <input type="checkbox"/> Other (please explain): _____		
Fax to: 1-866-994-9659		

Stand-alone Medicare Prescription Drug Plans (Part D)

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

Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Outbound enrollment and verification (OEV) call.

UnitedHealthcare® is required by Medicare to conduct an enrollment and verification call within 15 days of receiving your enrollment application. A vendor authorized by UnitedHealthcare will be calling you to conduct a short survey on its behalf.

During the call, the representative will ask you a few questions to make sure the Medicare Part D plan was explained to you clearly and thoroughly and to ensure it is your intent to enroll in the plan. The survey, however, will not affect your ability to enroll in the plan.

The representative conducting the survey is not a licensed insurance agent and will not be able to answer questions you might have about the plan or plan benefits. Your sales agent will not be on the phone during the call.

The representative will also help you understand the seven-day cancellation language that is required by Medicare.

If you are not home to take the call, the vendor representative will mail you an enrollment verification letter.

A UnitedHealthcare® Medicare Solution

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor.

Y0066_120720_144930 CMS Accepted

Enrollment verification.

Thank you for choosing UnitedHealthcare. We want to make sure that all of your questions have been answered before you enroll in our plan. Please review the list below with your agent. By initialing next to each statement, you're confirming that you understand the type of plan you're enrolling in.

My agent explained that I will receive an outbound enrollment verification (OEV) call within the next 15 days to confirm my understanding and intent to enroll in the plan. _____

Once my enrollment is approved by Medicare, UnitedHealthcare will provide my Medicare health and/or prescription drug coverage (if applicable). I understand that the plan I have chosen is NOT a Medicare supplement (Medigap) plan. _____

Once my enrollment is approved by Medicare, I will receive a member ID card. I understand that I must use this member ID card instead of my Original Medicare card when I visit the pharmacy. _____

I have reviewed the Summary of Benefits with my agent. I understand the plan's premium, deductible, covered benefits, copays and coinsurance amounts, if applicable. For additional information, I can refer to the Evidence of Coverage, which I will receive in my Welcome Kit. _____

I understand that I must continue to pay my Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. _____

If a power of attorney (or any other person who assists in my health care decisions) should have been included with this enrollment process, they were present or contacted. _____

I understand that my plan will only cover health care and services provided by physicians and hospitals in the plan's network. Except for emergencies, these plans do not cover care received outside the network. The agent verified whether any of my doctors are in the plan's network. _____

For plans with prescription drug coverage.

My agent and I have reviewed all of my current prescription medications and have verified if they are covered within the plan's formulary. For my medications that are not listed in the plan's formulary, I understand they are not covered by the plan, unless an exception is granted. _____

My agent has explained the prescription drug coverage gap. He or she also explained how my medication costs are calculated in order to reach the gap. If I reach the coverage gap, I understand my cost and coverage may change, depending on my level of state assistance, if applicable. _____

I understand that a late-enrollment penalty (LEP) will be added to my monthly Part D premium if I did not join a Medicare plan when I was first eligible. _____

Enrollee Name: _____ Agent Name: _____

Proposed Effective Date: _____ Agent ID: _____

Important Enrollment Information

I-Enroll Tracking Number _____

Effective Date _____

Medicare ID _____

Plan Name _____

Sales Agent ID _____

Sales Agent Name _____

Sales Agent Phone Number _____

Health Plan/PBP Number _____

This copy verifies you met with a sales agent who sells UnitedHealthcare® products. Once UnitedHealthcare receives the enrollment form, you will receive a copy of your original enrollment form in the mail within two weeks. This copy is for your records only. **Please do not resubmit.**

Please contact your sales agent if you do not receive a copy of your original enrollment form in the mail within two weeks.

Talk to your local sales agent for answers or to enroll.

If you prefer to speak with UnitedHealthcare Customer Service directly, please call:

1-866-803-8575 TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

Or visit our website at:

www.AARPMedicareRx.com/BR

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Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor.

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. An agent may call you.