

## Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at the number listed on the back cover of this book.

## Understanding the Benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.

Does not apply to PFFS: Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network.

Does not apply to PFFS or PPO plans: If they are not listed, it means you will likely have to select a new doctor.

Does not apply to Medicare Advantage plans without Part D prescription drugs: Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

Does not apply to Fully Integrated Dual Eligible Specials Needs Plans: In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Does not apply to Fully Integrated Dual Eligible Specials Needs Plans: Benefits, premiums and/or copays/coinsurance may change on January 1, 2019.

Applies only to Fully Integrated Dual Eligible Specials Needs Plans: Benefits may change on January 1, 2019.

Applies only to HMO plans: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Does not apply to PFFS plans: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.

Does not apply to Dual Special Needs Plans: In addition, you may pay a higher copay for services received by non-contracted providers.

- Applies to Chronic Special Needs Plans: This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- Applies to Dual Special Needs Plans: This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- Applies to Institutional Special Needs Plans: This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894（聽力語言殘障服務專線 TTY：711）。