

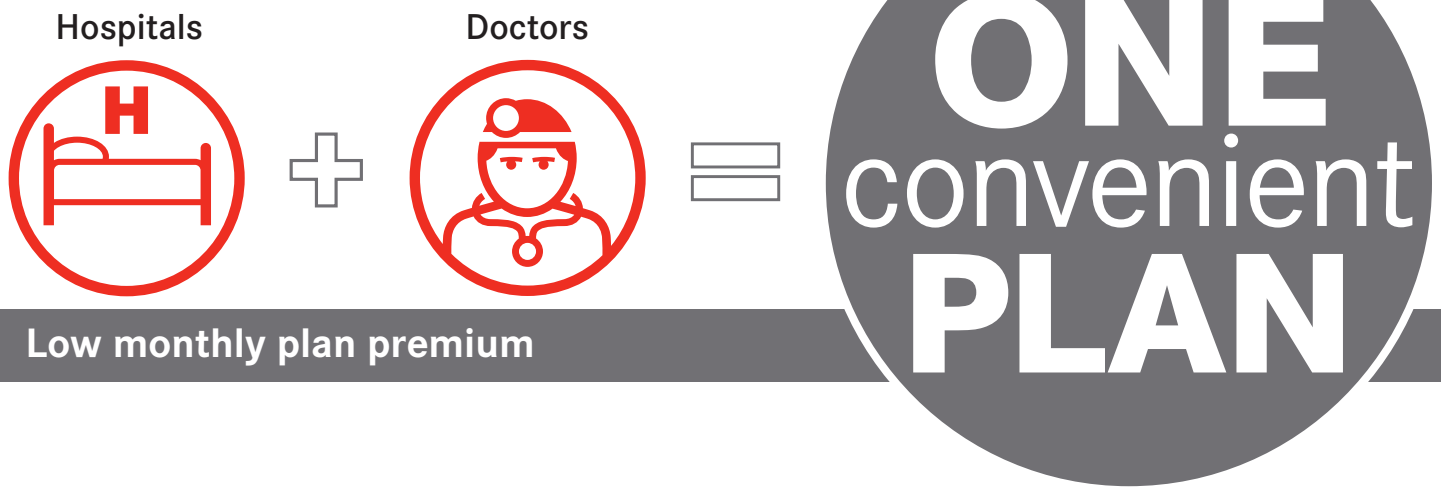
Thank you for your interest in applying for the AARP Medicare Advantage plan.

These application need to be reviewed and signed by an Agent before they can be submitted to AARP. You may email, fax or mail it in to CDA Insurance:

- Fax: 1.888.632.5470 or 1.541.284.2994
- Email: dann@lowinsure.com
- Mail: CDA Insurance LLC
2160 W 11th Ave
Eugene, Oregon 97402

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

2011 Enrollment Kit



AARP[®] MedicareComplete Essential[®] (HMO)

H5005-018

Washington: Clark, Cowlitz, Island, King, Lewis, Pierce, Snohomish,
Thurston counties

What You'll Find in this Booklet

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Enrollment Materials

- Outbound Education & Verification Call Checklist
(See back of Enrollment Materials Divider)
- Scope of Appointment Form

Enrollment Form

Roadmap After Enrollment

Health Care to Fit Your Needs... now that is peace of mind

At UnitedHealthcare we realize more than ever the importance of affordable health care coverage. We are dedicated to helping you make the right choices by providing quality, cost-effective health care solutions. As one of the largest and most recognized health carriers in the United States, you can be confident we will be here when you need us.

We Make Health Care Simple... and provide the answers you need

INSIDE THIS BOOKLET:

- Understand the basics of Medicare Advantage
- Learn how our plans can benefit you
- View plan details and how they compare to your Original Medicare
- Start your application process
- Continue on your path to good health



We're Here For You



Talk with your local sales agent. Health care is personal. Your agent will answer your questions and help you enroll.



If you don't have a local sales agent, call SecureHorizons toll-free: 1-800-547-5514, 8 a.m.– 8 p.m. local time, 7 days a week. TTY users, call 711.



Go online: www.AARPMedicarePlans.com.

Thank you for your interest in this plan. The world of Medicare can be confusing, but we're here to help. Together we'll find a plan that's right for you.

Sincerely,

A handwritten signature in black ink that reads "Thomas S. Paul".

Thomas S. Paul

Chief Executive Officer, UnitedHealthcare Medicare Solutions

A UnitedHealthcare® Medicare Solution

You may contact 1-800-MEDICARE (1-800-633-4227) and TTY users should call 1-877-486-2028, 24 hours a day, 7 days a week or visit www.medicare.gov for more information about Medicare benefits and services including general information regarding health and Part D benefit.

The AARP® MedicareComplete® plans are SecureHorizons® plans insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage organization with a Medicare contract. AARP MedicareComplete plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited certain times of the year. For more information contact Customer Service at 1-800-547-5514 7 days a week, between 8:00 a.m. and 8:00 p.m. local time. TTY users can call 711 or write us at P.O. Box 29675, Hot Springs, AR 71903-9675, or go to www.AARPMedicarePlans.com. For HMO members, you must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor AARP MedicareComplete plans will be responsible for the costs. For PPO and HMO-POS members, with the exception of emergency or urgent care or out-of-area renal dialysis, it may cost more to get care from out-of-network providers. For PPO members, reimbursement is provided for all covered benefits regardless of whether they are received in network. Out of network services may cost more than in network services. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/coinsurance may vary by county, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.

Medicare Advantage Explained

Medicare is health insurance for people 65 and older and others with certain disabilities. You have choices about how you get your Medicare coverage. You can choose Original Medicare (Parts A and B) or a Medicare Advantage plan.

Many people with Original Medicare find there are expenses that are not covered. To help pay for some of these additional costs, many people choose to enroll in a Medicare Advantage plan.

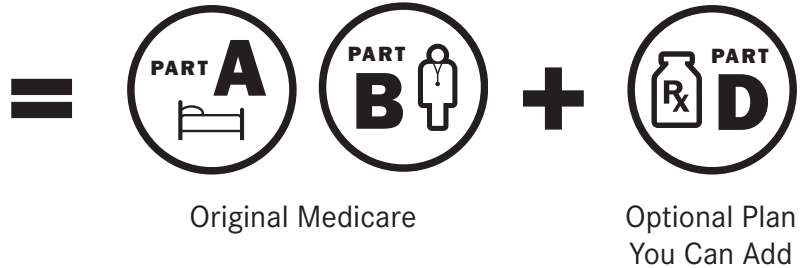
Original Medicare consists of Medicare Parts A and B

- **Part A** helps with hospital costs
- **Part B** helps with doctor services and outpatient care

- **Part D** (optional add-on) stand-alone prescription drug plans can be added to help with the cost of prescription drugs
- **Most preventive care services are not covered** – expect to pay additional costs for these services
- **Original Medicare** has unpredictable out-of-pocket expenses

Original Medicare (Parts A and B)

Operated by the Federal government. Medicare pays fees for your care directly to the doctors and hospitals you visit



Medicare Advantage (Part C) Combines Your Coverage into ONE Plan

- **Medicare Advantage plans** cover at least the same services as Parts A and B

- **Prescription drug coverage (Part D)** is included in many Medicare Advantage plans
- **Preventive care services** like dental, vision, hearing and foot care may be included at no extra charge
- **Medicare Advantage plans** have predictable out-of-pocket expenses

Operated by private companies approved by Medicare.

Individuals must have both Parts A and B to enroll. You pay a low or no additional monthly plan premium beyond the Medicare Part B premium



Medicare Advantage plans may be a lower-cost alternative to Original Medicare. Medicare Advantage can offer extra preventive benefits and prescription drugs all in ONE convenient plan.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage Organization with a Medicare contract.

Benefits at a Glance

This plan is a Health Maintenance Organization (HMO). HMO plans provide care through a network of local doctors and hospitals. Your primary care physician oversees your care and may refer you to specialists. HMO plans may be a good fit for someone looking for predictable cost shares and benefits above Original Medicare.

Here are some of the reasons to enroll in AARP® MedicareComplete Essential® (HMO):

- Plan for those who want medical benefits but do not require drug coverage
- Annual medical out-of-pocket maximum helps you budget for health care expenses
- \$0 copay for many preventive services including an annual routine physical

Benefit	In-Network
Monthly plan premium	\$25
Deductible	None
Medical Coverage	
Annual physical	\$0 copay
Preventive services (Medicare-covered)	\$0 copay
Immunizations (pneumonia and flu)	\$0 copay
Primary Care Physician (PCP) office visit	\$15 copay
Specialist office visit	\$35 copay (Referral Needed)
Inpatient hospitalization	\$250 copay per day: days 1-7. \$0 thereafter.
Outpatient surgery and hospital services	\$225 copay
Urgently needed care	\$30 copay in-area. \$40 copay out-of-area
Emergency care	\$50 copay
Ambulance services	\$200 copay
Home health care	\$0 copay
Skilled nursing facility (SNF) care	\$50 copay per day: days 1-20.
Lab services:	
HIV & cardiovascular screenings	\$0 copay
All other lab services	\$10 copay
Diagnostic testing:	
EKG & AAA screenings	0% - 20% coinsurance
All other diagnostic tests	20% coinsurance
X-rays	\$15 copay
Annual out-of-pocket maximum	\$4200

Y0004Y0066_100622_141023 CMS Approved 08032010

To verify your provider is in the plan's network or for additional plan information visit us online at www.AARPMedicarePlans.com

Also included in this plan	In-Network
Foot care	\$35 copay for 6 visits per year
Vision services	\$0 copay for Medicare-covered glaucoma screening \$35 copay for routine exams; 1 per year \$30 copay for coverage up to \$70 every 2 years for frames (standard lenses included) or \$105 for contact lenses
Nurseline SM	Speak with a registered nurse (RN) 24 hours a day
Optional additional plan coverage	
Dental Platinum Rider	\$32 additional monthly premium See the “Additional Information” section for more information
Dental 467 Rider	\$19 additional monthly premium See the “Additional Information” section for more information
Fitness Rider	\$13 additional monthly premium See the “Additional Information” section for more information

The benefit information provided here in is a brief summary, not a comprehensive description of benefits. For more information contact the plan or review the Summary of Benefits provided within this booklet for more benefit information.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage Organization with a Medicare contract.

To verify your provider is in the plan’s network or for additional plan information visit us online at www.AARPMedicarePlans.com

Ready to Enroll?

Things to Do Before You Enroll:



Review the benefit information in this booklet.



You may choose to contact your doctor to confirm if he or she is in the network or you may ask your sales agent to check for you. For a complete list of plan providers, visit our Web site.



Check the Drug List in this booklet to see if your medications are included. Visit our Web site for a detailed listing of prescription medications. (for MAPD plans)



Have your Original Medicare ID card ready or other proof that states you are eligible for Medicare. This information will help you fill out the Enrollment Form.

I'm a Member...What's Next?

Enjoy Peace of Mind with One Convenient Plan

After Medicare approves your enrollment you will receive your Welcome Letter, New Member Kit and your Member ID card.

This is a sample card; your card may look different.

AARP MedicareComplete
from SecureHorizons

UNITED HEALTHCARE
PASSPORT

Health Plan (99999) **999-99999-99**

Member ID: **999999999-99** Group Number **99999**

Member:
JOHN Q PUBLIC

PCP Name: **DOE, M.D., JANE**
PCP Phone: (999) 999-9999

Copay: Office/ Spec/ ER
\$10/ \$30/ \$50

MedicareComplete Retiree Plan (HMO) - AARP
H2654 PBP# 801

Payer ID
87726

Part B Drugs	
RxBin:	610097
RxPCN:	9999
RxGrp:	COS

Customer service phone number is located on the back of your card.

Please secure your Original Medicare card in a safe place.

www.myAARPMedicare.com

Register online to view your personal information, plan details, coverage summaries, payment history, options and claims.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

Summary of **Benefits**

January 1, 2011 – December 31, 2011

AARP® MedicareComplete Essential® (HMO)

H5005-018

Washington: Clark, Cowlitz, Island, King, Lewis, Pierce, Snohomish, Thurston
counties

AARP® | MedicareComplete®
from SecureHorizons

Section I - Introduction to Summary of Benefits

Thank you for your interest in AARP MedicareComplete Essential (HMO). Our plan is offered by PACIFICARE OF WASHINGTON, INC./SecureHorizons by UnitedHealthcare, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AARP MedicareComplete Essential (HMO) and ask for the "Evidence of Coverage".

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like AARP MedicareComplete Essential (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call AARP MedicareComplete Essential (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare AARP MedicareComplete Essential (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is AARP MedicareComplete Essential (HMO) Available?

The service area for this plan includes: Clark, Cowlitz, Island*, King, Lewis, Pierce, Snohomish, Thurston Counties, WA. You must live in one of these areas to join the plan.

* denotes partial county

AARP MedicareComplete Essential (HMO) Service Area

*Denotes partial county. Plan only available in the following ZIP code:

Island* County - 98282.

Who is Eligible to Join AARP MedicareComplete Essential (HMO)

You can join AARP MedicareComplete Essential (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in AARP MedicareComplete Essential (HMO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

AARP MedicareComplete Essential (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.AARPMedicarePlans.com.

Our customer service number is listed at the end of this introduction.

What Happens if I go to a Doctor Who's Not in Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B or Part D Drugs?

AARP MedicareComplete Essential (HMO) does cover Medicare Part B prescription drugs. AARP MedicareComplete Essential (HMO) does NOT cover Medicare Part D prescription drugs.

What Are My Protections in This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 AARP MedicareComplete Essential (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. 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 Types of Drugs May be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact AARP MedicareComplete Essential (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen[®]): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" 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 this plan. Our customer service number is listed below.

Please call SecureHorizons by UnitedHealthcare for more information about **AARP MedicareComplete Essential (HMO)**.

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

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m - 8:00 p.m Pacific

Current members should call toll-free 1-800-950-9355 for questions related to the Medicare Advantage Program.

TTY/TDD: 711

Prospective members should call toll-free 1-800-547-5514 for questions related to the Medicare Advantage Program.

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 a different format or language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en diferentes formatos e idiomas. Por favor, llame al número de Servicio al Cliente dado anteriormente si necesita obtener más información.

本資訊可以不同形式或語言提供。如需更多資訊，請撥打上文所列的電話號碼，與客戶服務部聯絡。

If you have special needs, this document may be available in other formats.

Section II - Summary Of Benefits

If you have any questions about this plan's benefits or costs, please contact SecureHorizons by UnitedHealthcare for details.

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Important Information		
<p>① Premium and Other Important Information</p>	<p>In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B 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>General</p> <p>\$25 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B 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>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>In-Network</p> <p>\$4,200 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>
<p>② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

Inpatient Care

Benefit	Original Medicare	AARP Medicare Complete Essential (HMO)
Inpatient Care (continued)		
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: \$1 100 deductible ▪ Days 61 - 90: \$275 per day ▪ Days 91 - 150: \$550 per lifetime reserve day <p>These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> ▪ Days 1 - 7: \$250 copay per day ▪ Days 8 - 90: \$0 copay per day <p>\$0 copay for each additional hospital day.</p>
<p>4 Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> ▪ Days 1 - 7: \$250 copay per day ▪ Days 8 - 90: \$0 copay per day
<p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> ▪ Days 1 - 20: \$0 per day ▪ Days 21 - 100: \$137.50 per day <p>These amounts will change for 2011. 100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <ul style="list-style-type: none"> ▪ Days 1 - 20: \$50 copay per day ▪ Days 21 - 52: \$100 copay per day ▪ Days 53 - 100: \$0 copay per day

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Inpatient Care (continued)		
	go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network \$0 copay for each Medicare-covered home health visit.
7 Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
Outpatient Care		
8 Doctor Office Visits	20% coinsurance	In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$30 copay for each in-area, network urgent care Medicare-covered visit. \$35 copay for each specialist visit for Medicare-covered benefits.
9 Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network 50% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Outpatient Care (continued)		
10 Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$35 copay for each Medicare-covered visit. \$35 copay for up to 6 routine visit(s) every year Medicare-covered podiatry benefits are for medically-necessary foot care.
11 Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network \$40 copay for each Medicare-covered individual therapy visit. \$30 copay for each Medicare-covered group therapy visit.
12 Outpatient Substance Abuse Care	20% coinsurance	In-Network \$40 copay for Medicare-covered individual visits. \$30 copay for Medicare-covered group visits.
13 Outpatient Services/Surgery	20% coinsurance for the doctor Specified copayment for outpatient hospital facility charges. Copay cannot exceed than Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility charges	In-Network \$225 copay for each Medicare-covered ambulatory surgical center visit. \$225 copay for each Medicare-covered outpatient hospital facility visit.
14 Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network \$200 copay for Medicare-covered ambulance benefits.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor Specified copayment for outpatient hospital emergency room (ER) facility charge. ER Copay cannot exceed Part A inpatient hospital deductible.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Outpatient Care (continued)		
	<p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>condition, you pay \$0 for the emergency room visit</p>
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$40 copay for Medicare-covered urgently needed care visits.</p>
<p>17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>\$35 copay for Medicare-covered Cardiac Rehab services.</p>
Outpatient Medical Services and Supplies		
<p>18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>
<p>19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
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Outpatient Medical Services and Supplies (continued)

<p>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>
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<p>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>\$0 to \$10 copay for Medicare-covered lab services.</p> <p>0% to 20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>
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Preventive Services

<p>22 Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>
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Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Preventive Services (continued)		
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings. \$0 copay up to 1 additional screening(s) every year.
24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, and Pneumonia and Hepatitis B vaccines. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)	No coinsurance, copayment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.
26 Pap Smears and Pelvic Exams (for women with Medicare)	No coinsurance, copayment, or deductible for Pap smears. No coinsurance, copayment, or deductible for Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women with Medicare at high risk.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams \$0 copay up to 1 additional pap smear(s) and pelvic exam(s) every year
27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network \$0 copay for Medicare-covered prostate cancer screening.

Benefit	Original Medicare	AARP Medicare Complete Essential (HMO)
Preventive Services (continued)		
<p>28 End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p>29 Prescription Drugs</p>	<p>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>	<p>Drugs covered under Medicare Part B General</p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General</p> <p>This plan does not offer prescription drug coverage.</p>
<p>30 Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$35 copay for Medicare-covered dental benefits.</p>
<p>31 Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> ▪ \$35 copay for Medicare-covered diagnostic hearing exams
<p>32 Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p>	<p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Preventive Services (continued)		
	<p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<ul style="list-style-type: none"> ▪ \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye. ▪ \$35 copay for up to 1 routine eye exam(s) every year ▪ \$30 copay for contacts ▪ \$0 copay for up to 1 pair(s) of lenses every two years ▪ \$30 copay for up to 1 frame(s) every two years <p>\$105 plan coverage limit for contact lenses every two years.</p> <p>\$70 plan coverage limit for eye glass frames every two years.</p>
<p>33 Welcome to Medicare; and Annual Wellness Visit</p>	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p>In-Network</p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p>
<p>34 Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> ▪ Written health education materials, including Newsletters ▪ Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p>

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Preventive Services (continued)		
	\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.	HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.
Optional Supplemental Package #1		
Premium and Other Important Information		General Package: 1 - Dental Platinum Rider: \$32 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none">▪ Preventive Dental▪ Comprehensive Dental
Dental Services		General Plan offers additional comprehensive dental benefits. In-Network <ul style="list-style-type: none">▪ \$0 copay for up to 1 cleaning(s) every six months▪ \$0 copay for up to 1 fluoride treatment(s) every six months▪ \$0 copay for up to 1 oral exam(s) every six months▪ \$0 copay for up to 1 dental x-ray(s) \$1,000 plan coverage limit for dental benefits every year.

Benefit	Original Medicare	AARP MedicareComplete Essential (HMO)
Optional Supplemental Package #2		
Premium and Other Important Information		<p>General Package: 2 - Dental 467 Rider: \$19 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> ▪ Preventive Dental
Dental Services		<p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for up to 1 cleaning(s) every six months ▪ \$0 copay for up to 1 fluoride treatment(s) every six months ▪ \$0 copay for up to 1 oral exam(s) every six months ▪ \$0 copay for up to 1 dental x-ray(s)
Optional Supplemental Package #3		
Premium and Other Important Information		<p>General Package: 3 - Fitness Rider: \$13 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> ▪ Health Education/Wellness

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Additional Information

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Member Appeals and Grievances Process

Members of our Medicare Advantage health plans have the right to request an organization determination including the right to file an appeal and the right to file a grievance. Medicare Advantage health plan organizations must identify, track, resolve and report all activity related to an appeal or grievance.

Medicare Advantage Member Appeals

What is an Appeal?

An appeal is a type of request you make when you want us to reconsider a decision concerning coverage of a service or the amount your health plan pays or will pay for a service. The initial decision concerning medical care or services is called an “organization determination.”

When can an Appeal be filed?

You may file an appeal within 60 calendar days of the date of the initial organization determination. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe.

Who can file an Appeal?

You may file an appeal or someone else may file an appeal on your behalf. You must appoint the individual to act as your representative to file the appeal for you. To learn how to name a representative, contact Customer Service.

How can an Appeal be filed?

An appeal must be filed in writing directly to us. You may call Customer Service for additional information. To learn how to file an appeal, contact Customer Service.

Fast Reviews

You have the right to request and receive fast decisions affecting your medical treatment in “time-sensitive” situations. A situation is time-sensitive if waiting for a decision to be made within the standard timeframe could seriously harm your health or your ability to function. If your doctor provides a written or oral statement supporting your need of a fast review we will automatically give you a fast review. A decision will be issued as quickly as possible but no later than 72 hours after receiving the request.

Medicare Advantage Member Grievances

What is a Grievance?

A grievance is a complaint that doesn't involve coverage for an item or service by your health plan or a contracting medical provider. If your grievance involves quality of care, you have the right to file a grievance with the Quality Improvement Organization (QIO) of your state. Refer to Section I of the Summary of Benefits for the name of the QIO in your state.

When can a Grievance be filed?

You may file a grievance within 60 calendar days of the date of the event causing the grievance. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe. There is no time limit for complaints concerning quality of care.

Who can file a Grievance?

You may file a grievance or someone else may file a grievance on your behalf. You must appoint the individual to act as your representative to file the grievance for you. To learn how to name a representative, contact Customer Service.

How can a Grievance be filed?

A grievance for Quality of Care may be filed verbally by contacting Customer Service. All other grievances must be submitted in writing.

Fast Grievances

You have the right to file a fast grievance. We will respond to fast grievances within 24 hours of receipt. You may file a fast grievance if you disagree with our decision to deny your request for a fast review. You may also file a fast grievance if we notify you that we are extending our timeframe to make an organization determination or reconsideration decision, or if we downgrade your expedited appeal request to standard due to not meeting expedited criteria.

For Members with Medicare Part D Drug Coverage through our Plan

Coverage Determinations

We will make an initial decision as to whether or not we will provide the Part D drug you are requesting or pay for the Part D drug you already received. This initial decision is called a “coverage determination.”

Exceptions

You or your doctor may ask us to make an exception to our Part D coverage determination. You may request 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. Generally, we will only approve your request for an exception if the alternative Part D drug is included in your plan’s formulary or the Part D drug in the preferred tier would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Your doctor or other prescriber must submit a statement supporting your exception request. In order to help us make a decision more quickly, the supporting medical information from your doctor or other prescriber should be sent to us with the exception request. If we approve your exception request for a Part D non-formulary drug, you can’t request an exception to the copayment or coinsurance amount we require you to pay for the drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Part D Drug Appeals

If you are getting Medicare prescription Part D drug coverage through our plan you have the right to file an appeal. This includes the right to appeal our decision regarding your exception request. Follow the process outlined above to file an appeal. An appeal concerning coverage determinations must be filed in writing directly to us.

Part D Drug Grievances

If you are getting Medicare prescription Part D drug coverage through our plan, you have the right to file a grievance. Follow the process outlined above to file a grievance concerning your Part D prescription drug coverage.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates,
a Medicare Advantage organization with a Medicare contract.

Dental Platinum Rider

If you're looking for extra dental protection and coverage, our SecureHorizons® optional supplemental dental rider may be right for you. The Platinum Rider is available for an additional monthly premium of \$32.

What Dental Benefits Do I Receive?

With the Platinum Rider, you get:

- 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings. Partial coverage for basic services such as fillings and for major services such as crowns, dentures, root canals and oral surgery.

There is a \$100 member deductible and a \$1,000 calendar year maximum. Deductible does not apply to preventive and diagnostic services.

Can I See Any Dentist?

Choose your dentist from a large national network of providers. You may change network dentists at any time however you will need to complete any dental service currently in progress. Please see your Provider Directory for a listing of participating dentists.

When you receive your Covered Dental Services from an Out-of-Network Dentist, the plan pays according to a Maximum Allowable Fee Schedule*. You pay all fees in excess of this amount.

Please refer to your Evidence of Coverage to learn more about the full range of covered services, including a dental procedural and fee chart.

How Do I Enroll?

You must be enrolled in a SecureHorizons® health plan in order to purchase a rider. Purchasing a rider is optional. Please contact Customer Service at the number listed on the back of your Member ID Card to enroll in a rider.

When is the Enrollment Effective Date?

If your completed enrollment request is received by the last day of the month, your benefits will be effective the first day of the following month. For example, if you call Customer Service and enroll on March 31, your benefits will begin on April 1.

If you are an existing plan member, you may enroll any time during the year. Please note that you can't be enrolled in more than one dental rider at a time during the calendar year, including the Deluxe Rider.



The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

The AARP® MedicareComplete® plans are SecureHorizons® plans insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage organization with a Medicare contract. AARP MedicareComplete plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll. AARP does not recommend health related products, service insurance or programs. You are strongly encouraged to evaluate your needs.

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Dental 467 Rider

If you're looking for extra dental protection and coverage, a SecureHorizons® optional supplemental dental rider may be right for you. The Dental 467 Rider is available for an additional monthly premium of \$19.

What Dental Benefits Will I Receive?

With the Dental 467 Rider, you get \$0 copay for X-rays, routine cleanings and check-ups

Additional Dental Savings

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the SecureHorizons grievance process.

20% to 30% savings on the procedures:

- Fillings
- Extractions
- Deep teeth cleaning
- Crowns
- Dentures

Services are provided by an in-network dentist of your choice. See your Provider Directory for a listing of dentists.

The percentage of savings listed above may vary by geographic region and network dental provider. In addition, you can't use the savings out-of-network. Instead, if you receive your covered benefits from an out-of-network dentist, the plan will pay 100% of a maximum allowable fee schedule* and you will pay all remaining fees.

You must pay any applicable fees at the time of your appointment. You are responsible for the cost of any non-covered dental services provided.

Tip: Ask your network dentist for a treatment plan describing all the recommended services and the cost of those services before receiving care beyond the initial exam so you know what your cost will be.

How Do I Enroll?

You must be enrolled in a SecureHorizons® health plan in order to purchase a rider. Purchasing a rider is optional. Please contact Customer Service at the number listed on the back of your Member ID Card to enroll in a rider.

When is the Enrollment Effective Date?

If your completed enrollment request is received by the last day of the month, your benefits will be effective the first day of the following month. For example, if you call Customer Service and enroll on March 31, your benefits will begin on April 1.

If you are an existing plan member, you may enroll any time during the year. Please note that you can't be enrolled in more than one dental rider at a time during the calendar year.

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from SecureHorizons

* Maximum Allowable Fee Schedules vary according to geographic area and is a set amount that may not be equal to the Dentist's full fee. For further details, please contact Customer Service.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

The AARP® MedicareComplete® plans are SecureHorizons® plans insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage organization with a Medicare contract. AARP MedicareComplete plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll. AARP does not recommend health related products, service insurance or programs. You are strongly encouraged to evaluate your needs.

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SilverSneakers® Fitness Rider

The SilverSneakers® Fitness Rider can help you take charge of your health and maintain an active lifestyle. This award-winning program is available for an additional \$13 monthly premium.

Take advantage of the following SilverSneakers® services:

- A basic fitness center membership at over 10,000 participating locations.
- Access to cardio equipment, resistance machines, free weights and a heated pool at certain locations.
- SilverSneakers classes for Medicare-eligible beneficiaries who want to improve their strength, flexibility, balance and endurance (available at select locations).
- Access to any participating fitness center while traveling throughout the United States.

To find participating locations in your area, please visit www.SilverSneakers.com.

The SilverSneakers® Fitness Program is a winner of the 2004 Healthcare and Aging Network Award of the American Society on Aging.

How Do I Enroll?

You must be enrolled in a SecureHorizons® health plan in order to purchase a rider. Purchasing a rider is optional. Please contact Customer Service at the number listed on the back of your Member ID Card to enroll in a rider.

When is the Enrollment Effective Date?

If your completed enrollment request is received by the last day of the month, your benefits will be effective the first day of the following month. For example, if you call Customer Service and enroll on March 31, your benefits will begin on April 1.

AARP | **MedicareComplete**
from SecureHorizons

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

SilverSneakers® is a registered trademark of Healthways, Inc. Healthways, Inc., is an independent company. Consult a health care professional before beginning any exercise program.

The AARP® MedicareComplete® plans are SecureHorizons® plans insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage organization with a Medicare contract. AARP MedicareComplete plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll. AARP does not recommend health related products, service insurance or programs. You are strongly encouraged to evaluate your needs.

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2011 Disclaimers

Your Plan may contain one or more of the following:

NurseLineSM

OptumHealthSM is a health and well-being company that provides information and support as part of your health plan. NurseLineSM nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLineSM services are not an insurance program and may be discontinued at any time.

SilverSneakers[®]

SilverSneakers[®] is a registered trademark of Healthways, Inc. Healthways, Inc., is an independent company. The SilverSneakers[®] program is made available as part of this Plan's benefits to those insured through this Plan. Neither AARP nor UnitedHealthcare endorse or are responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program.

Silver & Fit

Silver & Fit is provided by American Specialty Health Networks, Inc. and Healthyroads, Inc., subsidiaries of American Specialty Health Incorporated.

Evercare[™] Hospice

Evercare[™] Hospice and Palliative Care is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, sex, religion, color, age, national origin, disability, sexual orientation or other protected factor. Evercare[™] Hospice and Palliative Care is offered by Evercare Hospice, Inc.

General Information

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2012.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the Plan.

This document is available in alternate formats or languages. For more information please contact the Plan at 1-800-547-5514, TTY: 711, 8 a.m. to 8 p.m., 7 days a week.

Este documento está disponible en diferentes formatos o idiomas. Para obtener más información, por favor comuníquese con el Plan llamando al 1-800-547-5514, TTY: 711, de 8:00 a.m. a 8:00 p.m., los 7 días de la semana.

本文件可以其他形式或語言提供。如需更多資訊，請與本計劃聯絡，電話號碼是 1-800-547-5514，TTY: 711，每週七天，上午八時至晚上八時。

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage Organization with a Medicare contract.

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Enrollment Materials

Outbound Education & Verification Call Checklist



If you have enrolled, within the next 15 days a friendly representative from DSS Research, our vendor, will call you to verify the Medicare Advantage Plan was fully explained. The agent will not be on the call with you. This call is required by Medicare and will not affect your ability to enroll in the plan. **The representative will ask for your Date of Birth to confirm your identity.**

Your sales agent will review the following questions with you to verify the Medicare Advantage Plan was fully explained.

For all Plans:		
Do you understand you have applied for a Medicare Advantage Plan?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you understand to enroll you must have Medicare Part A and Part B?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent fully explain your premium, benefits, copays, and coinsurances?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent confirm that your doctor is in-network?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent show you the Summary of Benefits (SB) inside this booklet?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent give you their contact information? (name, phone or business card)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent give you a receipt from the Enrollment Form?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Only for PFFS plans:		
Did the sales agent ask if you receive both Medicare and Medicaid benefits? And that PFFS plans may not always be a good option for people with Medicare and Medicaid?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent fully explain the meaning of “deeming”?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Only for Dual SNP plans:		
Did the sales agent tell you that your Enrollment Form will not be processed until your Medicaid status is confirmed?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Only for Chronic plans:		
Did the sales agent tell you that your Enrollment Form will not be processed until your chronic illness has been confirmed and it may take up to 21 days?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Only for HMO, HMO-POS, and PPO plans:		
Do you understand you must use contracted health care providers to get the in-network benefits, copays and coinsurances?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you understand if you use out-of-network health care providers you will likely pay higher out-of-pocket costs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Only for Medicare Advantage plans including Prescription Drug coverage:		
Did the sales agent explain the plan’s Drug List and Drug Tiers, inside this booklet?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the sales agent explain the coverage gap, sometimes referred to as the doughnut hole?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you understand you must use a UnitedHealthcare contracted pharmacy?	<input type="checkbox"/> yes	<input type="checkbox"/> no

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Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare or Authorized Representative.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

<input type="checkbox"/>	Stand-alone Medicare Prescription Drug Plans (Part D)
	<i>Medicare Prescription Drug Plan (PDP)</i> – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<input type="checkbox"/>	Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans
	<i>Medicare Health Maintenance Organization (HMO)</i> – A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the Plan’s network except in an emergency.
	<i>Medicare Preferred Provider Organization (PPO) Plan</i> – A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
	<i>Medicare Private Fee-For-Service (PFFS) Plan</i> – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the Plan’s payment and terms and conditions.
	<i>Medicare Special Needs Plan (SNP)</i> – A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.
	<i>Medicare Medical Savings Account (MSA) Plan</i> – MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The Plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.
	<i>Medicare Cost Plan</i> – A type of health plan. In a Medicare Cost Plan, if you get services outside of the Plan’s network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

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By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing Plan options with you is not employed by the Federal government but is employed or contracted by a Medicare Health Plan or Prescription Drug Plan, and they may be compensated based on your enrollment in a Plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare Plan.

Beneficiary Signature _____

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

PLEASE PRINT

Name (First_Last) _____

Address _____

Phone number _____

Relationship to Beneficiary _____

PLEASE PRINT

To be completed by Agent

Agent Name (First_Last) Dann Loewenthal	Agent Phone 541.434.9613
Agent ID # 369655	Date of Appointment
Beneficiary Name (First_Last)	Beneficiary Phone
Beneficiary Address	
Agent's Signature	

To be completed by Agent, if Scope of Appointment was obtained at time of appointment:

Reason SOA was not completed prior to Appointment – please check all that apply

- Unplanned Attendee
- Walk-In
- New SOA required (*consumer requested other Health Product information*)
- Other

If Other, please explain _____

To submit Scope of Appointment documents:

Send Email To: **scopeappt@uhc.com**; no subject line or body of email required.

Include one PDF per email. Do not attach any other documents.

OR

Send Fax To: **877.825.1914**

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

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Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare or Authorized Representative.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

<input type="checkbox"/>	Stand-alone Medicare Prescription Drug Plans (Part D)
	<i>Medicare Prescription Drug Plan (PDP)</i> – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<input type="checkbox"/>	Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans
	<i>Medicare Health Maintenance Organization (HMO)</i> – A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the Plan’s network except in an emergency.
	<i>Medicare Preferred Provider Organization (PPO) Plan</i> – A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
	<i>Medicare Private Fee-For-Service (PFFS) Plan</i> – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the Plan’s payment and terms and conditions.
	<i>Medicare Special Needs Plan (SNP)</i> – A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.
	<i>Medicare Medical Savings Account (MSA) Plan</i> – MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The Plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.
	<i>Medicare Cost Plan</i> – A type of health plan. In a Medicare Cost Plan, if you get services outside of the Plan’s network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

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By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing Plan options with you is not employed by the Federal government but is employed or contracted by a Medicare Health Plan or Prescription Drug Plan, and they may be compensated based on your enrollment in a Plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare Plan.

Beneficiary Signature _____

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

PLEASE PRINT

Name (First_Last) _____

Address _____

Phone number _____

Relationship to Beneficiary _____

PLEASE PRINT

To be completed by Agent

Agent Name (First_Last) Dann Loewenthal	Agent Phone 541.434.9613
Agent ID # 369655	Date of Appointment
Beneficiary Name (First_Last)	Beneficiary Phone
Beneficiary Address	
Agent's Signature	

To be completed by Agent, if Scope of Appointment was obtained at time of appointment:

Reason SOA was not completed prior to Appointment – please check all that apply

- Unplanned Attendee
- Walk-In
- New SOA required (*consumer requested other Health Product information*)
- Other

If Other, please explain _____

To submit Scope of Appointment documents:

Send Email To: **scopeappt@uhc.com**; no subject line or body of email required.

Include one PDF per email. Do not attach any other documents.

OR

Send Fax To: **877.825.1914**

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

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2011 Individual Enrollment Form

When You Are Ready to Enroll



Contact your local sales agent to help you choose the best plan for you and complete this Individual Enrollment Form, or



Call a SecureHorizons® sales agent to have them help you enroll over the phone. Toll-free: **1-800-547-5514**, 8 a.m. – 8 p.m. local time, 7 days a week. TTY users: call **711**.

Note: If you do not have an agent assisting you with enrolling, please complete the Enrollment Form, sign and date it and send the enrollment copy to: SecureHorizons, P.O. Box 29650, Hot Springs, AR 71903-9973

I understand the person who is discussing plan options with me is a sales agent, broker or other person employed by or contracted with UnitedHealthcare Services, Inc. The person may be paid based on my enrollment in a plan.

If you currently have health coverage from an employer or union, joining one of our plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join our plan. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Turn the Page to Enroll →

AARP | **MedicareComplete**[®]
from SecureHorizons

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3. Your Payment Options (If applicable)

If you have a plan premium AND/OR we determine that you owe a late enrollment penalty, *(or if you currently have a late enrollment penalty)*, the amount can be automatically deducted from your Social Security benefit check. The automatic deduction from your monthly Social Security benefit check may take two or more months to begin. In most cases, the first deduction will include all premiums due from your enrollment effective date up to the point withholding begins. If you don't choose this option, you can sign up for Electronic Funds Transfer (EFT). People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the 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 Administration office, or call the Social Security Administration 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, it is recommended you choose the coupon book or EFT option.

If there is a plan premium, and/or a late enrollment penalty, deduct the total amount from my

(If you do not select a payment option, you will receive a coupon book for the amount that Medicare doesn't cover. If you would like to set up EFT, please enclose a blank check with VOID written on the front.)

- Monthly Social Security benefit check**
- Electronic Funds Transfer (EFT)** from your bank account each month.
Enclose a VOIDED check or provide the following
Account Holder Name _____ Bank Routing Number _____
Bank Account Number _____ Account Type Checking Savings
- Coupon Book**

4a. Benefit Plan Selections — Choose Only One

Health Maintenance Organization (HMO) plans with a medical and Part D drug benefit

- AARP® MedicareComplete® (HMO) AC
- AARP® MedicareComplete® Value (HMO) AV
- AARP® MedicareComplete® Plan 1 (HMO) A1
- AARP® MedicareComplete® Premier (HMO) APR
- AARP® MedicareComplete® Plan 2 (HMO) A2
- AARP® MedicareComplete® Mosaic (HMO) AM
- AARP® MedicareComplete® Plan 3 (HMO) A3

HMO plans with medical benefits only

- AARP® MedicareComplete Essential® (HMO) AE

Preferred Provider Organization (PPO) plans with a medical and Part D drug benefit

- AARP® MedicareComplete Choice® (PPO) ACC
- AARP® MedicareComplete Choice® (Regional PPO) ACR
- AARP® MedicareComplete Choice® Plan 1 (PPO) AC1
- AARP® MedicareComplete Choice® Plan 2 (Regional PPO) AC2

PPO plans with medical benefits only

- AARP® MedicareComplete Choice® Essential (PPO) ACE
- AARP® MedicareComplete Choice® Essential (Regional PPO) ACP

Point of Service (HMO-POS) plans with a medical and Part D drug benefit

- AARP® MedicareComplete® Plus (HMO-POS) AP
- AARP® MedicareComplete® Plus Plan 1 (HMO-POS) AP1

HMO-POS plans with medical benefits only

- AARP® MedicareComplete® Plus Essential (HMO-POS) APE

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4b. Complete the following if the plan chosen includes routine dental coverage

Name of dental provider _____ Provider ID# (please refer to Provider Directory) _____
 Are you currently a patient of this dentist? Yes No

4c. OPTIONAL Supplemental Benefit Plans

These plans are not available in all service areas.
 Please review the Summary of Benefits to confirm availability and to learn about any applicable premiums.
If available, you can choose both the Fitness AND the Deluxe Rider (or a Dental Plan below).
 Fitness Rider Deluxe Rider
If available and you did not select the "Deluxe Rider" option above, you can choose ONE of the dental plans below.
 High Option Dental Rider Optional Dental Rider Dental 260 Rider
Dental Facility # (please refer to the Provider Directory) _____
 Dental 467 Rider Dental Platinum Rider **You do not need to select a Dental Facility for these plans.**

5. Primary Care Physician (PCP), Clinic or Health Center Selection

Refer to your Provider Directory or the plan Web site to select a PCP. Provider ID# _____
 PCP name _____
 Are you now seeing or have you recently seen this doctor? Yes No

6. Please Read and Answer These Important Questions

Do you have End-Stage Renal Disease (ESRD)? Yes No
 If you answered "yes" and you don't need regular dialysis any more, or if you have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant. (Use Form 2728 if available.)
 If "yes", are you currently a member of a health care company? Yes No
 If "yes", name of company _____ Member ID# _____

Are you a resident in an institution (e.g., skilled nursing facility, rehabilitation hospital)? Yes No
 If "yes", name of institution _____
 Address of institution _____
 City, State, ZIP Code _____
 Telephone number of institution (_____) _____ Your date of admission to the institution ____/____/____

Are you enrolled in your state Medicaid program? Yes No
 If "yes", please provide your Medicaid ID number _____

Do you or your spouse work? Yes No

Do you or your spouse have any health insurance other than Medicare, such as private insurance, Workers' Compensation or Veterans Administration (VA) benefits? Yes No
 If you have other health insurance, what kind do you have? _____
 What is the name of the health insurance? _____
 Group # _____ ID# _____

Do you have any other prescription drug coverage such as private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage? Yes No
 Plan name of other coverage _____
 Member ID# for this coverage _____
 Group ID# _____ Effective Date (optional) _____

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7. Alternative Formats (Check only one)

If available, I prefer to receive materials in the following format Spanish Chinese
 Large Print (English Only)

Please contact SecureHorizons® at 1-800-547-5514 if you need information in another format or language than those listed above. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week. TTY users should call 711.

Statements of Understanding

By Completing This Enrollment Form, I Agree to the Following

1. AARP® MedicareComplete® is a Medicare Advantage Plan and has a contract with the Federal Government. I must keep my Medicare Parts A and B by continuing to pay the Part B premiums and, if applicable, Part A premiums, if not otherwise paid for under Medicaid or by another third party. I can only be in one Medicare Advantage Plan or Medicare Advantage Prescription Drug Plan at a time. By enrolling in this Plan, I will automatically be disenrolled from any other Medicare Health plan or prescription drug plan of which I may be a member. It is my responsibility to inform the Plan of any prescription drug coverage that I have or may get in the future. For MA-only Plans: I understand that if I don't have Medicare Prescription Drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late-enrollment penalty if I enroll in Medicare Prescription Drug coverage in the future. Enrollment in this Plan is generally for the entire year, unless Special Election Periods apply. Once I enroll, I may leave this Plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances, by sending a request to the Plan or by calling 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
2. I understand that I must live in the service area and if I move out of the service area, I must notify the Plan of the move. I understand that if I permanently move out of the service area, I will be disenrolled from the plan and can enroll in a plan in my new service area. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
3. I understand that as a member of this Plan, I have the right to appeal Plan decisions about payments or services if I disagree. I understand that I will be bound by the benefits, copayments, exclusions, limitations and other terms of the Plan. It is my responsibility to read the Evidence of Coverage when I receive it to know which rules I must follow in order to get coverage with this Medicare Advantage Plan and the amounts for which I will be responsible for payment under the Plan.
4. By joining this Medicare Health Plan, I acknowledge that the Medicare Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge the Plan will release my information, including my prescription drug event data if applicable, 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 Enrollment Form, I may be disenrolled from the Plan.

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Statements of Understanding (continued)

By Completing This Enrollment Form, I Agree to the Following

5. I understand that if I previously had prescription drug coverage or any insurance that included drugs, I may be asked for proof that my previous prescription drug coverage was at least as good as Medicare's standard prescription drug coverage (creditable prescription drug coverage). I can send copies of my proof with this form or I can wait until I am asked for it. I don't have to send proof to enroll. However, if I am asked for my proof and I don't provide it, my premium may be increased because of a late enrollment penalty. For more information about the Late Enrollment Penalty, I may visit www.medicare.gov or 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
6. Counseling services may be available in my state to provide advice concerning Medicare Supplement Insurance or other Medicare Advantage or Prescription Drug Plan options as well as medical assistance through the state Medicaid Program and the Medicare Savings Program.

Additional Statements of Understanding for Each Specific Plan

AARP® MedicareComplete® from SecureHorizons (HMO)

I understand that beginning on the date AARP® MedicareComplete® from SecureHorizons plan coverage begins, I must receive all covered benefits from plan contracted providers and pharmacies, except for emergency or urgently needed services or out-of-area renal dialysis. I understand that authorized services and other services contained in my Evidence of Coverage document will be covered as disclosed. If I do not receive prior authorization as required for covered services, I understand that neither Medicare nor AARP® MedicareComplete® will pay for services.

AARP® MedicareComplete Choice® (PPO)

I understand that beginning on the date AARP® MedicareComplete Choice® plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Plan provides refunds for all covered benefits, even if I get services out-of-network.

AARP® MedicareComplete® Plus (HMO-POS)

I understand that beginning on the date AARP® MedicareComplete® Plus plan coverage begins, benefits are available both in and out-of-network, and I understand I must use in-network providers to enjoy the lowest cost sharing. Some non-emergency care from non-contracted providers may not be covered at all under the Point of Service Plan. Additionally, some out-of-network services may be limited by county or state and require prior authorization.

Fraud Warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Enrollment Form or files a claim containing a false or a deceptive statement, has committed insurance fraud. Commission of insurance fraud may result in disenrollment or denial of benefits and may subject the individual to civil or criminal liability.

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8. Please Read This Important Information

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this Enrollment Form means that I have read, understand and agree to the contents of this Enrollment Form, Statements of Understanding and the Additional Statement of Understanding (for the plan I have chosen) on this form.

You must sign and date this Individual Enrollment Form in order for it to be processed.

If signed by an authorized representative of the applicant, this signature certifies the person is authorized under state law to complete this Enrollment Form and make health care decisions on behalf of the applicant and is authorized to receive health care related information on his/her behalf and that documentation of this authority is available upon request by the Plan or by Medicare. I will notify the Plan if the authority to receive health care related information changes.

Signature of applicant/member/authorized representative	Date ____/____/____
---	------------------------

If you are the authorized representative of the applicant, you must provide the following information and sign above.

Name		Relationship to applicant	
Address		Telephone Number ()	
City	State	ZIP Code	Alternate Phone Number (optional) ()

9. For Sales Representative/Agency Use Only

Selling Staff Member/Agent ID 369655	Initial Receipt Date
Selling Staff Member/Agent Name Dann Loewenthal	Proposed Effective Date
Agent Telephone Number 541.434.9613 / 800.884.2343	
Signature (if assisted in enrollment)	

10. Election Period

AEP
 ICEP
 IEP
 IEP2 (MAPD Plans Only)
 OEPI
 SEP (SEP Reason Code _____)

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Important Enrollment Information

I-Enroll Tracking Number _____

Effective Date _____

Medicare ID _____

Plan Name _____

Sales Agent ID 369655

Sales Agent Name Dann Loewenthal

Sales Agent Phone Number 541.434.9613 / 800.884.2343

Health Plan/PBP Number _____

This copy verifies you met with an agent who sells UnitedHealth Group Products. Once UnitedHealth Group 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 do not have a local sales agent, please call
1-800-547-5514, 8 a.m. - 8 p.m. local time,
7 days a week. TTY users call **711**.



Visit our web site at
www.AARPMedicarePlans.com



Visit our Web site at:
www.AARPMedicarePlans.com

A UnitedHealthcare® Medicare Solution

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, a Medicare Advantage organization with a Medicare contract with the Federal government. AARP® MedicareComplete® Plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll.

AARP does not recommend health-related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

2011 Individual Enrollment Form

When You Are Ready to Enroll



Contact your local sales agent to help you choose the best plan for you and complete this Individual Enrollment Form, or



Call a SecureHorizons® sales agent to have them help you enroll over the phone. Toll-free: **1-800-547-5514**, 8 a.m. – 8 p.m. local time, 7 days a week. TTY users: call **711**.

Note: If you do not have an agent assisting you with enrolling, please complete the Enrollment Form, sign and date it and send the enrollment copy to: SecureHorizons, P.O. Box 29650, Hot Springs, AR 71903-9973

I understand the person who is discussing plan options with me is a sales agent, broker or other person employed by or contracted with UnitedHealthcare Services, Inc. The person may be paid based on my enrollment in a plan.

If you currently have health coverage from an employer or union, joining one of our plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join our plan. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Turn the Page to Enroll →

AARP | **MedicareComplete**[®]
from SecureHorizons

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2011 Individual Enrollment Form

Please contact SecureHorizons® if you need information in another language or format (Audio Tape).

For Sales Representative/Agency Use Only

New Member Plan Change Employer Group ID Number _____ Branch ID _____

How was this application taken? Appointment Mail-In Other

1. Applicant Information (Please type or print in black or blue ink.)

Last Name _____ First Name _____ Middle Initial _____

Birth Date ____ / ____ / ____ Gender Male Female Mr. Mrs. Ms.

Home Telephone Number () _____ Alternate Phone Number (optional) () _____

Permanent Residence Street Address (not a P.O. Box) _____

City _____ State _____ ZIP Code _____ County _____

Mailing Address (only if different from your Permanent Residence Street Address) _____

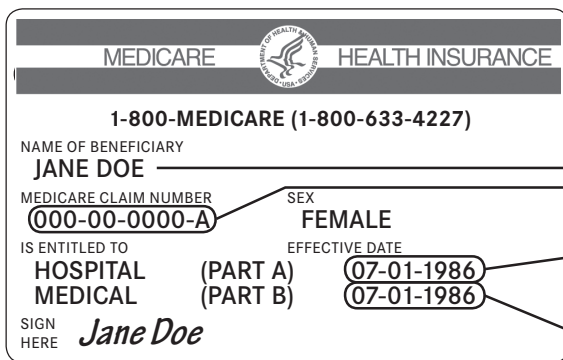
City _____ State _____ ZIP Code _____

E-mail Address (optional) _____

Please e-mail me plan information and updates.

2. Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section — **OR** — Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.



Name (exactly as appears on Medicare Card) _____

Medicare Claim Number _____ Letter(s) _____

Part A (Hospital) effective date ____ / ____ / ____

Part B (Medical) effective date ____ / ____ / ____

→ You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

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3. Your Payment Options (If applicable)

If you have a plan premium AND/OR we determine that you owe a late enrollment penalty, *(or if you currently have a late enrollment penalty)*, the amount can be automatically deducted from your Social Security benefit check. The automatic deduction from your monthly Social Security benefit check may take two or more months to begin. In most cases, the first deduction will include all premiums due from your enrollment effective date up to the point withholding begins. If you don't choose this option, you can sign up for Electronic Funds Transfer (EFT). People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the 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 Administration office, or call the Social Security Administration 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, it is recommended you choose the coupon book or EFT option.

If there is a plan premium, and/or a late enrollment penalty, deduct the total amount from my

(If you do not select a payment option, you will receive a coupon book for the amount that Medicare doesn't cover. If you would like to set up EFT, please enclose a blank check with VOID written on the front.)

Monthly Social Security benefit check

Electronic Funds Transfer (EFT) from your bank account each month.

Enclose a VOIDED check or provide the following

Account Holder Name _____ Bank Routing Number _____

Bank Account Number _____ Account Type Checking Savings

Coupon Book

4a. Benefit Plan Selections — Choose Only One

Health Maintenance Organization (HMO) plans with a medical and Part D drug benefit

- | | |
|--|--|
| <input type="checkbox"/> AARP® MedicareComplete® (HMO) AC | <input type="checkbox"/> AARP® MedicareComplete® Value (HMO) AV |
| <input type="checkbox"/> AARP® MedicareComplete® Plan 1 (HMO) A1 | <input type="checkbox"/> AARP® MedicareComplete® Premier (HMO) APR |
| <input type="checkbox"/> AARP® MedicareComplete® Plan 2 (HMO) A2 | <input type="checkbox"/> AARP® MedicareComplete® Mosaic (HMO) AM |
| <input type="checkbox"/> AARP® MedicareComplete® Plan 3 (HMO) A3 | |

HMO plans with medical benefits only

- AARP® MedicareComplete Essential® (HMO) AE

Preferred Provider Organization (PPO) plans with a medical and Part D drug benefit

- | | |
|---|--|
| <input type="checkbox"/> AARP® MedicareComplete Choice® (PPO) ACC | <input type="checkbox"/> AARP® MedicareComplete Choice® (Regional PPO) ACR |
| <input type="checkbox"/> AARP® MedicareComplete Choice® Plan 1 (PPO) AC1 | |
| <input type="checkbox"/> AARP® MedicareComplete Choice® Plan 2 (Regional PPO) AC2 | |

PPO plans with medical benefits only

- AARP® MedicareComplete Choice® Essential (PPO) ACE
- AARP® MedicareComplete Choice® Essential (Regional PPO) ACP

Point of Service (HMO-POS) plans with a medical and Part D drug benefit

- AARP® MedicareComplete® Plus (HMO-POS) AP
- AARP® MedicareComplete® Plus Plan 1 (HMO-POS) AP1

HMO-POS plans with medical benefits only

- AARP® MedicareComplete® Plus Essential (HMO-POS) APE

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4b. Complete the following if the plan chosen includes routine dental coverage

Name of dental provider _____ Provider ID# (please refer to Provider Directory) _____
Are you currently a patient of this dentist? Yes No

4c. OPTIONAL Supplemental Benefit Plans

These plans are not available in all service areas.
Please review the Summary of Benefits to confirm availability and to learn about any applicable premiums.
If available, you can choose both the Fitness AND the Deluxe Rider (or a Dental Plan below).

Fitness Rider Deluxe Rider

If available and you did not select the "Deluxe Rider" option above, you can choose ONE of the dental plans below.

High Option Dental Rider Optional Dental Rider Dental 260 Rider

Dental Facility # (please refer to the Provider Directory) _____

Dental 467 Rider Dental Platinum Rider **You do not need to select a Dental Facility for these plans.**

5. Primary Care Physician (PCP), Clinic or Health Center Selection

Refer to your Provider Directory or the plan Web site to select a PCP. Provider ID# _____
PCP name _____

Are you now seeing or have you recently seen this doctor? Yes No

6. Please Read and Answer These Important Questions

Do you have End-Stage Renal Disease (ESRD)? Yes No

If you answered "yes" and you don't need regular dialysis any more, or if you have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant. (Use Form 2728 if available.)

If "yes", are you currently a member of a health care company? Yes No

If "yes", name of company _____ Member ID# _____

Are you a resident in an institution (e.g., skilled nursing facility, rehabilitation hospital)? Yes No

If "yes", name of institution _____

Address of institution _____

City, State, ZIP Code _____

Telephone number of institution (_____) _____ Your date of admission to the institution ____/____/____

Are you enrolled in your state Medicaid program? Yes No

If "yes", please provide your Medicaid ID number _____

Do you or your spouse work? Yes No

Do you or your spouse have any health insurance other than Medicare, such as private insurance, Workers' Compensation or Veterans Administration (VA) benefits? Yes No

If you have other health insurance, what kind do you have? _____

What is the name of the health insurance? _____

Group # _____ ID# _____

Do you have any other prescription drug coverage such as private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage? Yes No

Plan name of other coverage _____

Member ID# for this coverage _____

Group ID# _____ Effective Date (optional) _____



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7. Alternative Formats (Check only one)

If available, I prefer to receive materials in the following format Spanish Chinese
 Large Print (English Only)

Please contact SecureHorizons® at 1-800-547-5514 if you need information in another format or language than those listed above. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week. TTY users should call 711.

Statements of Understanding

By Completing This Enrollment Form, I Agree to the Following

1. AARP® MedicareComplete® is a Medicare Advantage Plan and has a contract with the Federal Government. I must keep my Medicare Parts A and B by continuing to pay the Part B premiums and, if applicable, Part A premiums, if not otherwise paid for under Medicaid or by another third party. I can only be in one Medicare Advantage Plan or Medicare Advantage Prescription Drug Plan at a time. By enrolling in this Plan, I will automatically be disenrolled from any other Medicare Health plan or prescription drug plan of which I may be a member. It is my responsibility to inform the Plan of any prescription drug coverage that I have or may get in the future. For MA-only Plans: I understand that if I don't have Medicare Prescription Drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late-enrollment penalty if I enroll in Medicare Prescription Drug coverage in the future. Enrollment in this Plan is generally for the entire year, unless Special Election Periods apply. Once I enroll, I may leave this Plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances, by sending a request to the Plan or by calling 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
2. I understand that I must live in the service area and if I move out of the service area, I must notify the Plan of the move. I understand that if I permanently move out of the service area, I will be disenrolled from the plan and can enroll in a plan in my new service area. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
3. I understand that as a member of this Plan, I have the right to appeal Plan decisions about payments or services if I disagree. I understand that I will be bound by the benefits, copayments, exclusions, limitations and other terms of the Plan. It is my responsibility to read the Evidence of Coverage when I receive it to know which rules I must follow in order to get coverage with this Medicare Advantage Plan and the amounts for which I will be responsible for payment under the Plan.
4. By joining this Medicare Health Plan, I acknowledge that the Medicare Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge the Plan will release my information, including my prescription drug event data if applicable, 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 Enrollment Form, I may be disenrolled from the Plan.

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Statements of Understanding (continued)

By Completing This Enrollment Form, I Agree to the Following

5. I understand that if I previously had prescription drug coverage or any insurance that included drugs, I may be asked for proof that my previous prescription drug coverage was at least as good as Medicare's standard prescription drug coverage (creditable prescription drug coverage). I can send copies of my proof with this form or I can wait until I am asked for it. I don't have to send proof to enroll. However, if I am asked for my proof and I don't provide it, my premium may be increased because of a late enrollment penalty. For more information about the Late Enrollment Penalty, I may visit www.medicare.gov or 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
6. Counseling services may be available in my state to provide advice concerning Medicare Supplement Insurance or other Medicare Advantage or Prescription Drug Plan options as well as medical assistance through the state Medicaid Program and the Medicare Savings Program.

Additional Statements of Understanding for Each Specific Plan

AARP® MedicareComplete® from SecureHorizons (HMO)

I understand that beginning on the date AARP® MedicareComplete® from SecureHorizons plan coverage begins, I must receive all covered benefits from plan contracted providers and pharmacies, except for emergency or urgently needed services or out-of-area renal dialysis. I understand that authorized services and other services contained in my Evidence of Coverage document will be covered as disclosed. If I do not receive prior authorization as required for covered services, I understand that neither Medicare nor AARP® MedicareComplete® will pay for services.

AARP® MedicareComplete Choice® (PPO)

I understand that beginning on the date AARP® MedicareComplete Choice® plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Plan provides refunds for all covered benefits, even if I get services out-of-network.

AARP® MedicareComplete® Plus (HMO-POS)

I understand that beginning on the date AARP® MedicareComplete® Plus plan coverage begins, benefits are available both in and out-of-network, and I understand I must use in-network providers to enjoy the lowest cost sharing. Some non-emergency care from non-contracted providers may not be covered at all under the Point of Service Plan. Additionally, some out-of-network services may be limited by county or state and require prior authorization.

Fraud Warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Enrollment Form or files a claim containing a false or a deceptive statement, has committed insurance fraud. Commission of insurance fraud may result in disenrollment or denial of benefits and may subject the individual to civil or criminal liability.

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8. Please Read This Important Information

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this Enrollment Form means that I have read, understand and agree to the contents of this Enrollment Form, Statements of Understanding and the Additional Statement of Understanding (for the plan I have chosen) on this form.

You must sign and date this Individual Enrollment Form in order for it to be processed.

If signed by an authorized representative of the applicant, this signature certifies the person is authorized under state law to complete this Enrollment Form and make health care decisions on behalf of the applicant and is authorized to receive health care related information on his/her behalf and that documentation of this authority is available upon request by the Plan or by Medicare. I will notify the Plan if the authority to receive health care related information changes.

Signature of applicant/member/authorized representative	Date ____/____/____
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If you are the authorized representative of the applicant, you must provide the following information and sign above.

Name		Relationship to applicant	
Address		Telephone Number ()	
City	State	ZIP Code	Alternate Phone Number (optional) ()

9. For Sales Representative/Agency Use Only

Selling Staff Member/Agent ID 369655	Initial Receipt Date
Selling Staff Member/Agent Name Dann Loewenthal	Proposed Effective Date
Agent Telephone Number 541.434.9613 / 800.884.2343	
Signature (if assisted in enrollment)	

10. Election Period

AEP
 ICEP
 IEP
 IEP2 (MAPD Plans Only)
 OEPI
 SEP (SEP Reason Code _____)

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Important Enrollment Information

I-Enroll Tracking Number _____

Effective Date _____

Medicare ID _____

Plan Name _____

Sales Agent ID 369655

Sales Agent Name Dann Loewenthal

Sales Agent Phone Number 541.434.9613 / 800.884.2343

Health Plan/PBP Number _____

This copy verifies you met with an agent who sells UnitedHealth Group Products. Once UnitedHealth Group 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 do not have a local sales agent, please call
1-800-547-5514, 8 a.m. - 8 p.m. local time,
7 days a week. TTY users call **711**.



Visit our web site at
www.AARPMedicarePlans.com



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A UnitedHealthcare® Medicare Solution

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, a Medicare Advantage organization with a Medicare contract with the Federal government. AARP® MedicareComplete® Plans carry the AARP name, and UnitedHealthcare pays a royalty fee to AARP for use of AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll.










AARP does not recommend health-related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

Roadmap After Enrollment

Continue On Your Path to...



Steps	How You Get It	Description
1 Receipt of Enrollment Form	Agent 	Confirms you submitted an Enrollment Form.
2 Copy of Completed Enrollment Form	Mailed 	We will mail you a copy of your completed Enrollment Form for your personal records only.
3 Acknowledgement of Receipt of Application Letter	Mailed 	We received your completed Enrollment Form. <i>(Please note: Medicare must approve your Enrollment Form)</i>
4 Notice to Confirm Enrollment	Mailed 	Notice that Medicare has approved your Enrollment Form. Your enrollment is complete.
5 Outbound Education & Verification Call	Phone 	Verifies the Medicare Advantage plan was fully explained by your sales agent.
6 Premium Assistance	Mailed 	You may receive a letter on how to get extra help with your Medicare premiums and other health care costs, if you qualify.
7 Member ID Card	Mailed 	Bring this new Member ID card when you visit your doctor, hospital or pharmacy.
8 Welcome Kit	Mailed 	Includes important information about your benefits, such as: Evidence of Coverage and Provider Directory.
9 Health Risk Assessment Call	Phone 	You will receive this call to inform us about your health history. This information will not affect your ability to enroll in this plan. Your answers will help us develop a health program to fit your needs.

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Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

This is an advertisement.