

# Insurance Plan Guide 2021

What you need to know about your Senior Supplement® Plan.

## **ARLINGTON PUBLIC SCHOOLS**

UnitedHealthcare Senior Supplement

**Effective:** January 1, 2021 through December 31,

2021 **Group Number:** 07002



# Introducing the UnitedHealthcare® Senior Supplement® and Prescription Drug plans

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer UnitedHealthcare® Senior Supplement®, UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) and UnitedHealthcare® RxSupplement® plans. We believe you should get more than a good plan, and that's why we have the people, tools and resources in place to help you live a healthier life.

## Let us help you:

- Get the tools and resources you need to be in more control of your health
- Find ways to save money on health care, so you can spend more on what matters most to you

## In this book you will find:

- A description of these plans and how they work
- Information on benefits, programs and services — and how much they cost
- Details on how to enroll
- What you can expect after you enroll

## Enrolling is easy

To enroll in these plans:

- 1 Find the Enrollment Request Form(s) in the “Enrollment” section of this guide. There are three Enrollment Forms included in this guide. One for the Senior Supplement® plan, one for the UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) plan and one for the UnitedHealthcare® RxSupplement® plan.
- 2 Fill out completely — make sure you sign and date the form(s).
- 3 Return your completed form(s) in the enclosed envelope before your enrollment deadline.

## Something to note

You can only have one medical plan and one Medicare Part D prescription drug plan at a time. If you enroll in another medical plan or another Medicare Part D plan, you may be disenrolled from your current plan.

Take advantage of healthy extras with UnitedHealthcare



NURSELINE



GYM MEMBERSHIP



OVER 67,000 PHARMACIES

Over please

## Visit us online anytime

[www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free **1-800-698-0822**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

Prescription Drug plan: **1-877-558-4749**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

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UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

UnitedHealthcare RxSupplement is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

The pharmacy network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

# 2021 Plan Summary

Plan N

UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company

In New York, Underwritten by UnitedHealthcare Insurance Company of New York

All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for Year 2020 benefits. Amounts may change for the Year 2021.

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a Welcome Kit which will include a Certificate and Schedule of Benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the Certificate and Schedule of Benefits before you enroll in the plan, please call Customer Service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
<b>Emergency and Urgent Care Services</b>			
If not admitted, Medicare Part B Deductible applies			
Per visit	80%	20% after copayment per visit	\$50 copayment (waived if admitted)
<b>Inpatient Hospital Services</b>			
Medicare Part A Hospital – semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1 – 60	All but \$1,364	\$1,364 (Medicare Part A Deductible)	\$0
Days 61 – 90	All but \$341 per day	\$341 per day	\$0
Days 91 – 150 (While using 60 lifetime reserve days)	All but \$682 per day	\$682 per day	\$0
Days 151 – 365 – lifetime additional reserve days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond 365 lifetime additional reserve days	\$0	\$0	All costs

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
<b>Skilled Nursing Facility Care</b>			
You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.			
Days 1 - 20	All approved amounts	\$0	\$0
Days 21 - 100	All but \$170.50 per day	Up to \$170.50 per day	\$0
Days 101 and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints Medicare Part A	\$0	100%	\$0
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	\$0
Next \$185 of Medicare Approved Amounts under Medicare Part B	\$0	\$0	\$185 (Medicare Part B Deductible) <sup>1</sup>
Remainder of Medicare Approved Amounts under Medicare Part B	80%	20%	\$0
<b>Hospice Services</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of Balance	\$0

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
<b>Medical Services</b>			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$185 of Medicare Approved Amounts	\$0	\$0	\$185 (Medicare Part B Deductible) <sup>1</sup>
Physician Office Visit	\$0	\$0	\$20 copayment per office visit
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Outpatient Mental Illness – for most outpatient mental illness services	80%	20% after copayment	\$20 copayment per visit
Medicare Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>Preventive Healthcare (Medicare Covered)</b>			
Periodic Health Screenings (please refer to your certificate)	100%	Balance (if applicable)	\$0
<b>Durable Medical Equipment</b>			
First \$185 of Medicare Approved Amounts	\$0	\$0	\$185 (Medicare Part B Deductible) <sup>1</sup>
Remainder of Medicare Approved Amounts	80% of approved amounts	20% of approved amounts	\$0
<b>Home Health Care</b>			
Skilled Care Services and Medical Supplies	All approved amounts	Balance (if applicable)	\$0
<b>Preventive Healthcare (not covered by Medicare)</b>			
Annual Routine Physical Exam	\$0	100%	\$0

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
<b>Foreign Travel</b>			
Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States. First \$250 each calendar year	\$0	\$0	\$250 Deductible
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and all amounts over the \$50,000 lifetime maximum

## Exclusions and Limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the Company to be a Medicare Eligible Expense, unless coverage for the expense or service is specifically provided by a Rider to the Policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any Workers' Compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide.
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Medicare Part B Deductible.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.
- Medicare Part B Excess Charges.

**This Plan Summary is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, or Exclusions and Limitations.**

**Visit us online anytime**

Learn more at  
**[www.UHCRetiree.com](http://www.UHCRetiree.com)**

Toll-free **1-800-698-0822**, TTY **711**  
8 a.m. – 8 p.m. local time, 7 days a week

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<sup>1</sup>Once \$185 of Medicare Approved Amounts for covered services have been paid, the Medicare Part B Deductible will have been met for the calendar year.

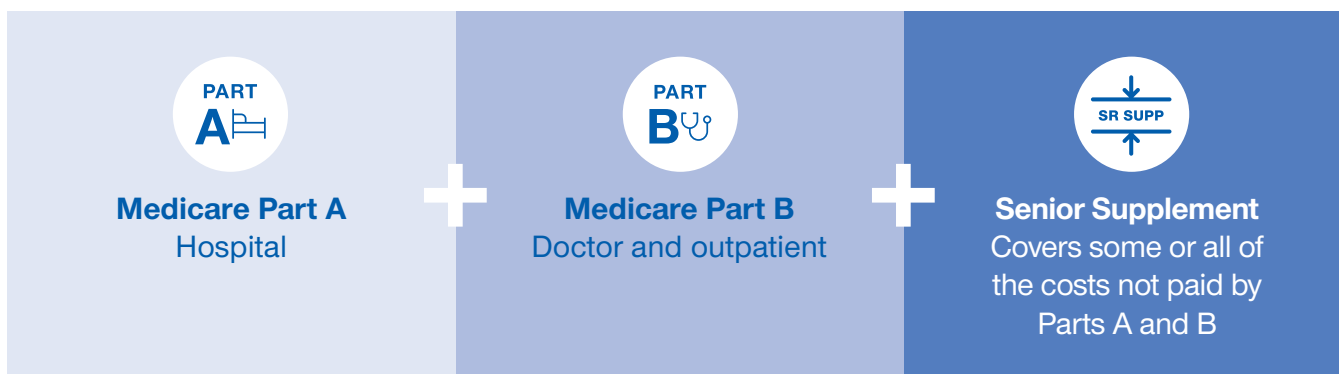


# Plan Details

## UnitedHealthcare® Senior Supplement®

Let's start with a quick look at how your plan works. Medicare only covers about 80% of your expenses. Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs Medicare Parts A and B don't cover — like copays and deductibles. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.

### There are multiple coverage options



### Make sure you know what parts of Medicare you have



You must be entitled to Medicare Part A and/or enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with the Social Security office. Visit [www.ssa.gov/locator](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

## Senior Supplement plan basics

Choosing UnitedHealthcare® means you're working with a national health care leader. We'll help you get the care you need and we'll be with you every step of the way. We can also help you with the following:



### Stay within your budget

This Senior Supplement plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don't cover.



### Visit the doctors you want

You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.



### Additional support and programs

You get additional health and wellness programs at no additional cost.



### Don't worry about paperwork

With this plan, you have virtually no claim forms to file.

## Be covered by a trusted leader

UnitedHealthcare has the nation's largest network,<sup>1</sup> with top doctors and health care professionals. We make it easier for you to get the care, tests and treatment you need at the right time.



<sup>1</sup>Network size varies by market

## Additional support and programs



### Annual Wellness Visit<sup>1</sup> and preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together with your doctor, you can identify the preventive screenings you may need, review your medications and talk about any health concerns.



### You are never alone with NurseLine

Health questions can come up anytime. NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis



### Get active and have fun with a gym membership

Designed for all fitness levels and abilities, SilverSneakers® includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations<sup>2</sup>
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.



### Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning.

- Get helpful advice, and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- Have a registered nurse perform an in-person assessment of your situation — if needed

<sup>1</sup>If additional tests are required, there may be a copay or coinsurance.

<sup>2</sup>At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.



## Virtual Doctor Visits

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor from your computer, tablet or smartphone — any time, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. You will first need to register and then schedule an appointment. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches
- Bladder/urinary tract infections, rashes

## Tools and resources to put you in control



### Get valuable plan information online

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary Member ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online

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The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Premium and/or copayments/coinsurance may change each plan/benefit year.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Availability of the SilverSneakers program varies by plan/market. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

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The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.





DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

# Here's What You Can Expect Next

## UnitedHealthcare® will process your enrollment





This chart shows you what we'll be sending and how we'll be contacting you after your enrollment.

Material Name	Description	Delivery Method
<b>UnitedHealthcare Member ID Cards</b>	Watch for your UnitedHealthcare Member ID cards in the mail. Your Senior Supplement® and prescription drug cards will arrive separately.	
<b>Getting Started Guide</b>	Once you're enrolled in the Senior Supplement® plan, you will get a Getting Started Guide to review to help you start using your new plan.	
<b>Quick Start Guide</b>	Once you're enrolled in the Prescription Drug plan, you will get a Quick Start Guide to review to help you start using your new plan.	
<b>Website Access</b>	After you receive your UnitedHealthcare Member ID cards, you can register online at the website listed below to get access to all your plan information.	

**Start using your plan on your effective date.** Remember to use your UnitedHealthcare Member ID cards.

## We're here for you

When you call, be sure to let Customer Service know that you are calling about a group-sponsored plan. In addition, it will be helpful to have:

-  **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**
-  **Names and addresses for doctors, hospitals and specialists**
-  **Name and address of your pharmacy**
-  **List of current health conditions and treatments**

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Toll-free **1-800-698-0822**, TTY **711**,  
8 a.m. – 8 p.m. local time, 7 days a week



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Underwritten by  
**UnitedHealthcare Insurance Company**

**Required Information**

Plan Sponsor Name:  
 ARLINGTON PUBLIC SCHOOLS

Group #: 07002	GPS Employer ID #: 23747
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GPS Branch #:  
001

TEAR HERE

**Enrollment Form**

**THIS IS NOT AN APPLICATION FOR A MEDICARE SUPPLEMENT POLICY**

Please complete the entire form. Incomplete information can delay the enrollment process.  
 (Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)

**1. Personal Information**

Applicant Last Name	Applicant First Name	MI	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Effective Date <b>MM-DD-YYYY</b>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow				Date of Birth <b>MM-DD-YYYY</b>
Name of Retiree		Applicant's Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Applicant's Medicare Claim #	Part A Effective Date <b>MM-DD-YYYY</b>	Part B Effective Date <b>MM-DD-YYYY</b>	Part D Effective Date <b>MM-DD-YYYY</b>	
Are you currently on COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Qualifying Event		COBRA Qualifying Event Effective Date <b>MM-DD-YYYY</b>		
Permanent Residence Street Address (P.O. Box is not allowed)		City	State	Zip
Mailing Address (only if different from your Permanent Residence Address)		City	State	Zip
Home Telephone Number ( ) -	Alternate Telephone Number ( ) -	Email Address		
In the future, would you be willing to receive materials through electronic means? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I prefer to receive materials in the following language: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese (Spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin) <input type="checkbox"/> Other _____				

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TEAR HERE

Last Name First Name Medicare Claim Number

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the following information. Providing this information will not affect your enrollment in the plan.

Table with 4 columns: Institution Name, Date of Admission (MM-DD-YYYY), Telephone Number (( ) -), Address, City, State, Zip, Attending Physician's Name, Attending Physician's Telephone Number (( ) -)

2. Benefit Coordination/Other Insurance Carrier Information

1. Do you have other health insurance? [ ] Yes [ ] No
If Yes, complete Section 1a. - 1d. below.

Table with 4 columns: 1a. Insurance Company Name, 1b. Policy #, 1c. Effective Date (MM-DD-YYYY), 1d. Other Employer Name and Address

2. Are you permanently disabled? [ ] Yes [ ] No If Yes, complete the following:

2a. Date disability began: MM-DD-YYYY

3. Do you have a disability affecting your ability to communicate or read? [ ] Yes [ ] No

4. Do you currently work or plan to work? [ ] Yes [ ] No

5. Are you currently a State Medicaid recipient? [ ] Yes [ ] No
If yes, please provide your State Medicaid number:

FOR OFFICE USE ONLY

Retiree [ ] Yes [ ] No Group #
Dependent [ ] Yes [ ] No Plan Code
Verification (Initial):
Date MM-DD-YYYY

FOR EMPLOYER USE ONLY

[ ] Enrollee is eligible for retiree coverage
Effective Date: MM-DD-YYYY
Initial:

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Last Name

First Name

Medicare Claim Number

**3. Terms and Conditions**

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Policy offered through my former employer. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any material omission or intentional misrepresentation in answering the questions on the Enrollment Form may result in the denial of benefits and the termination of my coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. All statements and descriptions in this Enrollment Form are deemed to be representations and not warranties.

This is not a Medicare supplement plan. This is an employer group retiree plan and may provide coverages that are different from a Medicare supplement plan. If you have a Medicare supplement plan, you may not need both the Medicare supplement plan and the employer group retiree plan. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

I agree and understand that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA, between myself and UnitedHealthcare Insurance Company or any of its parents, subsidiaries or affiliates shall be determined by submission to non-binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the Federal Arbitration Act provides for the judicial review of arbitrations proceedings, until or unless first submitted to and reviewed through the non-binding arbitration process.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

TEAR HERE

TEAR HERE



## Questions?

If reply envelope is missing mail this form to:

UnitedHealthcare®  
P.O. Box 30770  
Salt Lake City, UT 84130-0770

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Or fax this form to:

**888-950-1170**

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You may also enroll by calling:

**1-800-698-0822, TTY 711**  
8 a.m. – 8 p.m. local time, 7 days a week









## Questions? We're here to help.



Toll-free **1-800-698-0822**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



Learn more at  
**[www.UHCRetiree.com](http://www.UHCRetiree.com)**

