

# WHAT YOU NEED TO KNOW ABOUT YOUR PRESCRIPTION DRUG PLAN.

## 2017 Medicare Part D Enrollment Guide

### **AARP® MedicareRx Walgreens (PDP)**

S5921-382

**Region:** 3

**Service Area:** New York

**Plan Effective Date:** January 1, 2017 through December 31, 2017

# Discover a plan that **WORKS TO YOUR ADVANTAGE.**

At UnitedHealthcare we believe you deserve more than just a good insurance plan to help maintain your health. We want to work with you to help you live a healthier life.

## **We want to:**

- Help you get the coverage you may need when you need it
- Give you tools and resources to be in more control of your health
- Try to help you find ways to save money, so you can spend more on the things that matter most to you

## **In this Enrollment Guide you will find:**

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- Details on how to enroll and what you can expect after you enroll

## **Take advantage of healthy extras.**



**Predictable  
Co-pays**



**Over 30,000  
Network Pharmacies**



**No-Cost Perks  
Just for Members**

## **Enroll in three simple steps.**

- 1** Find the Enrollment Request Form in the “Ready to Enroll” section of this Enrollment Guide.
- 2** Fill out the form(s) completely — make sure you sign and date it.
- 3** Send your completed form(s) back before your enrollment period ends.

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

Making your Medicare Plan Choice..... 4

 **Plan INFORMATION** **7**

Benefit Highlights.....8  
Your Drug Plan Coverage and Cost.....10  
Summary of Benefits..... 12  
Plan Ratings.....20  
Required Information.....21

 **Drug LIST** **25**

Drug List..... 26

 **Ready to ENROLL** **35**

Ways to Enroll.....36  
Scope of Appointment Confirmation Form.....37  
Enrollment Request Form..... 41  
Plan Recap.....69  
Enrollment Receipt.....73  
What's Next..... 83

**Have questions? We can help. Call:**



Toll-free 1-800-753-8004, TTY 711  
8 a.m. - 8 p.m. local time, 7 days a  
week. Se habla español.



Learn more online at  
[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)



# Making Your Medicare PLAN CHOICE

**Make sure this plan is a good fit by reviewing the basics.**

## You're enrolled in Original Medicare, what's next?

Original Medicare is provided by the government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything – you don't get coverage for prescription drugs or for routine vision, dental or hearing care. Depending on your needs, you may want to add on more coverage. When it comes to extra coverage, you have options.



**Covers hospital stays**



**Covers doctor and outpatient visits**

## Your options for more coverage:

### OPTION 1

OR

### OPTION 2

**Add one or both of the following to Original Medicare:**

**Medicare Supplement Insurance**  
Offered by private companies



Covers some of the costs not paid by Original Medicare (Parts A and B)

**Medicare Part D**  
Offered by private companies



Part D covers prescription drugs

**Choose a Medicare Advantage plan:**

**Medicare Advantage (Part C)**  
Offered by private companies



Part C combines Part A (hospital) and Part B (doctor)



Provides additional benefits



Most plans cover prescription drugs

Medicare Made Clear™ brought to you by UnitedHealthcare®



# Making Your Medicare **PLAN CHOICE**

## **This is a Medicare Part D Prescription Drug plan (PDP).**

Is a Medicare Part D Prescription Drug plan (PDP) right for you? Here's a quick overview about how they work to find out.

### **Here's how your Medicare Part D plan works.**



#### **What does it cover?**

Original Medicare (Parts A and B) does not include prescription drug coverage. Medicare Part D plans cover certain prescription drugs.

- The federal government sets guidelines for the types of drugs Medicare Part D plans must cover
- Each Medicare Part D plan decides which specific drugs it will cover and what plan members will pay

When comparing Medicare Part D coverage, check each plan's formulary (drug list) to make sure your drugs are included.

- Medicare Part D plans are available to those eligible for Medicare



#### **When to enroll in a Medicare Part D plan.**

If you have employer coverage, you don't need to enroll until your coverage ends. When your employer coverage ends, you have a two-month Special Election Period to enroll in a Medicare plan.

- If you choose to enroll in a Part D plan, you can only do so through a private insurance company like UnitedHealthcare or other companies contracted with Medicare

## **There's a Medicare Part D Late Enrollment Penalty.**



If you don't join a Medicare Part D plan when you're first eligible, you may have to pay the Medicare late enrollment penalty if you enroll later. The national base beneficiary premium may increase each year, so your penalty amount may also increase each year. (Language from Medicare.gov.)



# Making Your Medicare PLAN CHOICE

## Are you eligible for this plan?

You are eligible for a Medicare Part D plan if:



You are enrolled in Original Medicare Parts A or B (or both)

AND



Live in the plan's service area

## Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A or B (or both) and continue to pay your Part B premium, you are eligible to enroll in this plan.

### Helpful resources.

#### Medicare Made Clear™

An educational program developed by UnitedHealthcare to help the public better understand Medicare. Find out more at [MedicareMadeClear.com](https://www.MedicareMadeClear.com).

#### Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit [Medicare.gov](https://www.Medicare.gov) or call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week.

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

Y0066\_160718\_140843 Accepted

PDEX17PD3881172\_000



# Plan **INFORMATION**

# Benefit Highlights

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

## Plan Costs

Plan Feature	AARP® MedicareRx Walgreens (PDP)	
Monthly premium	\$22.50	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$400 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$0 co-pay	\$15 co-pay
Tier 2: Generic Drugs	\$3 co-pay	\$18 co-pay
Tier 3: Preferred Brand Drugs	\$27 co-pay	\$47 co-pay
Tier 4: Non-Preferred Drugs	32% of the cost	33% of the cost
Tier 5: Specialty Tier Drugs	25% of the cost	25% of the cost
Coverage gap stage	After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,950, you will pay the greater of \$3.30 co-pay for generic (including brand drugs treated as generic), \$8.25 co-pay for all other drugs, or 5% of the cost	

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. United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship. Premium and/or co-payments/co-insurance may change on January 1 of each year.

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply. AARP MedicareRx Walgreens (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in urban ND and WV; suburban CA, HI, MD, ME, ND, NY, PA, WV and rural AK, AR, HI, IA, ID, KS, KY, ME, MN, MO, MS, MT, NE, NY, OK, PA, SD, TX, UT, VA, WA, WV and WY. There are an extremely limited number of preferred cost share pharmacies in urban VT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.





# Your drug plan COVERAGE AND COSTS

## Make sure your drugs are covered.

Find out if your prescription drugs are covered by checking the Drug List in this Enrollment Guide or the online Formulary (drug list) at **AARPMedicarePlans.com**.

## Know how much your drugs will cost.

The cost of your drug depends on two things: what tier the drug is covered in and where you are within the drug payment stages.



### Understanding drug tiers.

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

Formulary (Drug List) Tiers				
<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-preferred Drug	<b>Tier 5</b> Specialty Tier

**Note:** There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.



### Your Part D prescription drug costs.

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans have four coverage stages: annual deductible, initial coverage stage, coverage gap stage, and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people stay in the initial coverage stage for the whole plan year. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The coverage cycle starts over again on January 1 each plan year.



Once you're a member, you can easily track how close you are getting to the coverage gap by logging into your account online.



## Your drug plan COVERAGE AND COSTS

### Explore ways to save money.

#### ✓ Try OptumRx® Mail Service Pharmacy.

You could pay a \$0 co-pay for a 90-day supply of Tier 1 medications by using home delivery from OptumRx, our preferred mail service pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Register online at [www.OptumRx.com](http://www.OptumRx.com) to order new prescriptions, request refills and more.

#### ✓ Spend less at select pharmacies.

You could save on common prescription drugs by using one of the pharmacies in our Preferred Retail Pharmacy network. The locations listed below are just some of the participating pharmacies. Visit [AARPMedicarePlans.com](http://AARPMedicarePlans.com) to find a location near you.

*Walgreens*

#### ✓ Consider generic drugs.

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at [AARPMedicarePlans.com](http://AARPMedicarePlans.com) to determine your potential savings.

#### ✓ Use lower-tier drugs.

Prescription drugs are grouped into five tiers. If your drug is in a higher, more expensive tier, ask your doctor if there is a lower-tier drug that could work for you.

#### ✓ Get Extra Help.

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and co-pays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. to 7 p.m., Monday through Friday.

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

PDEX17MP3883038\_000



# 2017 Summary of **BENEFITS**

**AARP® MedicareRx Walgreens (PDP)**

S5921-382

Our service area includes:

**New York.**

This is a summary of drug coverages provided by AARP® MedicareRx Walgreens (PDP) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:



**Toll-Free 1-800-753-8004, TTY 711**

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



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

**AARP® | MedicareRx Plans**  
insured through **UnitedHealthcare**

# Summary of Benefits

**January 1st, 2017 - December 31st, 2017**

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your drug costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to see the "Evidence of Coverage" or call customer service with any questions.

## **About this plan.**

AARP® MedicareRx Walgreens (PDP) is a Medicare Prescription Drug Plan approved by Medicare.

To join AARP® MedicareRx Walgreens (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed on the cover.

## **What's inside?**

### **Plan Premiums, Annual Deductibles, and Benefits**

See plan costs including the monthly plan premium and plan deductible.

AARP® MedicareRx Walgreens (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for these drugs or you may pay more than you pay at an in-network pharmacy.

You can search for a network pharmacy in the online directory at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com).

### **Drug Coverage**

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com).

## AARP® MedicareRx Walgreens (PDP)

<b>Premiums and Benefits</b>	
<b>Monthly Plan Premium</b>	\$22.50
<b>Annual Prescription Drug Deductible</b>	\$0 per year for Tier 1 and Tier 2; \$400 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.

## Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

<b>Stage 1: Annual Prescription Deductible</b>	\$0 per year for Tier 1 and Tier 2; \$400 for Tier 3, Tier 4 and Tier 5.					
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Retail</b>				<b>Mail Order</b>	
	<b>Preferred</b>		<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$0 co-pay	\$0 co-pay	\$15 co-pay	\$45 co-pay	\$0 co-pay	\$45 co-pay
<b>Tier 2: Generic Drugs</b>	\$3 co-pay	\$9 co-pay	\$18 co-pay	\$54 co-pay	\$9 co-pay	\$54 co-pay
<b>Tier 3: Preferred Brand Drugs</b>	\$27 co-pay	\$81 co-pay	\$47 co-pay	\$141 co-pay	\$81 co-pay	\$141 co-pay
<b>Tier 4: Non-Preferred Drugs</b>	32% of the cost	32% of the cost	33% of the cost	33% of the cost	32% of the cost	33% of the cost
<b>Tier 5: Specialty Tier Drugs</b>	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap.					
<b>Stage 4: Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.30 co-pay for generic (including brand drugs treated as generic) and a \$8.25 co-pay for all other drugs.</li> </ul>					

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

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-889-5802, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

AARP MedicareRx Walgreens (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in urban ND and WV; suburban CA, HI, MD, ME, ND, NY, PA, WV and rural AK, AR, HI, IA, ID, KS, KY, ME, MN, MO, MS, MT, NE, NY, OK, PA, SD, TX, UT, VA, WA, WV and WY. There are an extremely limited number of preferred cost share pharmacies in urban VT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll.

AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

NOTE: If you are receiving extra help from Medicare, your co-pays may be lower or you may have no co-pays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-753-8004.

This information is available for free in other languages. Please call our customer service number at 1-800-753-8004, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-800-753-8004, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

## Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-753-8004. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-753-8004. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-753-8004。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-753-8004。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-753-8004. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-753-8004. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-753-8004 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-753-8004. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-753-8004번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-753-8004. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-357-008-4008. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-753-8004 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-753-8004. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-753-8004. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-753-8004. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

1-800-753-8004

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-753-8004 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

## UnitedHealthcare - S5921

### 2016 Medicare Star Ratings \*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for the ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications

For 2016, UnitedHealthcare received the following Overall Star Rating from Medicare:

★★★  
3 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

**Health Plan Services:** Not offered

**Drug Plan Services:** ★★★  
3 stars

The number of stars shows how well our plan performs.

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

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

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

Current members please call 866-460-8854 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.



## 2017 Required INFORMATION

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

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

Premium and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

AARP MedicareRx Walgreens (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in urban ND and WV; suburban CA, HI, MD, ME, ND, NY, PA, WV and rural AK, AR, HI, IA, ID, KS, KY, ME, MN, MO, MS, MT, NE, NY, OK, PA, SD, TX, UT, VA, WA, WV and WY. There are an extremely limited number of preferred cost share pharmacies in urban VT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-753-8004, TTY 711 or consult the online pharmacy directory at [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com).

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

## Non-Discrimination Notice

UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, please call the Customer Service number at the front of this booklet, TTY 711.

If you believe that UnitedHealthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130  
UHC\_Civil\_Rights@uhc.com

You can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD).

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the Customer Service number at the front of this booklet.

**Español (Spanish)**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

**繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打本手冊封面的客戶服務部電話號碼。

**Tiếng Việt (Vietnamese)**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 있는 고객 서비스 전화번호로 문의하십시오.

**Tagalog (Tagalog – Filipino)**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

**Русский (Russian)**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

**Kreyòl Ayisyen (French Creole)**

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl la ki devan tiliv sa a.

**Français (French)**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

**Polski (Polish)**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

**Português (Portuguese)**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número de telefone do Serviço ao Cliente na frente deste folheto

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero del Servizio alla clientela indicato all'inizio di questo libretto.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。本冊子の表紙に記載されているカスタマーサービスの電話番号にお電話ください。

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

**Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខសេវាអតិថិជន នៅខាងមុខនៃកូនសៀវភៅនេះ។

**Ilokano (Ilocano)**

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti numero ti Customer Service ayan iti sango na daytoy nga booklet.

**Diné Bizaad (Navajo)**

*Díí baa akó nínízin: Díí saad bee yánílti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jüik’eh, éí ná hóló, T’áá shqodí díí ninaaltsoos wólta’i bidáahgi Na’ülnihí Biká’ana’áwo’i bich’í’ béésh bee hane’i biká’ígíí bee hólne’ dooleel.*



# Drug LIST

## What is a drug list?

### Medicare Part D Drug List

The drug list is a list of prescription drugs covered by an insurance plan:

- Many plans have a tiered drug list, where drugs are divided into groups called “tiers”
- In general, the lower the tier, the lower the cost to you
- Generic drugs typically fall into Tier 1

### Drug List Tiers

Tier 1	\$
Tier 2	\$\$
Tier 3	\$\$\$
Tier 4	\$\$\$\$
Tier 5	\$\$\$\$\$

Medicare Made Clear™ brought to you by UnitedHealthcare®



# 2017 DRUG LIST

This is a partial alphabetical list of drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type
- Each covered drug is in one of five cost-sharing tiers. The tier number is listed after the drug name
- Your plan may have an annual prescription deductible
- For more cost-sharing and deductible information, see the Summary of Benefits in this book

Some drugs may need Prior Authorization, Step Therapy or other requirements. To find out if your drug has added coverage needs, please contact us.

This list was last updated August 1, 2016. Call or visit us online for the most up-to-date comprehensive drug list. Our contact information is on the second page of this book.

## A

Acamprosate Calcium DR  
(Tablet Delayed-Release), T4

Acetaminophen/Codeine  
(Tablet), T2

Acetazolamide (Tablet  
Immediate-Release), T3

Acetazolamide ER (Capsule  
Extended-Release 12  
Hour), T4

Acyclovir (Tablet), T2

**Adacel (Injection), T3**

**Adcirca (Tablet), T5**

**Advair Diskus, Advair HFA  
(Aerosol), T3**

**Albenza (Tablet), T5**

Alcohol Prep Pads, T3

Alendronate Sodium  
(Tablet), T1

Alfuzosin HCl ER (Tablet  
Extended-Release 24  
Hour), T2

Allopurinol (Tablet), T1

Alprazolam (Tablet  
Immediate-Release), T2

Amantadine HCl (100mg  
Capsule, 100mg Tablet,  
50mg/5ml Syrup), T2

Amiodarone HCl (200mg  
Tablet), T2

**Amitiza (Capsule), T3**

Amitriptyline HCl (Tablet), T3

Amlodipine Besylate  
(Tablet), T1

Ammonium Lactate (12%  
Cream, 12% Lotion), T3

Amoxicillin (Capsule,  
Tablet), T2

Amphetamine/  
Dextroamphetamine (Tablet  
Immediate-Release), T3

Amphetamine/  
Dextroamphetamine ER  
(Capsule Extended-Release  
24 Hour), T4

Anagrelide HCl (Capsule), T2

Anastrozole (Tablet), T2

**AndroGel (1.62% Packet,  
1.62% Pump), T3**

**Androderm (Patch 24  
Hour), T3**

**Anoro Ellipta (Aerosol  
Powder), T3**

**Apriso (Capsule Extended-  
Release 24 Hour), T3**

**Aranesp Albumin Free  
(100mcg/0.5ml Injection,  
100mcg/ml Injection,  
150mcg/0.3ml Injection,  
200mcg/0.4ml Injection,  
200mcg/ml Injection,  
300mcg/0.6ml Injection,  
300mcg/ml Injection,  
500mcg/ml Injection,  
60mcg/0.3ml Injection,  
60mcg/ml Injection), T5**

**Aranesp Albumin Free  
(10mcg/0.4ml Injection,  
25mcg/0.42ml Injection,  
25mcg/ml Injection,  
40mcg/0.4ml Injection,  
40mcg/ml Injection), T4**

**Argatroban (125mg/  
125ml-0.9% Injection), T5**

Argatroban (250mg/2.5ml  
Injection), T5

Atenolol (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Y0066\_160616\_101737\_FINAL\_7 Accepted

Atorvastatin Calcium (Tablet), T1  
 Atovaquone/Proguanil HCl (Tablet) (Generic Malarone), T2  
**Atripla (Tablet), T5**  
**Atrovent HFA (Aerosol Solution), T4**  
**Aubagio (Tablet), T5**  
**Avastin (Injection), T5**  
 Azathioprine (Tablet), T2  
 Azelastine HCl (0.05% Ophthalmic Solution), T2  
 Azelastine HCl (0.1% Nasal Solution), T2  
 Azelastine HCl (0.15% Nasal Solution), T2  
**Azilect (Tablet), T3**  
 Azithromycin (Oral Suspension, Tablet), T2

**B**

Baclofen (Tablet), T2  
 Balsalazide Disodium (Capsule), T4  
**Belsomra (Tablet), T3**  
 Benazepril HCl (Tablet), T1  
 Benazepril HCl/ Hydrochlorothiazide (Tablet), T1  
**Benicar (Tablet), T3**  
**Benicar HCT (Tablet), T3**  
**Benlysta (Injection), T5**  
 Benzotropine Mesylate (Tablet), T2  
 Bethanechol Chloride (Tablet), T2  
 Bicalutamide (Tablet), T2  
 Bisoprolol Fumarate (Tablet), T2  
**Breo Ellipta (Aerosol Powder), T3**  
 Brimonidine Tartrate (0.2% Ophthalmic Solution), T2

Budesonide (Capsule Delayed-Release), T4  
 Bumetanide (Tablet), T2  
 Buprenorphine HCl (Tablet Sublingual), T4  
 Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet), T2  
 Buspirone HCl (Tablet), T2  
**Bydureon (Injection), T3**  
**Byetta (Injection), T3**  
**Bystolic (Tablet), T3**

**C**

Cabergoline (Tablet), T2  
 Calcitriol (Capsule), T2  
 Calcium Acetate (Capsule), T2  
**Carafate (1gm/10ml Suspension), T4**  
**Carbaglu (Tablet), T5**  
 Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release), T2  
 Carbidopa/Levodopa (Tablet Immediate-Release), T2  
 Carbidopa/Levodopa ER (Tablet Extended-Release), T2  
 Carbidopa/Levodopa ODT (Tablet Dispersible), T2  
 Carboplatin (Injection), T4  
 Carvedilol (Tablet Immediate-Release), T1  
**Cayston (Inhalation Solution), T5**  
 Cefuroxime Axetil (Tablet), T2  
 Cephalexin (Capsule, Oral Suspension), T2  
**Chantix (Tablet), T3**  
 Chlorhexidine Gluconate Oral Rinse (Solution), T2

Chlorthalidone (Tablet), T2  
 Cholestyramine Light (Packet), T2  
 Cilostazol (Tablet), T2  
 Cimetidine (Oral Solution, Tablet), T2  
**Cinryze (Injection), T5**  
 Ciprofloxacin HCl (Tablet Immediate-Release), T2  
 Citalopram HBr (Tablet), T1  
 Clarithromycin (Tablet), T3  
 Clonazepam (Tablet Immediate-Release), T2  
 Clonidine HCl (Tablet Immediate-Release), T2  
 Clopidogrel (75mg Tablet), T2  
 Clozapine (Tablet Immediate-Release), T3  
 Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible), T4  
**Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible), T4**  
**Colchicine (0.6mg Tablet) (Generic Colcrys), T3**  
**Combigan (Ophthalmic Solution), T3**  
**Combivent Respimat (Aerosol Solution), T3**  
**Copaxone (Injection), T5**  
**Creon (Capsule Delayed-Release), T3**  
**Crestor (Tablet), T3**  
**Cyclophosphamide (Capsule), T4**

**D**

**Daklinza (Tablet), T5**  
**Daliresp (Tablet), T4**  
 Dapsone (Tablet), T3  
 Desmopressin Acetate (Tablet), T2

**Bold type = Brand name drug**

Plain type = Generic drug

**Dexilant (Capsule Delayed-Release), T4**

**Dextrose 5%/NaCl (Injection), T4**

Diazepam (1mg/ml Oral Solution), T2  
Diazepam (Tablet), T2  
Diazepam Intensol (5mg/ml Concentrate), T2  
Diclofenac Potassium (Tablet Immediate-Release), T2  
Diclofenac Sodium DR (Tablet Delayed-Release), T2  
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour), T2  
Dicyclomine HCl (10mg Capsule, 20mg Tablet), T2  
Digoxin (Tablet), T2  
Dihydroergotamine Mesylate (1mg/ml Injection), T4  
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), T2  
Diltiazem HCl (Tablet Immediate-Release), T2  
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), T2  
Diphenoxylate/Atropine (Tablet), T3  
Disulfiram (Tablet), T2  
Divalproex Sodium (Capsule Sprinkle), Divalproex Sodium DR (Tablet), Divalproex Sodium ER (Tablet), T2  
Donepezil HCl (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T2

Donepezil HCl ODT (Tablet Dispersible), T2  
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T2  
Doxazosin Mesylate (Tablet), T2  
Doxycycline Hyclate (Capsule Immediate-Release), T3  
Dronabinol (Capsule), T4  
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release), T2

**Durezol (Emulsion), T3**

**E**

**Edarbi (Tablet), T4**

**Edarbyclor (Tablet), T4**

**Eliquis (Tablet), T3**

**Elmiron (Capsule), T4**

**Embeda (Capsule Extended-Release), T3**

Enalapril Maleate (Tablet), T2  
Enalapril Maleate/  
Hydrochlorothiazide (Tablet), T2

**Enbrel (Injection), T5**

Entacapone (Tablet), T4

Entecavir (Tablet), T5

**EpiPen (Injection), T3**

Eplerenone (Tablet), T3

**Epzicom (Tablet), T5**

Escitalopram Oxalate (Tablet), T2

Estradiol Tablet (Generic Estrace), T2

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T2

Etoposide (Injection), T2

**Exjade (Tablet Soluble), T5**

**F**

Famotidine (Tablet), T2

**Fareston (Tablet), T5**

**Farxiga (Tablet), T3**

Fenofibrate (160mg Tablet, 54mg Tablet) (Generic Lofibra), T2

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour), T3

Finasteride (5mg Tablet) (Generic Proscar), T2

**Firazyr (Injection), T5**

Fluconazole (Tablet), T2

Fluocinolone Acetonide (Otic Oil), T4

Fluphenazine HCl (Tablet), T2

Fluticasone Propionate (Suspension), T2

Furosemide (Tablet), T1

**Fuzeon (Injection), T5**

**Fycompa (Tablet), T4**

**G**

Gabapentin (Capsule, Tablet), T2

**Gammagard Liquid (Injection), T4**

Gemfibrozil (Tablet), T2

**Genotropin (12mg Injection, 5mg Injection), T5**

**Genotropin Miniquick (0.2mg Injection), T4**

**Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection), T5**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T2

**Gilenya (Capsule), T5**

Glimepiride (Tablet), T1

Glipizide, Glipizide ER (Tablet), T1

**GlucaGen HypoKit (Injection), T4**

**Glucagon Emergency Kit (Injection), T3**

**Guanidine HCl (Tablet), T3**

**H**

Haloperidol (Tablet), T2

**Harvoni (Tablet), T5**

**Humalog Injection (Cartridge, Pen, Vial), T3**

**Humira (Injection), T5**

**Humulin Injection (Pen, Vial), T3**

Hydralazine HCl (Tablet), T2

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1

Hydrocodone/  
Acetaminophen  
(10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3

Hydromorphone HCl (Tablet Immediate-Release), T2

Hydroxychloroquine Sulfate (Tablet), T2

Hydroxyurea (Capsule), T2

Hydroxyzine HCl (Syrup), T3

**I**

Ibandronate Sodium (Tablet), T3

Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T2

**Ilevro (Suspension), T3**

Imiquimod (Cream), T4

Insulin Syringes, Needles, T3

**Intelence (Tablet), T5**

**Invanz (Injection), T4**

Ipratropium Bromide (0.02% Inhalation Solution), T2

Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution), T2

Ipratropium Bromide/  
Albuterol Sulfate (Inhalation Solution), T2

Irbesartan (Tablet), T2

**Isentress (Tablet), T5**

Isoniazid (Tablet), T2

Isosorbide Dinitrate,  
Isosorbide Dinitrate ER  
(Tablet), T2

Isosorbide Mononitrate,  
Isosorbide Mononitrate ER  
(Tablet), T2

Ivermectin (Tablet), T3

**J**

**Jardiance (Tablet), T3**

**Jentadueto (Tablet), T3**

**K**

**Kalydeco (Packet), T5**

Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet), T2

Ketorolac Tromethamine (Ophthalmic Solution), T3

**Klor-Con 10 (Tablet Extended-Release), T3**

**Klor-Con 8 (Tablet Extended-Release), T3**

Klor-Con M20 (Tablet Extended-Release), T2

**Kombiglyze XR (Tablet Extended-Release 24 Hour), T3**

**Korlym (Tablet), T5**

**L**

Lactulose (Oral Solution), T2

Lamivudine (Tablet), T3

Lamotrigine (Tablet Immediate-Release), T2

**Lantus Injection (SoloStar, Vial), T3**

**Lastacraft (Ophthalmic Solution), T3**

Latanoprost (Ophthalmic Solution), T2

**Latuda (Tablet), T5**

Leflunomide (Tablet), T2

Letrozole (Tablet), T2

Leucovorin Calcium (Tablet), T3

**Leukeran (Tablet), T3**

**Levemir Injection (FlexTouch, Vial), T3**

Levetiracetam (Tablet Immediate-Release), T3

Levocarnitine (Tablet), T3

Levocetirizine Dihydrochloride (5mg Tablet), T3

Levofloxacin (Tablet), T3

Levothyroxine Sodium (Tablet), T1

**Lialda (Tablet Delayed-Release), T3**

Lidocaine (Gel, Viscous Solution), T2

Lidocaine (Ointment), T4

Lidocaine/Prilocaine (2.5%-2.5% Cream), T3

**Bold type = Brand name drug**

Plain type = Generic drug

Lindane (1% Lotion, 1% Shampoo), T4  
**Linzess (Capsule), T3**  
 Liothyronine Sodium (Tablet), T2  
 Lisinopril (Tablet), T1  
 Lisinopril/Hydrochlorothiazide (Tablet), T1  
 Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release), T2  
 Lithium Carbonate ER (Tablet Extended-Release), T2  
 Loperamide HCl (Capsule), T2  
 Lorazepam (Tablet), T2  
 Lorazepam Intensol (2mg/ml Concentrate), T2  
 Losartan Potassium (Tablet), T1  
 Losartan Potassium/Hydrochlorothiazide (Tablet), T1  
**Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T4**  
 Lovastatin (Tablet Immediate-Release), T2  
**Lumigan (Ophthalmic Solution), T3**  
**Lupron Depot (Injection), T5**  
**Lupron Depot-PED (Injection), T5**  
**Lyrica (Capsule), T3**  
**Lysodren (Tablet), T3**

## M

Meclizine HCl (Tablet), T2  
 Medroxyprogesterone Acetate (Tablet), T2  
 Meloxicam (Tablet), T1  
 Memantine HCl (Tablet), T3  
 Mercaptopurine (Tablet), T3

Meropenem (Injection), T4  
 Metformin HCl (Tablet Immediate-Release), T1  
 Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), T1  
 Methadone HCl (Oral Solution, Tablet), T3  
 Methazolamide (Tablet), T4  
 Methimazole (Tablet), T2  
 Methotrexate (Tablet), T2  
 Methscopolamine Bromide (Tablet), T4  
 Methyldopa (Tablet), T3  
 Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin), T3  
 Metoclopramide HCl (Tablet), T2  
 Metoprolol Succinate ER (Tablet Extended-Release 24 Hour), T1  
 Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release), T1  
 Metronidazole (Tablet Immediate-Release), T2  
 Migergot (Suppository), T4  
 Minocycline HCl (Capsule Immediate-Release), T2  
 Minoxidil (Tablet), T2  
 Mirtazapine, Mirtazapine ODT (Tablet), T2  
 Misoprostol (Tablet), T3  
 Modafinil (Tablet), T4  
 Montelukast Sodium (Packet, Tablet, Tablet Chewable), T2

Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin), T3

**Multaq (Tablet), T3**

**Myrbetriq (Tablet Extended-Release 24 Hour), T3**

## N

Naltrexone HCl (Tablet), T3

**Namenda XR (Capsule Extended-Release 24 Hour), T3**

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T2

**Nevanac (Suspension), T3**

**Nicotrol Inhaler, T4**

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin), T3

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid), T3

**Nitrostat (Tablet Sublingual), T3**

Norethindrone Acetate (Tablet), T2

Nortriptyline HCl (Capsule, Oral Solution), T2

**Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution), T4**

**Nucynta ER (Tablet Extended-Release 12 Hour), T3**

**Nuedexta (Capsule), T4**

**Nutropin AQ (Injection), T5**

Nystatin (Cream, Ointment, Powder, Suspension, Tablet), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

**O**

Olanzapine (Tablet Immediate-Release), T2  
 Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release), T2  
 Omeprazole (20mg Capsule Delayed-Release), T2  
 Ondansetron HCl, Ondansetron ODT (Tablet), T2  
**Onglyza (Tablet), T3**  
**Opsumit (Tablet), T5**  
**Orenitram (0.125mg Tablet Extended-Release), T4**  
**Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release), T5**  
**Orenitram (2.5mg Tablet Extended-Release), T5**  
 Oxcarbazepine (Tablet), T3  
 Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour), T2  
 Oxycodone HCl (Tablet Immediate-Release), T3  
 Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3

**P**

Pantoprazole Sodium (Tablet Delayed-Release), T2  
**Pataday (Ophthalmic Solution), T3**  
**Pazeo (Ophthalmic Solution), T3**  
**Pegasys (Injection), T5**  
 Penicillin V Potassium (Tablet), T2

**Perforomist (Nebulized Solution), T4**

Permethrin (Cream), T3  
 Phenytoin Sodium Extended (Capsule), T2  
 Pilocarpine HCl (Tablet), T4  
 Pioglitazone HCl (Tablet), T1  
 Polyethylene Glycol 3350 Powder (Generic MiraLAX), T2

**Pomalyst (Capsule), T5**

Potassium Chloride ER (Capsule Extended-Release, 8meq Tablet Extended-Release), T3  
 Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release), T2  
 Potassium Citrate ER (Tablet Extended-Release), T3

**Pradaxa (Capsule), T4**

Pramipexole Dihydrochloride (Tablet Immediate-Release), T2  
 Pravastatin Sodium (Tablet), T1  
 Prazosin HCl (Capsule), T2

**Prednisolone Acetate (Ophthalmic Suspension), T3**

Prednisone (5mg/5ml Oral Solution, Tablet), T2

**Premarin (Vaginal Cream), T3**

**Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T5**

**Pristiq (Tablet Extended-Release 24 Hour), T4**

**ProAir HFA (Aerosol Solution), T3**

**ProAir RespiClick (Aerosol Powder), T3**

**Procrit (Injection), T4**

Proctosol HC (Cream), T2

**Prolensa (Ophthalmic Solution), T4**

Promethazine HCl (Tablet), T3  
 Propranolol HCl (Tablet Immediate-Release), T2  
 Propranolol HCl ER (Capsule Extended-Release 24 Hour), T2

Propylthiouracil (Tablet), T2

**Pulmicort Flexhaler (Aerosol Powder), T3**

Pyridostigmine Bromide (Tablet), T4

**Q**

Quetiapine Fumarate (Tablet Immediate-Release), T2

**R**

Raloxifene HCl (Tablet), T2

Ramipril (Capsule), T2

**Ranexa (Tablet Extended-Release 12 Hour), T3**

Ranitidine HCl (Tablet), T2

**Rapaflo (Capsule), T3**

**Rebif (Injection), T5**

**Renvela (Tablet), T3**

**Restasis (Emulsion), T3**

**Revlimid (Capsule), T5**

**Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T5**

Rifabutin (Capsule), T4

Rifampin (Capsule), T2

Riluzole (Tablet), T3

Rimantadine HCl (Tablet), T2

Risperidone (Tablet Immediate-Release), T2

**Rituxan (Injection), T5**

**Bold type = Brand name drug**

Plain type = Generic drug

Rivastigmine Tartrate  
(Capsule Immediate-Release), T2  
Rizatriptan Benzoate,  
Rizatriptan ODT (Tablet), T2  
Ropinirole HCl (Tablet  
Immediate-Release), T2  
Rosuvastatin Calcium  
(Tablet), T3

## S

**Santyl (Ointment), T4**  
**Saphris (Tablet Sublingual), T4**  
**Savella (Tablet), T3**  
Selegiline HCl (5mg Capsule,  
5mg Tablet), T3  
**Selzentry (Tablet), T5**  
**Sensipar (30mg Tablet), T3**  
**Sensipar (60mg Tablet,  
90mg Tablet), T5**  
**Serevent Diskus (Aerosol  
Powder), T3**  
**Seroquel XR (Tablet  
Extended-Release 24  
Hour), T3**  
Sertraline HCl (Tablet), T1  
Sildenafil (20mg Tablet)  
(Generic Revatio), T3  
**Silver Sulfadiazine  
(Cream), T3**  
**Simbrinza (Suspension), T3**  
Simvastatin (Tablet), T1  
Sodium Polystyrene Sulfonate  
(Suspension), T3  
Sotalol HCl (Tablet), T2  
Sotalol HCl, Sotalol HCl AF  
(Tablet), T2  
**Sovaldi (Tablet), T5**  
**Spiriva HandiHaler  
(Capsule), T3**  
**Spiriva Respimat (Aerosol  
Solution), T3**  
Spiroinolactone (Tablet), T2

**Sprycel (Tablet), T5**  
**Stiolto Respimat (Aerosol  
Solution), T3**  
**Strattera (Capsule), T4**  
**Suboxone (Film), T4**  
Sucralfate (Tablet), T2  
Sulfamethoxazole/  
Trimethoprim DS  
(Tablet), T2  
Sulfasalazine (500mg Tablet  
Delayed-Release, 500mg  
Tablet Immediate-  
Release), T2  
Sumatriptan Succinate  
(Tablet), T2  
Suprax (100mg Tablet  
Chewable, 200mg Tablet  
Chewable), T3  
**Suprax (400mg Capsule,  
500mg/5ml  
Suspension), T3**  
**Symbicort (Aerosol), T3**  
**Synjardy (Tablet), T3**  
**Synthroid (Tablet), T3**

## T

**Tamiflu (30mg Capsule,  
45mg Capsule, 75mg  
Capsule, 6mg/ml  
Suspension), T4**  
Tamoxifen Citrate (Tablet), T2  
Tamsulosin HCl (Capsule), T2  
**Targretin (1% Gel), T5**  
**Tasigna (Capsule), T5**  
**Tecfidera (Capsule Delayed-  
Release), T5**  
Temazepam (15mg Capsule,  
30mg Capsule), T3  
Terazosin HCl (Capsule), T2  
Testosterone Cypionate  
(Injection), T4  
Theophylline (Oral Solution),  
Theophylline CR (Tablet),  
Theophylline ER (Tablet), T2

**Thymoglobulin  
(Injection), T5**  
**Timolol Maleate Ophthalmic  
Gel Forming (Solution), T3**  
**Tivicay (Tablet), T5**  
Tizanidine HCl (Tablet), T2  
Tobramycin Sulfate  
(Ophthalmic Solution), T2  
Tobramycin/Dexamethasone  
(Ophthalmic  
Suspension), T3  
Topiramate (Tablet  
Immediate-Release), T2  
Topotecan HCl (Injection), T5  
**Toujeo SoloStar  
(Injection), T3**  
**Tradjenta (Tablet), T3**  
Tramadol HCl (Tablet  
Immediate-Release), T2  
Tramadol HCl/  
Acetaminophen (Tablet), T2  
Tranexamic Acid (1000mg/  
10ml Injection), T3  
Tranexamic Acid (650mg  
Tablet), T4  
**Transderm-Scop (Patch 72  
Hour), T4**  
**Travatan Z (Ophthalmic  
Solution), T3**  
Trazodone HCl (100mg  
Tablet, 150mg Tablet, 50mg  
Tablet), T1  
Tretinoin (Capsule), T5  
Triamcinolone Acetonide  
(Cream, Ointment), T3  
Triamterene/  
Hydrochlorothiazide  
(Capsule, Tablet), T2  
Trihexyphenidyl HCl  
(Elixir), T3  
**Trintellix (Tablet), T4**  
**Truvada (Tablet), T5**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

**U****Uloric (Tablet), T3**

Ursodiol (Capsule, Tablet), T4

**V**

Valacyclovir HCl (Tablet), T2

Valganciclovir (Tablet), T4

Valproic Acid (250mg Capsule, 250mg/5ml Syrup), T2

Valsartan (Tablet), T2

Valsartan/  
Hydrochlorothiazide (Tablet), T2

Verapamil HCl (Tablet Immediate-Release), T2

Verapamil HCl ER (Tablet Extended-Release), T2

**Versacloz (Suspension), T5****Vesicare (Tablet), T3****Viread (Powder, Tablet), T5****Voltaren (Gel), T3****W**

Warfarin Sodium (Tablet), T1

**X****Xarelto (Tablet), T3****Xigduo XR (Tablet Extended-Release 24 Hour), T3****Xolair (Injection), T5****Z**

Zafirlukast (Tablet), T2

**Zenpep (Capsule Delayed-Release), T3****Zepatier (Tablet), T5****Zetia (Tablet), T3****Zirgan (Gel), T4**

Zolpidem Tartrate (Tablet Immediate-Release), T2

Zonisamide (Capsule), T2

**Zostavax (Injection), T4****Zytiga (Tablet), T5**

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

UHEX17PD3946954\_000

This page is intentionally left blank

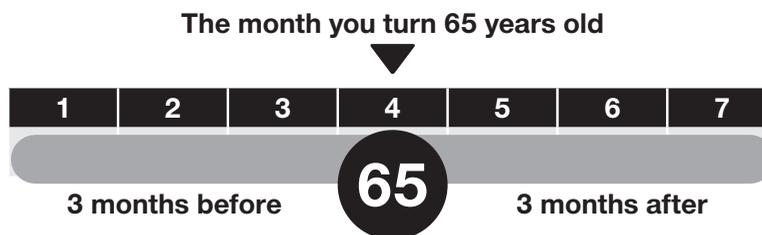


# Ready to ENROLL

## When are the Medicare enrollment periods?

### Medicare Initial Enrollment Period

Your Initial Enrollment Period (IEP) is when you first sign up for Medicare. Your IEP is seven months long. If you miss your IEP, you must wait to enroll in a Part C or Part D plan during Open Enrollment (October 15 – December 7), unless you qualify for an exception.



### Medicare Open Enrollment Period

Medicare Open Enrollment is your chance to make changes to your coverage.



October 15 – December 7

### Medicare Special Enrollment Period

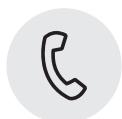
A Medicare Special Enrollment Period (SEP) allows you to enroll in Medicare or change your Medicare coverage outside of standard enrollment periods without paying a penalty. There are different SEPs to cover different life events.

Medicare Made Clear™ brought to you by UnitedHealthcare®

# Ways to ENROLL

---

Simply choose how you want to enroll in this plan from the options below. It doesn't have to be complicated, pick the way that is easiest for you.



## BY PHONE

Contact one of our Licensed Sales Representatives at **1-800-753-8004, (TTY 711)** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule an individual appointment.

---



## AT A NEIGHBORHOOD MEETING

Go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) to find a Neighborhood Meeting located near you.

---



## ONLINE

Go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) and follow the step-by-step instructions to enroll.

---



## BY MAIL OR FAX

Complete, sign and date the enrollment request form and send or fax to below:

UnitedHealthcare Medicare Enrollment Attn: Xerox/ACS  
3315 Central AVE  
Hot Springs, AR 71913

FAX 1-501-262-7070

## Make sure your drugs are covered.



Before enrolling in this plan, be sure that your prescription drugs are covered and ensure that your pharmacy is in network by visiting [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com).

---

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

Y0066\_160620\_130108 Accepted

PDIL17PD3880668\_000

# Scope of Appointment Confirmation Form

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

**To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.**

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Hospital Indemnity Products
- Medicare Supplement or (Medigap) Products

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

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

### Beneficiary or Authorized Representative Signature and Signature Date:

Signature	Signature Date MM/DD/YYYY
-----------	------------------------------

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
-------------------	-----------------------------

### To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone (Optional) ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Date Appointment will be Completed MM/DD/YYYY
Beneficiary Address (Optional)		

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements

**Licensed Sales Representative:** If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

- Unplanned Attendee
- New SOA required (consumer requested other Health Product information)
- Walk-in
- Other (please explain): \_\_\_\_\_

**Fax to: 1-866-994-9659**

TEAR HERE

TEAR HERE

## Stand-alone Medicare Prescription Drug Plans (Part D)

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

## Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

## Other Related Products

**Dental/Vision/Hearing Products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

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

# Scope of Appointment Confirmation Form

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

**To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.**

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Hospital Indemnity Products
- Medicare Supplement or (Medigap) Products

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

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

### Beneficiary or Authorized Representative Signature and Signature Date:

Signature	Signature Date MM/DD/YYYY
-----------	------------------------------

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
-------------------	-----------------------------

### To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Licensed Sales Representative ID
---	--	----------------------------------

Beneficiary Name (First_Last)	Beneficiary Phone (Optional) ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■	Date Appointment will be Completed MM/DD/YYYY
-------------------------------	---	--

Beneficiary Address (Optional)

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements

**Licensed Sales Representative:** If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

- Unplanned Attendee
- New SOA required (consumer requested other Health Product information)
- Walk-in
- Other (please explain): \_\_\_\_\_

**Fax to: 1-866-994-9659**

TEAR HERE

TEAR HERE

## Stand-alone Medicare Prescription Drug Plans (Part D)

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

## Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

## Other Related Products

**Dental/Vision/Hearing Products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

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

## 2017 Enrollment Request Form

Please contact the Plan if you need this information in another language or format (Braille).

Please check the plan you want:

**AARP MedicareRx Walgreens (PDP) W**

### Please Read This Important Information

This is a Part D plan. It's designed to help pay the cost of prescription drugs. **Note:** If you have a Medicare Advantage plan:

- You may already have drug coverage
- You will lose that plan automatically when you sign up for a Part D plan. This means you would lose your medical coverage. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan. If you have an MA-only PFFS plan, you may still enroll in a PDP and will not lose your MA-only PFFS plan.

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

### Information about you.

Please type or print in black or blue ink.

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Initial
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Birth Date <b>MM / DD / YYYY</b>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------------------------	--

Main Phone Number ( ) -	Other Phone Number ( ) -
-------------------------	--------------------------

Permanent Residence Street Address (**P.O. BOX IS NOT ALLOWED**)

City	County	State	ZIP Code
------	--------	-------	----------

Mailing Address (only if it's different from your permanent residence street address. You can give a P.O. box.)

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

This page intentionally left blank.

**Information about you.**

City	County	State	ZIP Code
------	--------	-------	----------

Email Address \_\_\_\_\_

**Go paperless. Get plan materials online.**

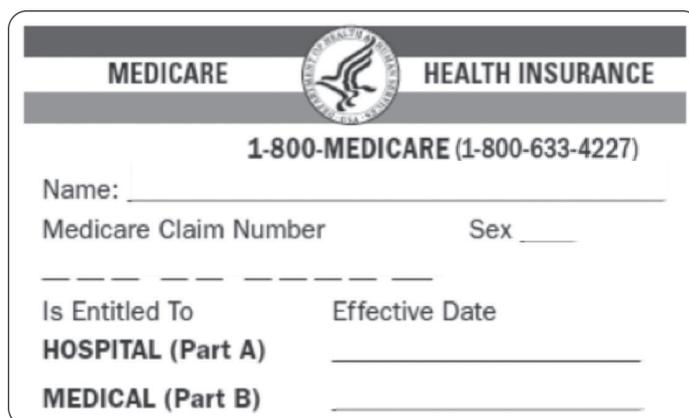
Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

**Information about your Medicare**

Please use the information from your red, white and blue Medicare card. Remember, you need to have Medicare Part A or Part B (or both) to join this plan.

You can simply fill in the blanks so they match your card.

Or, you can attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.



**How do you want to pay?**

You can pay your monthly premium (including any late enrollment penalty you may owe) by mail or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

If you don't choose an option, we'll send a bill each month to your mailing address.

- I want to pay directly from my bank account.**
  - Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

Copy 1

This page intentionally left blank.

- Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

**Account Type**  **Checking**  **Savings**

Account Holder Name \_\_\_\_\_

Bank Routing Number

Bank Account Number

Sign Here \_\_\_\_\_ Date Signed \_\_\_\_\_

TEAR HERE

- I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

- I want to pay by mail.**

We'll send a bill to your mailing address each month.

**A few notes about your costs.**

**If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)**

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

**Need help with your prescription drug costs?**

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. 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 part of your premium, we will bill you for the amount that Medicare doesn't cover.

TEAR HERE

Enrollee Name \_\_\_\_\_

Y0066\_160609\_110859 Approved

PDEX17PD3947008\_000

Copy 1

This page intentionally left blank.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

**A few questions to help us manage your plan.**

**1. Would you prefer plan information in another language or format?**  Yes  No

Please check what you'd like:  Spanish  Other \_\_\_\_\_

If you don't see the language or format you want, please call us at 1-800-753-8004, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) for online help.

**2. Do you live in a nursing home or a long-term care facility?**  Yes  No

If yes, please give us information on the long-term care facility:

Name \_\_\_\_\_

Address _____	City _____	State _____	ZIP Code _____
---------------	------------	-------------	----------------

Phone Number ( ) - _____	Date You Moved There <b>MM / DD / YYY</b>
--------------------------	---

**3. Do you have other insurance that will cover your prescription drugs?**  Yes  No

Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.

If yes, what is it?

Name of Other Insurance \_\_\_\_\_

Member ID Number _____	Group ID Number _____	Date Plan Started <b>MM / DD / YYYY</b>
------------------------	-----------------------	---

**Please read and sign**

**By completing this form, I agree to the following:**

- This is a Medicare Prescription Drug plan. It has a contract with the federal government. This Prescription Drug coverage is in addition to Original Medicare. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A or B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare prescription drug plan at time-if I am currently in a Medicare Prescription Drug Plan, my enrollment in this plan will end that enrollment.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

This page intentionally left blank.

TEAR HERE

TEAR HERE

- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Open Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- I will get a Welcome Guide with an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand I must use network pharmacies except in an emergency. I have the right to make an appeal if I disagree with how the plan covers or pays for services.
- My plan will give my information, including my prescription drug event data, to Medicare and other plans when needed for treatment, payment and health care operations. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- I understand that my state may offer help and advice with Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

**When I sign below, it means that I have read and understand the information on this form.**

If I sign as an authorized representative, it means that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

**Signature of Applicant / Member / Authorized Representative:**

Today's Date: MM / DD / YYYY

Enrollee Name \_\_\_\_\_  
Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

Copy 1

This page intentionally left blank.

**If you are the authorized representative, please sign above and complete the information below.**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number (       )       -		Relationship to Applicant	

TEAR HERE

TEAR HERE

Copy 1

Enrollee Name \_\_\_\_\_  
Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

This page intentionally left blank.



This page intentionally left blank.

## 2017 Enrollment Request Form

Please contact the Plan if you need this information in another language or format (Braille).

Please check the plan you want:

**AARP MedicareRx Walgreens (PDP) W**

### Please Read This Important Information

This is a Part D plan. It's designed to help pay the cost of prescription drugs. **Note:** If you have a Medicare Advantage plan:

- You may already have drug coverage
- You will lose that plan automatically when you sign up for a Part D plan. This means you would lose your medical coverage. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan. If you have an MA-only PFFS plan, you may still enroll in a PDP and will not lose your MA-only PFFS plan.

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

### Information about you.

Please type or print in black or blue ink.

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Initial
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Birth Date <b>MM / DD / YYYY</b>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------------------------	--

Main Phone Number ( ) -	Other Phone Number ( ) -
-------------------------	--------------------------

Permanent Residence Street Address (**P.O. BOX IS NOT ALLOWED**)

City	County	State	ZIP Code
------	--------	-------	----------

Mailing Address (only if it's different from your permanent residence street address. You can give a P.O. box.)

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

This page intentionally left blank.

**Information about you.**

City	County	State	ZIP Code
------	--------	-------	----------

Email Address \_\_\_\_\_

**Go paperless. Get plan materials online.**

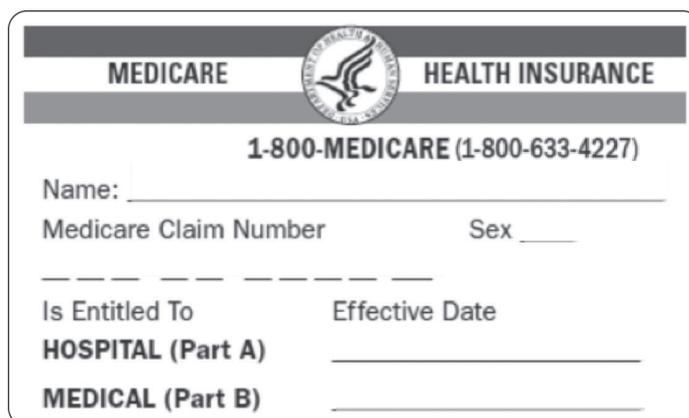
Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

**Information about your Medicare**

Please use the information from your red, white and blue Medicare card. Remember, you need to have Medicare Part A or Part B (or both) to join this plan.

You can simply fill in the blanks so they match your card.

Or, you can attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.



**How do you want to pay?**

You can pay your monthly premium (including any late enrollment penalty you may owe) by mail or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

If you don't choose an option, we'll send a bill each month to your mailing address.

- I want to pay directly from my bank account.**
  - Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

Copy 2

This page intentionally left blank.

- Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

**Account Type**  **Checking**  **Savings**

Account Holder Name \_\_\_\_\_

Bank Routing Number

Bank Account Number

Sign Here \_\_\_\_\_ Date Signed \_\_\_\_\_

TEAR HERE

- I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

- I want to pay by mail.**

We'll send a bill to your mailing address each month.

**A few notes about your costs.**

**If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)**

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

**Need help with your prescription drug costs?**

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. 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 part of your premium, we will bill you for the amount that Medicare doesn't cover.

TEAR HERE

Enrollee Name \_\_\_\_\_

Y0066\_160609\_110859 Approved

PDEX17PD3947008\_000

Copy 2

This page intentionally left blank.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

**A few questions to help us manage your plan.**

**1. Would you prefer plan information in another language or format?**  Yes  No

Please check what you'd like:  Spanish  Other \_\_\_\_\_

If you don't see the language or format you want, please call us at 1-800-753-8004, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) for online help.

**2. Do you live in a nursing home or a long-term care facility?**  Yes  No

If yes, please give us information on the long-term care facility:

Name \_\_\_\_\_

Address _____	City _____	State _____	ZIP Code _____
---------------	------------	-------------	----------------

Phone Number ( ) - _____	Date You Moved There <b>MM / DD / YYY</b>
--------------------------	---

**3. Do you have other insurance that will cover your prescription drugs?**  Yes  No

Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.

If yes, what is it?

Name of Other Insurance \_\_\_\_\_

Member ID Number _____	Group ID Number _____	Date Plan Started <b>MM / DD / YYYY</b>
------------------------	-----------------------	---

**Please read and sign**

**By completing this form, I agree to the following:**

- This is a Medicare Prescription Drug plan. It has a contract with the federal government. This Prescription Drug coverage is in addition to Original Medicare. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A or B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare prescription drug plan at time-if I am currently in a Medicare Prescription Drug Plan, my enrollment in this plan will end that enrollment.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.

Enrollee Name \_\_\_\_\_  
 Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

TEAR HERE

TEAR HERE

This page intentionally left blank.

TEAR HERE

TEAR HERE

- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Open Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- I will get a Welcome Guide with an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand I must use network pharmacies except in an emergency. I have the right to make an appeal if I disagree with how the plan covers or pays for services.
- My plan will give my information, including my prescription drug event data, to Medicare and other plans when needed for treatment, payment and health care operations. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- I understand that my state may offer help and advice with Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

**When I sign below, it means that I have read and understand the information on this form.**

If I sign as an authorized representative, it means that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

**Signature of Applicant / Member / Authorized Representative:**

Today's Date: MM / DD / YYYY

Enrollee Name \_\_\_\_\_  
Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

Copy 2

This page intentionally left blank.

**If you are the authorized representative, please sign above and complete the information below.**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number (      )      -		Relationship to Applicant	

TEAR HERE

TEAR HERE

Copy 2

Enrollee Name \_\_\_\_\_  
Y0066\_160609\_110859 Approved PDEX17PD3947008\_000

This page intentionally left blank.



This page intentionally left blank.



# 2017 Plan RECAP

We want to help you fully understand your chosen plan and options.



Fill out this worksheet with your Licensed Sales Representative. It will walk you through all of the details to help you make sure this plan fits your needs.



**PLAN INFORMATION** Here are some details about your plan and coverage.

My new plan is (circle one): Medicare Supplement Insurance (Medigap) plan  
Medicare Advantage plan Medicare Part D plan

The name of my new plan is: \_\_\_\_\_

My plan coverage begins (effective date): **M M / D D / Y Y Y Y**

I must have Medicare Part A and/or Part B to enroll in this plan.

My plan is available only in the plan's service area, which is: \_\_\_\_\_.  
If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide:  all my Medicare health coverage  
 all my Medicare prescription drug coverage

**Circle the correct answer:**

I **should / should not** have a stand-alone Medicare Part D plan and a Medicare Advantage plan at the same time. Unless, my Medicare Advantage plan is a Private Fee-for-Service plan that doesn't have prescription drug coverage.

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at \_\_\_\_\_. If my plan coverage starts and I want to leave the plan, I will need to wait until the Open Enrollment Period, unless I qualify for a Special Enrollment Period.

TEAR HERE

TEAR HERE



**PREMIUM INFORMATION** What you need to know about paying a monthly premium.

I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. My plan has a \$\_\_\_\_\_ monthly premium. I must pay this monthly premium to stay in this plan.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.



**PRESCRIPTION DRUG COVERAGE** Know what is covered by your prescription drug plan.

My plan's deductible for drugs in tiers \_\_\_\_\_ is \$\_\_\_\_\_. (Only applicable for plans with a deductible.)

- The cost difference between retail and mail order pharmacies (if applicable)
- Tier levels
- Drug stages and how they impact my costs

My current medications are:

**Medication**

**Has Limits (circle)**

\*For medications that have limitations, I may need to contact the plan before I can fill my prescription.

\_\_\_\_\_

Yes\* / No

\_\_\_\_\_

Yes\* / No



**My Licensed Sales Representative is committed to helping me sign up for the plan that's right for me and my health needs at the time of my enrollment.**

I understand that this plan can change each year. This current plan is valid from \_\_\_\_\_ to \_\_\_\_\_. I can enroll in a different plan each year during the Open Enrollment Period.

If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: \_\_\_\_\_. I can also call the Customer Service number on the front of this booklet.

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

Y0066\_160714\_090743a Accepted

PDEX17MP3882100\_000



# 2017 Plan RECAP

We want to help you fully understand your chosen plan and options.



Fill out this worksheet with your Licensed Sales Representative. It will walk you through all of the details to help you make sure this plan fits your needs.



**PLAN INFORMATION** Here are some details about your plan and coverage.

My new plan is (circle one): Medicare Supplement Insurance (Medigap) plan  
Medicare Advantage plan Medicare Part D plan

The name of my new plan is: \_\_\_\_\_

My plan coverage begins (effective date): **M M / D D / Y Y Y Y**

I must have Medicare Part A and/or Part B to enroll in this plan.

My plan is available only in the plan's service area, which is: \_\_\_\_\_.  
If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide:  all my Medicare health coverage  
 all my Medicare prescription drug coverage

**Circle the correct answer:**

I **should / should not** have a stand-alone Medicare Part D plan and a Medicare Advantage plan at the same time. Unless, my Medicare Advantage plan is a Private Fee-for-Service plan that doesn't have prescription drug coverage.

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at \_\_\_\_\_. If my plan coverage starts and I want to leave the plan, I will need to wait until the Open Enrollment Period, unless I qualify for a Special Enrollment Period.

TEAR HERE

TEAR HERE



**PREMIUM INFORMATION** What you need to know about paying a monthly premium.

I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. My plan has a \$\_\_\_\_\_ monthly premium. I must pay this monthly premium to stay in this plan.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.



**PRESCRIPTION DRUG COVERAGE** Know what is covered by your prescription drug plan.

My plan's deductible for drugs in tiers \_\_\_\_\_ is \$\_\_\_\_\_. (Only applicable for plans with a deductible.)

- The cost difference between retail and mail order pharmacies (if applicable)
- Tier levels
- Drug stages and how they impact my costs

My current medications are:

**Medication**

**Has Limits (circle)**

\*For medications that have limitations, I may need to contact the plan before I can fill my prescription.

\_\_\_\_\_

Yes\* / No

\_\_\_\_\_

Yes\* / No



**My Licensed Sales Representative is committed to helping me sign up for the plan that's right for me and my health needs at the time of my enrollment.**

I understand that this plan can change each year. This current plan is valid from \_\_\_\_\_ to \_\_\_\_\_. I can enroll in a different plan each year during the Open Enrollment Period.

If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: \_\_\_\_\_. I can also call the Customer Service number on the front of this booklet.

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

Y0066\_160714\_090743a Accepted

PDEX17MP3882100\_000

## 2017 Enrollment Receipt

**To be completed if enrolling with a Licensed Sales Representative.**

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. You will receive a copy of your original Enrollment Request Form in the mail within two weeks. If you do not receive a copy, please contact your local Licensed Sales Representative. This receipt is not a guarantee of enrollment.

**This copy is for your records only. Please do not resubmit enrollment.**

TEAR HERE

**Applicant 1:**

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Enrollment Tracking No. (if applicable)

**Applicant 2 (if applicable):**

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Enrollment Tracking No. (if applicable)

**Call your local Licensed Sales Representative if you have any questions:**

Licensed Sales Representative Name

Licensed Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Licensed Sales Representative ID

RxBIN: 610097

Rx PCN: 9999

RxGRP: PDPIND

TEAR HERE

**We're always here to help. Customer Service is happy to help with any questions or concerns you have.**

**Call them toll-free at 1-800-753-8004, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.**

**Important Reminder** - If you have a Medigap plan that includes prescription drug coverage, you should call your Medigap plan to let them know that you've joined a Medicare Prescription Drug plan. Your Medigap plan will remove the prescription drug coverage from your policy and update your premium.

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

Y0066\_160703\_031205 Accepted

PDEX17PD3883784\_000



















# WE'RE IN THIS TOGETHER.

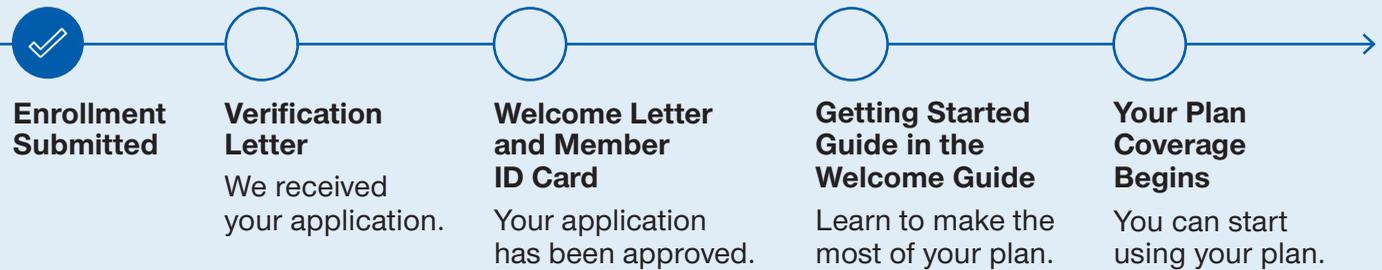
When it comes to managing your health, you're in the driver's seat. But, we're always here to help when you need it. We'll also send you helpful information along the way.



TEAR HERE

**YOU ARE HERE**

## Here's what you can expect next.



## Learn about ways to save on your prescriptions.

-  **Save \$15 or more on each prescription when you fill them at a Walgreens retail pharmacy.** To help you save money, UnitedHealthcare and Walgreens are working together to offer you low prescription drug co-pays, when you fill your prescriptions at a Walgreens retail pharmacy.
-  **Review your drugs with your doctor.** Ask if generic drugs and lower cost options might work for you.
-  **Save and enjoy the convenience of home delivery through OptumRx.<sup>®</sup>** Once your coverage begins, you also have the option of having your prescriptions mailed to you through the plan's preferred mail service pharmacy, OptumRx. Look for more information in the Getting Started Guide.

### NOTES

## Thank you for choosing us.

**Remember, we at UnitedHealthcare are just a phone call away.**

Toll-Free 1-866-870-3470, TTY 711  
8 a.m. – 8 p.m. local time, 7 days a week

TEAR HERE



Questions? We're here to help.

---

**A UnitedHealthcare® Medicare Solution**

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. United contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.