



Things are about to become very clear

**The 2022 Medicare Advantage Clarity
Presentation will begin shortly**



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Sí, hablo su idioma.

**United
Healthcare**



2022 Medicare Advantage Clarity Presentation



Clear answers to your Medicare questions.

**United
Healthcare**

Welcome

Meet your local licensed sales agent

I'm here to personally help you find the UnitedHealthcare® plan that's the best fit for you. I know the local area and know the plans that are available to you very well. I'd be happy to talk with you in person or by phone. We can look at your needs, explore your choices and help you decide on a plan with confidence. I look forward to helping you.



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✓ About Me

Certified to sell UnitedHealthcare® Products for 12+ years

Currently serving more than 1500 local UnitedHealthcare members

Certified to sell in Medicare Advantage, Dual Special Needs,
Medicare Supplement, Prescription Drug

Languages spoken: English, Spanish

Agenda

- 1 Understanding your Medicare choices
- 2 Eligibility and enrollment
- 3 The advantages of Medicare Advantage
- 4 Prescription drug coverage
- 5 2022 Medicare Advantage plan information
- 6 Agent assistance
- 7 Why UnitedHealthcare?
- 8 Additional resources

Understanding your Medicare choices

Step 1

Enroll in Original Medicare.

Original Medicare

Provided by the federal government



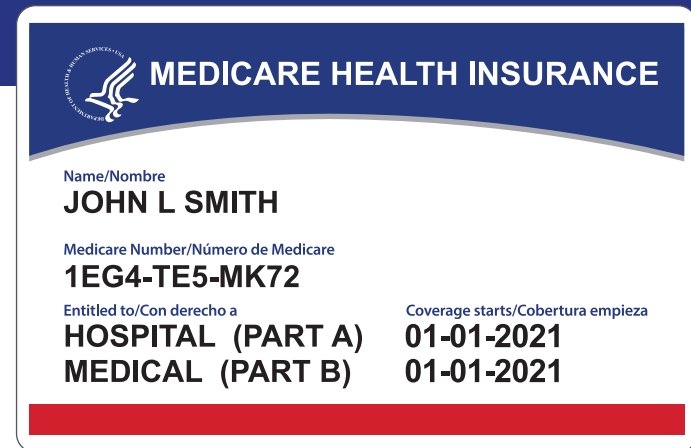
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



Understanding your Medicare choices

Step 2

After you enroll in Original Medicare, there are two ways to get additional coverage.

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance

Offered by private companies



Medicare Supplement

Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage Plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Eligibility and enrollment

Medicare eligibility

You're eligible for Original Medicare (Parts A and B) if:



You're at least 65 years old.

OR



You're under 65 and qualify on the basis of a disability or other special situation.

AND



You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years.



Eligibility and enrollment

When can you enroll in a Medicare Advantage or prescription drug plan?

Initial Enrollment Period



Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both.



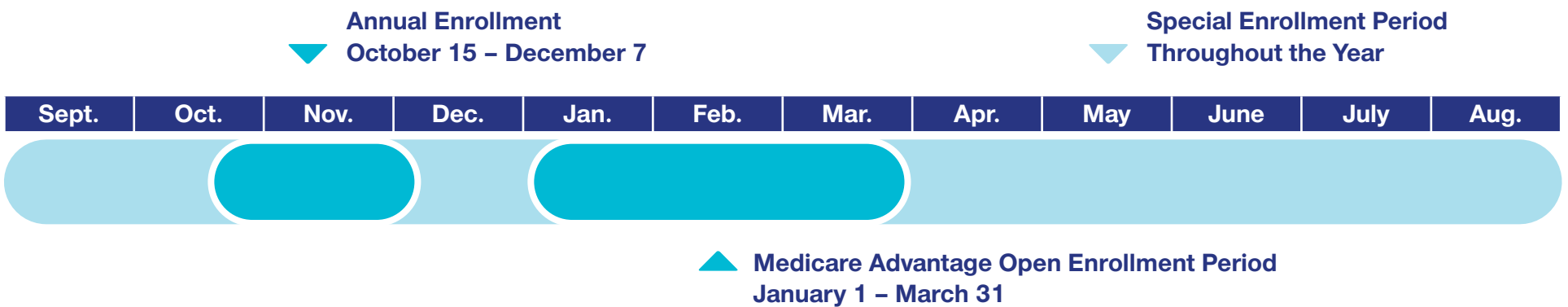
You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment.



Eligibility and enrollment



Annual Enrollment Period, October 15 – December 7

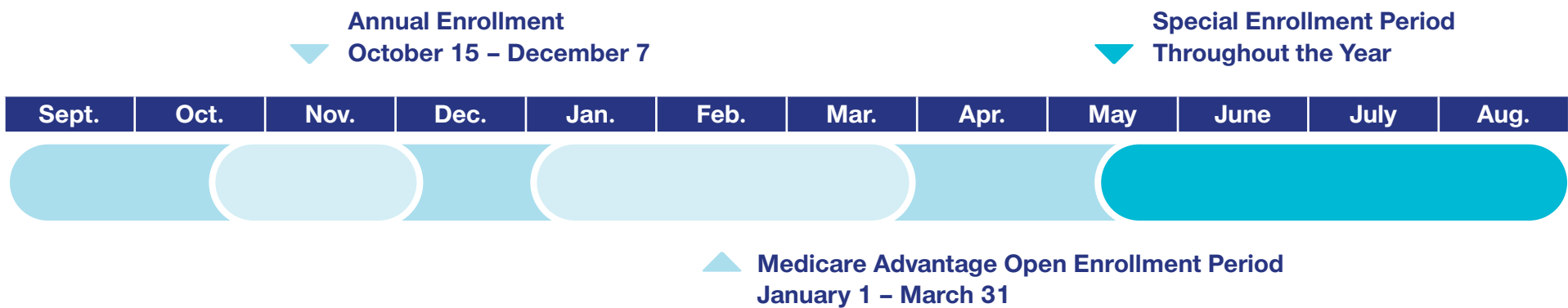
During annual enrollment you can add, drop or switch your Medicare coverage.

Medicare Advantage Open Enrollment Period, January 1 – March 31

If you're already a Medicare Advantage plan member, you may disenroll from your current plan and either switch to a different Medicare Advantage plan one time only or go back to Original Medicare during this period.

Special needs plans have other eligibility requirements.

Eligibility and enrollment



Special Enrollment Period

Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:



Retire
and lose
your employer
coverage



Move
out of
the plan's
service area



Qualify
for **Extra
Help**



Have been
diagnosed with
certain qualifying
**chronic health
conditions**

Special needs plans have other eligibility requirements.

The advantages of Medicare Advantage

Medicare Advantage plans have
high member satisfaction

27+

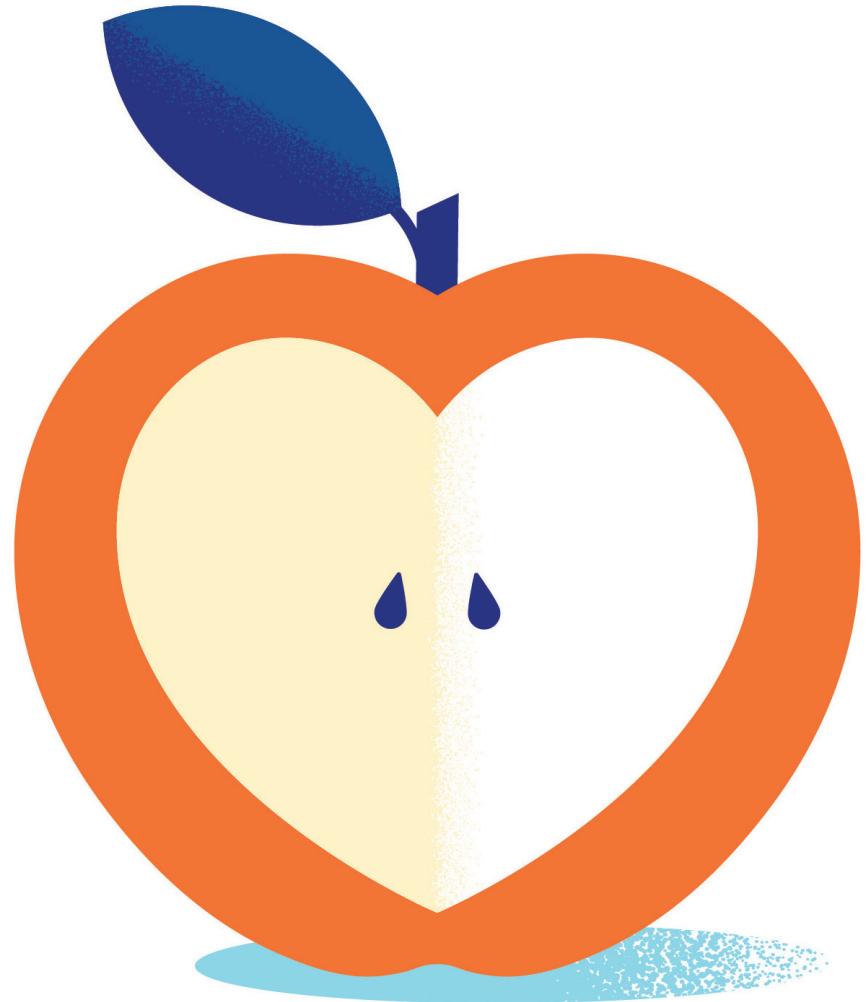
million people enrolled in a Medicare Advantage plan as of May 2021¹

93%

satisfaction among seniors with a Medicare Advantage plan²

25%

less spent on health care compared to Original Medicare³



The advantages of Medicare Advantage

Compare your coverage

Original Medicare doesn't cover all medical expenses and doesn't cover prescriptions.

Benefits and Features	Medicare Advantage*	Original Medicare
Coverage for hospital stays	✓	✓
Coverage for some medical care, like doctor visits	✓	✓
Preventive services, like flu shots	✓	✓
Prescription drugs	✓	No coverage
Routine vision coverage	✓	No coverage
Routine hearing exam and hearing aid coverage	✓	No coverage
Limits your annual out-of-pocket costs	✓	No protection

*Benefits vary by plan.

The advantages of Medicare Advantage

10 things to know about Medicare Advantage

1	You must continue to pay your Medicare Part B premium.
2	Medicare Advantage has you covered.
3	Joining a Medicare Advantage plan may affect your current coverage.
4	It's best to use network providers.
5	You may qualify for financial assistance.

The advantages of Medicare Advantage

10 things to know about Medicare Advantage

6	If you enroll in Part D late, you may pay a penalty.
7	A Medicare supplement insurance plan (Medigap policy) is not a Medicare Advantage plan.
8	Keep your member ID card handy.
9	Medicare Advantage offers the same protections as Original Medicare.
10	You have a built-in financial safety net.

Prescription drug coverage

Understanding Medicare drug payment stages

Your prescription drug costs change during the year, depending on which payment stage you are in. The stages start over on January 1 and the dollar limits can change each year. The coverage limits are determined by benchmarks set by the Centers for Medicare & Medicaid Services (CMS).

Payment Stages	Member Pays	Plan Pays	Stage Limit
Annual Deductible*	100% until you reach the plan deductible	0%	Varies by plan
Initial Coverage	A copay or coinsurance	Balance after copay and coinsurance	Total drug costs reach \$4,430
Coverage Gap (Donut Hole)	25% of your drug costs	5%–75%	Total out-of-pocket costs reach \$7,050
Catastrophic Coverage	A \$3.95 copay for generic drugs (including brand name drugs treated as generic) and \$9.85 copay for all other drugs, or 5% coinsurance for all drugs, whichever is greater	15%	Through the end of the year

*If your plan doesn't have a deductible, you skip this stage.

Prescription drug coverage

What's the difference between total drug costs and out-of-pocket costs?



Total Drug Costs

What you pay for prescription drugs each year, plus what your plan pays. Does not include your premium.



Out-of-Pocket Drug Costs

The total amount you pay for prescription drugs, including your deductible and any discounts paid by drug manufacturers while you are in the donut hole. Does not include what the plan pays or your premium.

If you get **Extra Help** from Medicare with your Part D costs, ask your agent how the Part D deductible and coverage gap apply to you.



Prescription drug coverage

Pharmacy network



Choose from 65,000 pharmacies



Save on prescriptions with in-network retailers



Save with mail service pharmacy

Drug list (formulary)

Tiered formulary

- **Tier 1** – Preferred generic drugs
- **Tier 2** – Generic drugs
- **Tier 3** – Preferred brand name drugs
- **Tier 4** – Non-preferred drugs
- **Tier 5** – Specialty drugs



Prescription drug coverage

Step therapy

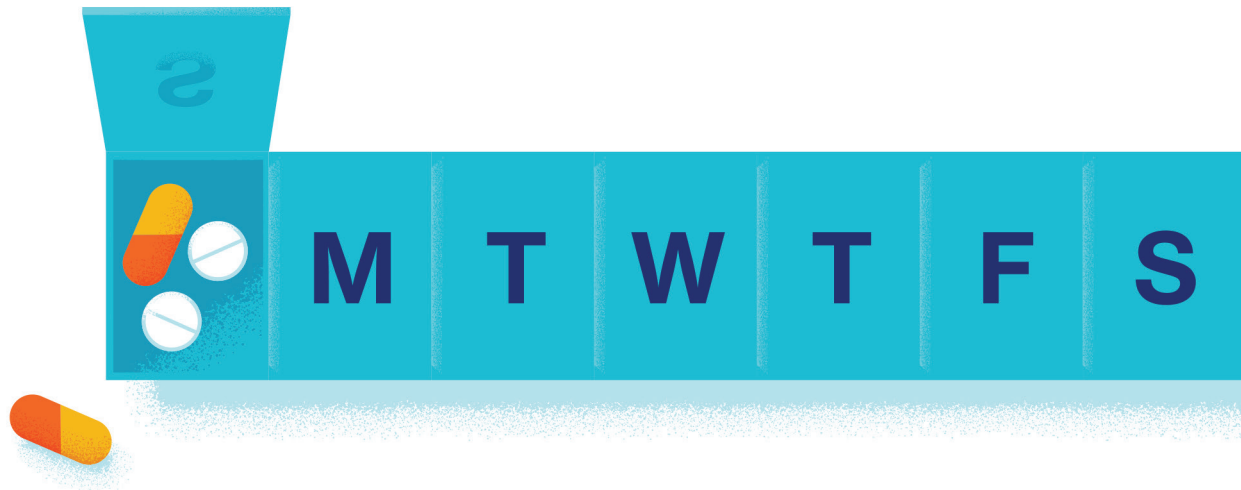
UnitedHealthcare can help you save money on your prescriptions by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs.

Quantity limits

Some drugs have quantity limits, where the plan will cover only a certain amount of a drug for one copay or over a certain number of days. The limits may be in place to ensure safe and effective use of the drug.

Prior authorization

Before the plan will cover certain drugs, it may need more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover the prescribed drug.



Prescription drug coverage

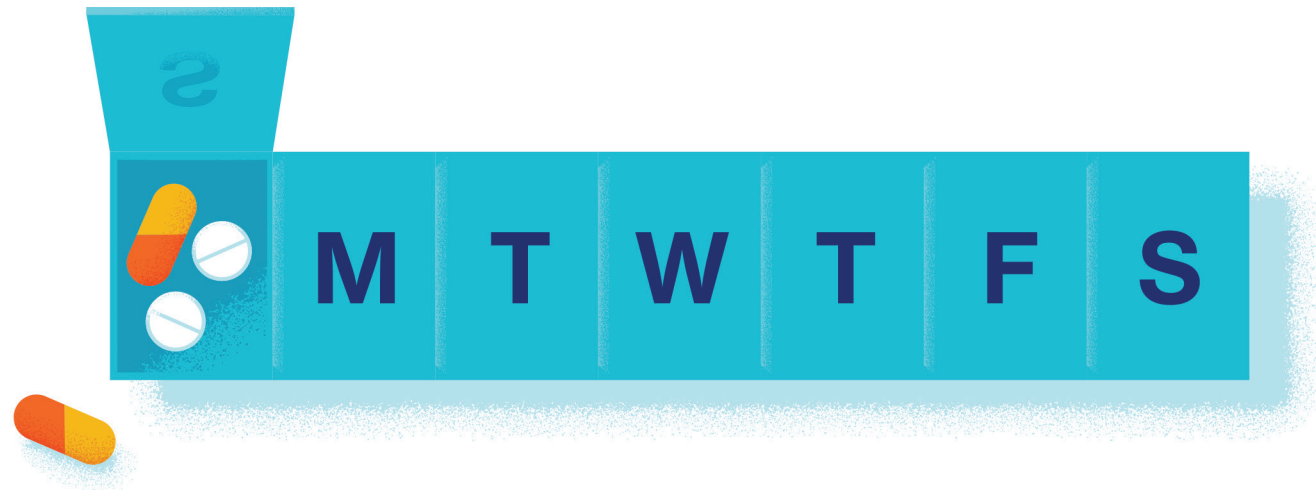
Asking for an exception

If you need a drug that's not currently covered by your plan, you may:

- Ask the plan to cover your drug even if it is not on the drug list.
This is known as a formulary exception.
- Ask to waive coverage restrictions or limits on your drug.
This is known as a utilization exception.

Coverage decisions

If your doctor has submitted an exception request on your behalf, generally the plan will make a decision within 72 hours. You can request an expedited, or fast, decision if you or your doctor believes your health requires it.



2022 Medicare Advantage Plan Information



2022 Medicare Advantage Plan Information



UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare® The Villages® Medicare Advantage (HMO)
H1045-025-000

AARP® Medicare Advantage Choice (Local PPO)
H2406-016-000

Plan Benefits		
Monthly plan premium*	\$0.00	\$0.00
Annual medical deductible	\$0	\$0
Primary care provider visit	\$0 copay	\$5 copay
Specialist visit	\$40 copay	\$40 copay
Specialist referral required?	No	No
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$250 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited	\$295 copay per day for days 1-6 /\$0 copay per day for days 7-unlimited
Skilled nursing facility	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-36 /\$0 copay per day for days 37-100	\$0 copay per day for days 1-20 /\$188 copay per day for days 21-52 /\$0 copay per day for days 53-100
Outpatient surgery	\$0 copay - \$250 copay	\$0 copay - \$270 copay
Diabetes monitoring supplies ^s	\$0 copay	\$0 copay
Home health care	\$0 copay	\$0 copay

2022 Medicare Advantage Plan Information



UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare® The Villages® Medicare Advantage (HMO)
H1045-025-000

AARP® Medicare Advantage Choice (Local PPO)
H2406-016-000

Plan Benefits – continued

Diagnostic radiology services	\$0 copay - \$85 copay	\$0 copay - \$110 copay
Diagnostic tests and procedures	\$20 copay	\$20 copay
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$15 copay	\$15 copay
Ambulance	Ground: \$270 copay; Air: \$270 copay	Ground: \$275 copay; Air: \$275 copay
Emergency care	\$90 copay; copays are waived if admitted within 24 Hours	\$90 copay; copays are waived if admitted within 24 Hours
Urgent care	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted	Contracted: \$40 copay / Non-Contracted: \$40 copay; Copays are not waived if admitted
Annual out-of-pocket maximum**	\$2,900	\$5,900

2022 Medicare Advantage Plan Information



UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare® The Villages® Medicare Advantage (HMO)
H1045-025-000

AARP® Medicare Advantage Choice (Local PPO)
H2406-016-000

Prescription Drugs – Standard Retail (30-day); Preferred Mail Order (90-day)

Tier 1 – Preferred generic drugs	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$3 copay; 90-day: \$0 copay
Tier 2 – Generic drugs	30-day: \$7 copay; 90-day: \$0 copay	30-day: \$10 copay; 90-day: \$0 copay
Tier 3 – Preferred brand drugs	30-day: \$45 copay; 90-day: \$125 copay	30-day: \$45 copay; 90-day: \$125 copay
Tier 4 – Non-preferred drugs	30-day: \$95 copay; 90-day: \$275 copay	30-day: \$95 copay; 90-day: \$275 copay
Tier 5 – Specialty tier drugs	30-day: 33% coinsurance; 90-day: Not included	30-day: 30% coinsurance; 90-day: Not included
Annual prescription deductible	\$0 deductible for all Tiers	\$0 deductible for Tiers 1 and 2; \$150 deductible for Tiers 3, 4 and 5

2022 Medicare Advantage Plan Information



UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare® The Villages® Medicare Advantage (HMO)
H1045-025-000

AARP® Medicare Advantage Choice (Local PPO)
H2406-016-000

Extra Benefits and Features

UnitedHealthcare® Medicare National Network	See any doctor at network costs when using our Medicare National Network	See any doctor at network costs when using our Medicare National Network
Routine vision care	\$0 copay on yearly routine eye exam and \$200 eyewear allowance	\$0 copay for 1 routine eye exam every year
Part D Senior Savings Model	Get a 1-month supply of insulin drugs for \$35 or less	Get a 1-month supply of insulin drugs for \$35 or less
Over the counter (OTC) benefit	\$40 a quarter in credits for over-the-counter products for home delivery	\$40 a quarter in credits for over-the-counter products for home delivery
Gym membership	Renew Active® is a fitness program for body and mind, at no additional cost	Renew Active® is a fitness program for body and mind, at no additional cost
Renew Rewards	Earn rewards for staying active by tracking your steps with Renew Rewards by UnitedHealthcare®	Earn rewards for staying active by tracking your steps with Renew Rewards by UnitedHealthcare®

2022 Medicare Advantage Plan Information



UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare® The Villages® Medicare Advantage (HMO)

H1045-025-000

AARP® Medicare Advantage Choice (Local PPO)

H2406-016-000

Extra Benefits and Features

Virtual Medical Visits

\$0 copay to see a provider through a virtual visit

\$0 copay to see a provider through a virtual visit

Worldwide urgent and emergency care coverage



2022 Medicare Advantage Plan Information



The UnitedHealthcare plans listed on this document are available in the following counties:

UnitedHealthcare® The Villages® Medicare Advantage (HMO) H1045-025-000

Lake, Marion, Sumter

AARP® Medicare Advantage Choice (Local PPO) H2406-016-000

Lake, Marion, Sumter

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call UnitedHealthcare at 1-855-868-8374, TTY 711.

*If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. †Limitations may apply. **The most you may pay in a year for medical care covered by the plan. This information is not a complete description of benefits. Call UnitedHealthcare at 1-855-868-8374, TTY 711 for more information. Network size varies by market and exclusions may apply. Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D sponsor members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-100 day supply of your maintenance medication. \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. UnitedHealthcare pays royalty fees to Holding Company of The Villages, Inc. (The Villages) for the use of its intellectual property. The Villages and its affiliates are not insurers. You do not need to reside in The Villages to enroll. The Villages encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help"). 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. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. Allowance for contacts or frames with standard (single, bi-focal, tri-focal or standard Tier I progressive) lenses covered in full either annually or every two years. OTC and Healthy Food benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information. Renew Active® includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Rewards is not available on all plans. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. ©2021 United Healthcare Services, Inc. All rights reserved.

I can provide personalized support

Take the next step today



Ask me to help you:



Look up your doctors, hospitals, specialists and clinics to make sure they're part of the large UnitedHealthcare provider network



Check your prescription medications to make sure they're included in the drug list and anticipated costs



Access additional services, including unique benefits available to UnitedHealthcare plan members



Find out if you're eligible for more benefits if you have certain medical conditions or qualify for both Medicare and Medicaid



Understand how a Medicare Advantage plan from **UnitedHealthcare can work with the care you receive from the VA or TRICARE For Life coverage**

Why UnitedHealthcare?

Not all Medicare Advantage plans are the same. Many private insurance companies offer Medicare Advantage plans. But when you choose UnitedHealthcare, you're choosing an industry leader.

Reasons to choose UnitedHealthcare:



More than
40 years serving
the Medicare
community.



More
people choose
UnitedHealthcare
for their Medicare
plans than any
other insurance
provider.⁴



You have our
promise and
commitment to
helping you live a
healthier life.

Additional resources



Medicare Made Clear®



Medicare Helpline



Medicare & You



Online Plan Finders



State Resources



Social Security Administration



Administration and Eldercare Locator



Talk to an agent today.



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Licensed Sales Agent

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MyInsuranceAndInvestments.com

Sí, hablo su idioma.



From the UnitedHealthcare® family of Medicare plans.



UnitedHealthcare® Medicare

¹"State_County_Penetration_MA_2021-05.csv," in "MA State/County Penetration – May 2021 ZIP file," "<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/mcradvpartdenrolldata/ma-state-county/ma-statecounty-penetration-2021-05> Centers for Medicare & Medicaid Services (CMS), Report Period: May 2021.

²"Medicare Advantage Polling Report," Morning Consult, "<https://medicarechoices.org/medicare-advantage-polling-report/>" The Coalition for Medicare Choices (CMC), 1/16/20.

³Vilsa Curto, Liran Einav, Amy Finkelstein, Jonathan D Levin, and Jay Bhattacharya, "Healthcare Spending and Utilization in Public and Private Medicare," <https://www.nber.org/papers/w23090.pdf>, 1/2017.

⁴Based on national market share, as of May 2021.

Plans 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.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals. AARP does not employ or endorse agents, producers or brokers.

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