



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

MR SAMPLE CARD  
000 SAMPLE AVE  
MIAMI FL 33143-8424

**Questions?**  
**We're here to help.**

Toll Free **1-800-457-8506**

TTY **711**

8 a.m. - 8 p.m. local time,  
Monday - Friday

November 20, 2020

Member ID: 999999999

Dear Mr Sample Card,

## Welcome to UnitedHealthcare Group Medicare Advantage (PPO).

Medicare has approved your enrollment, and we at UnitedHealthcare look forward to helping you live a happier and healthier life.

**Your plan coverage begins January 1, 2021.**

### What doctors or providers can I see?

- **Your plan lets you see providers in and out of the UnitedHealthcare network of doctors and hospitals.** If you do see a doctor outside of the network, you'll want to make sure that doctor accepts the plan and has not opted out of Medicare.
- **Providers in the network can change at any time.** For the most up-to-date information on network providers, visit **[www.UHCRetiree.com](http://www.UHCRetiree.com)** or call the Customer Service number at the end of this letter.

### Which pharmacies should I use?

You'll need to get your prescriptions filled from a pharmacy in the network. We have many network pharmacies to choose from.

To find a network pharmacy in your area:

- Visit **[www.UHCRetiree.com](http://www.UHCRetiree.com)**.

- Call the Customer Service number at the end of this letter. Ask us about a specific pharmacy or request a printed directory.

Your plan may not pay for prescriptions filled at out-of-network pharmacies, except in an emergency.

### **When should I use my member ID card?**

Your new member ID card is enclosed. You can start using it January 1, 2021. Show your card every time you get health care services or fill a prescription at a network pharmacy.

### **What are my costs with this plan?**

Because you qualify for Medicare's Extra Help program, you won't pay more than:

- \$0.00 for your monthly premium
- \$0 for your yearly prescription drug deductible
- \$3.70/\$9.20 copay or coinsurance when you fill a prescription covered by the plan at a network pharmacy

If you think these costs are wrong, please call the Customer Service number at the end of this letter.

If you need more information about your premium, please talk with your former employer, union group, or trust administrator (plan sponsor).

### **What is a Late Enrollment Penalty (LEP)? Will I have to pay one?**

An LEP is an amount Medicare adds to your monthly premium. If you have an LEP, you'll need to pay it for as long as you have Medicare Prescription Drug coverage. This penalty is required by law. It's designed to encourage people to enroll in a Medicare Drug plan when they are first eligible.

You may owe an LEP if:

- You didn't join a Medicare plan that included prescription drug coverage when you were first eligible for Medicare **AND**
  - You didn't have other prescription drug coverage that met Medicare's minimum standards
- OR**
- You had a break in coverage of at least 63 days

We'll send you a separate letter if you owe an LEP. If you had an LEP with your last plan, you'll also have one with this new plan.

For more information about the LEP, call us toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. -

8 p.m. local time, Monday - Friday. If you still have questions, you can contact Medicare at the number below.

### **What if I have Medigap (Medicare Supplemental Insurance) coverage?**

Medigap plans don't work with Medicare Advantage plans. If you have both, your Medigap plan won't cover any of your costs. However, enrolling in this Medicare Advantage plan will not automatically disenroll you from your Medigap plan. So, now that you're a member of this Medicare Advantage plan, you should contact your Medigap plan to cancel your policy. If this is the first time you've enrolled in a Medicare Advantage plan, you may have a trial period during which you can disenroll from this plan and switch back to a Medigap plan.

For more information about Medigap and the Late Enrollment Penalty (LEP), you can call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week or visit [medicare.gov](https://www.medicare.gov) for online help.

### **Can I change plans?**

Talk with your former employer, union group, or trust administrator (plan sponsor) before you change plans. You may not be able to re-enroll in your group-sponsored plan if you enroll in another plan.

### **What happens next?**

Now that you're a member of the plan, here's what you can expect from us:

- **Quick Start Guide** - Including Benefit Highlights and information that tells you where you can go online to find your Evidence of Coverage, your Drug List (Formulary), and network providers or pharmacies near you.
- **Welcome Call** - We'll check in and answer any questions you may have.
- **Health Assessment** - We'll call and ask you some questions after your coverage begins.

### **Thank you for enrolling in UnitedHealthcare Group Medicare Advantage (PPO)**

We're happy to have you as a member. If you have any questions, please call us toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. This number is also on the back of your member ID card.

Sincerely,

The UnitedHealthcare Team

## **Do we have the right address for you?**

If not, please let us know so we can keep you informed about your plan.

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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. The Drug List, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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

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

請注意：如果您說中文(Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。