

2027 Clarity Guide

Get clear answers to your questions about UnitedHealthcare Medicare Advantage plans

United Healthcare®

UnitedHealthcare is your partner in all things Medicare

Medicare can be confusing, and industry-wide changes each enrollment period can feel overwhelming. But no matter what changes, UnitedHealthcare will be there to help with coverage you can count on.

We can help you understand your options so you can feel confident in your choice. In fact, 4 out of 5 members believe UnitedHealthcare provides Medicare Advantage plans that help them get the care they need.

You've taken a good first step by reviewing this guide and meeting with an agent. We'll support you every step of the way in your Medicare journey.



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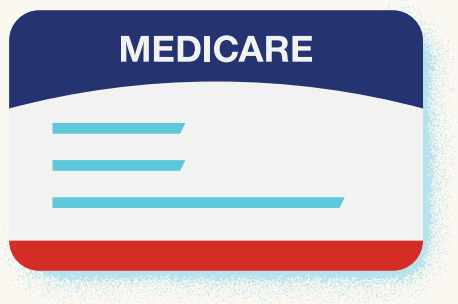
Getting started with Medicare

Step 1: Enroll in Original Medicare

Original Medicare is health insurance provided by the federal government. It has 2 parts:

Part A
Helps pay for hospital stays and inpatient care.

Part B
Helps pay for doctor and provider visits as well as outpatient care.



Most people enroll in Medicare for the first time when they turn 65. Original Medicare (Part A and Part B) does not include prescription drug, routine dental, vision or hearing coverage.

Step 2: Choose additional coverage | Learn more

Once you enroll in Original Medicare, you can purchase additional coverage from a Medicare-approved private insurance company. These plans cover additional medical expenses or benefits not covered by Original Medicare. **You have 2 options for this additional coverage:**

Option 1
Add one or both of the following:

Medicare Supplement plan

Helps pay some out-of-pocket costs not paid by Original Medicare

Medicare Prescription Drug (Part D) plan

Helps pay for prescription drugs

Option 2
Add a Medicare Advantage (Part C) plan:

Medicare Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan. Usually includes Part D (prescription drug coverage).

Additional benefits

Usually includes benefits not provided by Original Medicare, such as routine dental, vision and hearing coverage

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Get the right plan for you

Are you looking for:	Consider this plan type:
A lower monthly premium and pay for care as you need it? **Access to a large network of providers?** **Additional benefits not covered by Original Medicare?** **A plan that works with your veteran's benefits?**	**Medicare Advantage plans** | Learn more Medicare Advantage plans combine Medicare Part A, Part B and usually Part D coverage into one plan. With some plans, members choose from a network of doctors, hospitals and other providers to get care. Plans may offer extras like dental, vision, hearing, fitness and more.
Coverage for certain qualifying chronic conditions, such as diabetes, cardiovascular disorders or chronic heart failure?	**Medicare Advantage Chronic Special Needs plans** | Learn more Chronic Special Needs plans (C-SNPs) are for people diagnosed with certain qualifying chronic health conditions. This plan has extra services and programs designed to help you better manage your chronic condition.
Coverage in addition to benefits you receive from Medicaid?	**Medicare Advantage Dual Special Needs plans** | Learn more Dual Special Needs plans (D-SNPs) are for people who have both Medicare and Medicaid. D-SNPs help coordinate care and may provide additional benefits and features beyond Original Medicare. If you qualify for Medicare's Extra Help (Low-Income Subsidy) program, you may pay less for your prescription drug costs. Many D-SNPs also offer a $0 monthly plan premium, depending on your eligibility and the plan available in your area.
Low or no costs when you get care in exchange for a higher monthly premium? **Nationwide access to any provider who accepts Medicare?**	**Medicare Supplement plans** | Learn more Also known as Medigap, these plans help pay some of the out-of-pocket costs not paid by Original Medicare Parts A and B. Medigap plans allow you to go to any doctor or hospital that accepts Medicare patients without a referral.
Additional drug coverage?	**Medicare prescription drug plans** | Learn more A standalone Part D plan offers prescription drug coverage, which helps pay for some Medicare-covered prescription drugs. This plan may be used along with Original Medicare or with Medicare Supplement coverage.

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Eligibility and enrollment details

Medicare eligibility | Learn more

To be eligible for Original Medicare, you must be a U.S. citizen or legal resident* AND you must meet one of these requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or amyotrophic lateral sclerosis (ALS)

*Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

When can I enroll in Original Medicare for the first time? | Learn more

Your Initial Enrollment Period (IEP) is your first chance to enroll in Original Medicare. If you were born on the first of the month, it starts 4 months before your 65th birthday and ends 2 months after your 65th birthday. For all other birth dates, it starts 3 months before your 65th birthday month and ends 3 months after your birthday month. During this time, you can enroll in Original Medicare Parts A and B, Medicare Advantage (Part C) and Part D without penalty.

Enroll on time to avoid penalties. If you miss enrollment for Medicare Parts A, B, and/or D, there may be penalties.

Note: You should be automatically enrolled in Medicare Part A and Part B if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible. You'll receive your Medicare card in the mail.

What if I miss my Initial Enrollment Period (IEP)?

If you miss your IEP, Original Medicare offers another chance to get coverage. The General Enrollment Period (GEP) runs January 1 to March 31 each year. During this time, you can enroll in Medicare Part A and Part B.

After enrolling in Medicare during the GEP, you may have an opportunity to enroll in a Medicare Advantage (Part C) plan or a Medicare prescription drug (Part D) plan if you meet applicable enrollment eligibility requirements. Medicare Part A, Part B and Part D may charge premium penalties if you miss your initial enrollment dates unless you qualify for an exception.

What is my enrollment schedule if I'm eligible due to a disability?

Your 7-month IEP includes the month you receive your 25th disability check – the 3 months before and 3 months after.

When can I enroll in a Medicare Supplement insurance plan?

The Open Enrollment Period for Medicare Supplement is 6 months long and starts once you are 65+ years old and enrolled in Medicare Part B. During the Open Enrollment Period, you cannot be denied coverage based on pre-existing conditions and are guaranteed the lowest premium rates.

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Eligibility and enrollment timing

When can I enroll or make changes to a Medicare Advantage (Part C) or prescription drug (Part D) plan?

You can first enroll in a Medicare Advantage (Part C) or prescription drug (Part D) plan during your Initial Enrollment Period (IEP) once you've enrolled in Original Medicare. There are additional periods for enrolling or changing your coverage throughout the year.

Annual Enrollment Period

October 15-December 7

You may change your coverage during this time. You can switch from one Medicare Advantage or Part D plan to another, or you may switch from Original Medicare to a Medicare Advantage plan, or vice versa.

MA Open Enrollment Period

January 1-March 31

If you are enrolled in a Medicare Advantage plan, you may switch to a different Medicare Advantage plan or return to Original Medicare.

Special Enrollment Period

Qualifying events

Certain life events may qualify you for a Special Enrollment Period. During this time, you may join, change or drop a Medicare Advantage or Part D prescription drug plan. Depending on your circumstances, you may also be able to avoid certain late enrollment penalties.

Common qualifying events include:

- Moving to another state
- Qualifying for a state Medicaid plan
- Being diagnosed with an eligible chronic health condition
- Leaving retiree, union or COBRA coverage
- Retiring and losing employer-sponsored coverage

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Prescription drug coverage

Learn more

Key definitions

Deductible: The amount you have to pay for prescription drugs before your plan begins to pay
Copay: A fixed amount you pay for a covered prescription drug
Coinsurance: Your share of the total cost for a covered prescription drug (calculated as a percentage of the overall cost of the drug).

Understanding Medicare Part D payment stages

With Medicare Part D, the amount you pay for your prescription drugs is determined by your payment stage and drug tier.

Payment stages	Your costs	Plan contributions	Stage ends
Stage 1: Annual deductible*	100% of drug price	None	Once annual deductible is met
Stage 2: Initial coverage	Set copay amount or coinsurance %	Remainder	Once out-of-pocket costs reach $2,400 for plan year
Stage 3: Catastrophic coverage	$0**	100% of drug price	At end of plan year

*If your plan doesn't have a deductible, you skip this stage.
**You'll pay $0 for Medicare-covered Part D Medications in the Catastrophic Coverage stage.



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Prescription drug terminology

Out-of-pocket costs
The total amount you have paid for Medicare-covered Part D drugs. The maximum out-of-pocket costs for 2027 is $2,400.

Pharmacy network
In-network pharmacies are pharmacies that have agreed to fill covered prescriptions for Part D plans. Prescriptions filled at an out-of-network pharmacy may not be covered by the plan. Some plans may also have preferred pharmacies and home delivery options that offer extra savings on prescription drugs.

Formulary
A formulary (sometimes called a drug list) is the list of prescription drugs covered by a plan.

Formulary tiers
Every formulary puts covered drugs into 1 of 5 tiers. The tier a drug is in determines how much the plan pays and how much you pay at the pharmacy. Typically, the lower the tier number, the lower the cost. For example:

Tier	Drug type	Cost
Tier 1	Preferred generic drugs	$
Tier 2	Generic drugs	$$
Tier 3	Preferred brand-name drugs	$$$
Tier 4	Non-preferred drugs	$$$$
Tier 5	Specialty drugs	$$$$$

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

- Ask for a formulary exception, which is coverage for your drug even if it is not on the drug list.
- Ask for a utilization exception, which waives coverage restrictions or limits on your drug.

Step therapy
Step therapy involves trying a preferred drug before your plan will cover a brand-name drug. This can help you save on out-of-pocket prescription costs if the generic version works well for you.

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 prescribing provider can request an exception if the limit is not right for your medical needs.

Prior authorization
Before your plan will cover certain drugs, your doctor may need to provide information confirming a 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.

Coverage decision timelines
If your doctor has submitted an exception request on your behalf, generally a decision will be made within 72 hours. You can request an expedited, or faster, decision if you or your doctor believes your health requires it.

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Important Medicare Advantage info

Things to be aware of

Medicare Advantage has you covered

Medicare Advantage plans must cover all the services that Original Medicare covers and often offer additional benefits. These plans must also guarantee you the same rights and protections as Original Medicare.

Adding a Medicare Advantage plan may affect current coverage

If you have existing or employer-provided coverage and plan to work past 65, check to see how a Medicare Advantage plan could affect or cancel current coverage.

A Medicare Supplement (Medigap) plan is not a Medicare Advantage plan

Medicare supplement plans are health insurance policies that are added on top of Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B — and usually Part D — into a single plan.

Things to remember moving forward

You'll need to use network providers

Most Medicare Advantage plans cover care and services within a network of providers including doctors and hospitals. Some plans cover services from out-of-network providers, but it may cost you more out-of-pocket.

Keep your member ID card handy

You must present your member ID card, not your Original Medicare card, when receiving covered services and prescription drugs.

You have a built-in financial safety net

Every Medicare Advantage plan has an annual out-of-pocket maximum. This guarantees you'll never pay more than a certain amount for covered care and services during the plan year. However, there are costs that do not count towards the out-of-pocket maximum, such as premium payments and costs for prescription drugs* or extra services that a plan may offer such as routine dental, vision and hearing.

You must continue to pay your Medicare Part B premium

Medicare pays your Medicare Advantage plan to provide your coverage.

Important: If you qualify for a state Medicaid plan, your state may pay your Part B premium on your behalf.

*Prescription drugs have their own maximum out-of-pocket amount.

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Additional resources

In addition to your licensed sales agent, here are other resources that may be useful to you

Medicare Made Clear®

MedicareMadeClear.com
An educational program from UnitedHealthcare designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.

Medicare

Medicare.gov

1-800-633-4227, TTY 1-877-486-2048
24 hours a day, 7 days a week
(except some federal holidays)

A hotline for questions about Medicare plus detailed information about plans and policies available in your area.

Medicare & You
Downloadable at Medicare.gov or call the Medicare Helpline to request a copy.

The official Medicare handbook for Medicare programs, updated each year.

Online plan finders
Online tools for finding and comparing drug plans, Medicare Advantage plans and Medicare supplement insurance (Medigap) plans.

Social Security Administration

ssa.gov

1-800-772-1213, TTY 1-800-325-0778
8 a.m.–7 p.m., Monday–Friday

Information about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also learn about Extra Help eligibility.

Low-Income Subsidy (LIS)

Extra Help with prescription drug costs

ssa.gov/medicare/part-d-extra-help

1-800-772-1213, TTY 1-800-325-0778

A Medicare program that helps people with limited income and resources pay for Medicare Part D prescription drug plan costs, such as premiums, deductibles and coinsurance.

Administration on Aging

Eldercare locator

eldercare.acl.gov

1-800-677-1116, TTY 711
8 a.m.–9 p.m. ET, Monday–Friday

Help in finding local, state and community-based organizations that serve older adults and their caregivers in your area.

State Health Insurance Assistance Program (SHIP)

shiphelp.org

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare.

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Your local agent is in your corner

From learning the basics to choosing a plan to using it more effectively, you can count on your local agent to help you every step of the way on your Medicare journey. They can help answer your questions, give you personalized support and ensure you get the right coverage for your needs and budget.



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50 years of experience

UnitedHealthcare has 50 years of experience serving members. You can count on us to be there when you need us. Call us when you need 1 on 1 support.

Click. Call. Connect.

Find Medicare coverage you can count on. Talk with your local licensed sales agent or visit **uhc.com/medicare**.

UnitedHealthcare® Medicare Advantage

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Medicare member responses based on Human8 survey, May 2025.
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Helpful online videos

Tap on a topic to watch online videos that will help guide you in finding the health plan that is right for you.

Why choose UnitedHealthcare for Medicare coverage?

UnitedHealthcare Medicare YouTube channel

Medicare Tips & FAQs