

Choosing a Medicare supplement insurance plan.

Medicare Made Clear™

Get Answers Series

Look inside to:

- Understand how Medicare supplement insurance plans work
- Compare plans and choose the right one for you



UnitedHealthcare® Insurance Company

Medicare basics.

What is Medicare?

Medicare is a federal health insurance program for people age 65 and over, as well as for some people under age 65 with certain disabilities and people of any age with end-stage renal disease. Since 1965, it has helped millions of Americans pay for many of the health care services they need. You most likely have already paid in to the program through Social Security.

Will Medicare pay all my health care expenses?

No. As good as Medicare is, it doesn't cover everything. Medicare supplement insurance can help pay for some of the out-of-pocket costs that Medicare Parts A and B don't cover, such as deductibles and co-insurance. These expenses may add up, which is why many Americans choose to supplement their Medicare coverage with a Medicare supplement insurance plan. It may help pay some of the out-of-pocket expenses Medicare may not pay.

What is Medicare supplement insurance?

All Medicare supplement insurance basic benefits are standardized by the government and offered by private insurance companies. Medicare supplement plans are designed to help pay for some of the out-of-pocket costs Medicare doesn't cover.

Some plans even cover deductibles. As a result, having Medicare supplement insurance could help you save on out-of-pocket medical expenses. Having a Medicare supplement plan also allows you to choose any doctor who accepts Medicare patients — and it travels with you nationwide.

When may I apply?

Generally, the best time to sign up for a Medicare supplement plan is during your six-month open enrollment period that starts the first month in which you are age 65 and enrolled in Part B (except in the states of Massachusetts, Minnesota, New York and Vermont, where open enrollment is ongoing). Some states have additional open enrollment periods, including those for people under age 65. There may be other situations in which your acceptance may be guaranteed.

Enrolling during this period gives you a guaranteed right to buy any Medicare supplement plan sold in your state, regardless of any medical conditions you may have.

How to choose a Medicare supplement plan.

Decide how much Medicare supplement coverage you need.

Everyone's situation is different, and there are a variety of standardized Medicare supplement plans to choose from. Each plan provides different benefits, so it's important to compare plans before choosing one.

Shop around for pricing.

The monthly premium for your plan will vary and may be based on the coverage offered and which insurance company you choose. When looking at different companies, be sure to compare the cost of plans with the same type of coverage.

Here's how Medicare supplement insurance can save you some out-of-pocket expenses:

Medicare pays

PART A

Fees for covered hospital stays except the Part A deductible and co-insurance amounts

PART B

About 80% of Part B-covered doctor and outpatient medical expenses (after the annual deductible is met)

Without a Medicare supplement plan



You pay

- Part A deductible and any co-insurance amounts
- Part B premium
- Out-of-pocket medical expenses Part B does not pay
- Part B annual deductible

With a Medicare supplement plan



Medicare supplement insurance pays (depending on your plan):

- Part A co-insurance — and most plans pay the hospital deductible
- Some plans pay Part B deductible
- Some of the out-of-pocket expenses not paid by Part B



You pay

- Monthly Medicare supplement insurance premium
- Limited out-of-pocket costs
- Part B premium

Exclusions and limitations.

The following exclusions and limitations information is for residents of Arizona, Florida, Idaho, Kansas, Maryland, Oklahoma and Texas.

Benefits provided under Medicare. Care not meeting Medicare's standards. Injury or sickness payable by Worker's Compensation or similar laws. Stays or treatments provided by a government-owned or -operated hospital or facility unless payment of charges is required by law. Stays, care or visits for which no charge would be made to you in the absence of insurance.

For Arizona, Florida, Kansas and Oklahoma residents: Stays beginning, or care or supplies received, before your plan's effective date.

For Idaho residents: Any portion of hospital or skilled nursing facility stay that takes place prior to your plan's effective date. Medical expenses incurred before your plan's effective date.

For Maryland and Texas residents: Any period of hospital or skilled nursing facility stay that occurs prior to the effective date. Care or supplies received before your plan's effective date.

For Arizona, Florida, Idaho, Kansas and Oklahoma residents: Any stay that begins, or medical expenses you incur, during the first three months after your effective date will not be considered if due to a pre-existing condition.¹

For Maryland and Texas residents: Expenses you incur during the first three months after your effective date will not be considered if due to a pre-existing condition.¹

¹A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within three months prior to your plan's effective date.

Things to consider when selecting an insurance company.

Find a trusted and financially stable insurer.

To learn about the financial stability of a company, check online with an independent rating company like A.M. Best. Also, talk to trusted friends and family members with Medicare supplement plans and find out what works for them.

Be sure the customer service level is what you expect.

Personal attention and helpful advice can make all the difference. Make sure the company you choose is committed to giving you the service you expect. Find out what current customers are saying about their experience with the company.

Look for discounts or innovative benefits.

Every company is different. Be sure to ask the company you're considering what they offer.

Look for plan flexibility.

Some companies allow you to change plans at any time, but others don't. Make sure to ask about the policy on changing plans.¹

¹If you choose to change plans, you may be underwritten and may not be accepted into the plan (except for Massachusetts, Minnesota, New York and Vermont, where there is ongoing open enrollment).

Additional information resources:

- Visit [Medicare.gov](https://www.medicare.gov)
- Call **1-800-MEDICARE (1-800-633-4227)**,
TTY **1-877-486-2048**, 24 hours a day, 7 days a week
- Call your State Health Insurance Assistance Program (SHIP) to see if you qualify for any financial assistance

Notes:



**Get answers.
Medicare made clear.**



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Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Call a licensed insurance agent/producer at 1-800-523-5800 to receive complete information including benefits, cost, eligibility requirements, exclusions and limitations.

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