

DSNP In-Home Presentation Blueprint

QMB

- Qualified Medicare Beneficiary

QMB +

- Qualified Medicare Beneficiary +

SLMB

- Specified Low-Income Medicare Beneficiary

SLMB +

- Specified Low-Income Medicare Beneficiary +

QI

- Qualified Individual

QDWI

- Qualified Disabled and Working Individual

FBDE

- Full Benefit Dual Eligible



Heartland
FINANCIAL

In-Home Sales Blueprint

Enrollment Guide 2021

Medicare Advantage Plan
with Prescription Drugs

Take advantage of all your Medicare Advantage plan has to offer.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
H5253-041-000

Service area: North Carolina - Alamance, Buncombe, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Henderson, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stokes, Wake, Wilkes, Yadkin counties

Plan Year: January 1, 2021 through December 31, 2021



Use the enrollment guide as your blueprint to conduct a compliant, in-home sales presentation.

Be sure to observe the individual plan benefits for the plan you are marketing.

Always double check the plan's service area and the effective dates of the plan, ensuring the right sales & marketing material is used.

Prior to conducting any Medicare Part C sales presentation, please observe all CMS/Carrier mandated guidelines. Have proper PTC and SOA prior to discussing any plan specific benefits.

Get more for your Medicare dollar.



More choice and more guidance.

When it comes to Medicare, one size does not fit all. That's why UnitedHealthcare® offers a broad range of Medicare products, so you have options to fit your health care needs. UnitedHealthcare's experienced advisors and licensed sales agents will guide you through choosing the plan that's right for you.



Get the care you need when — and where — you need it.

Whether it's an appointment with your doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, UnitedHealthcare makes it easier to connect you with care so you can stay on top of your health — when, where, and how you need it.



One-on-one help using your Medicare plan.

At UnitedHealthcare®, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

Renew, our health and wellness program.

Renew can help by inspiring you to take charge of your health and wellness every day. It provides a wide variety of useful resources and activities — including brain games, healthy recipes, learning courses, fitness activities, and more. All at no cost.¹

¹Renew by UnitedHealthcare is not available in all plans. Resources may vary.
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Thank you for taking the time to meet with me today.

One of the most important decisions you can make during retirement are your healthcare benefits. Once you enter Medicare you have several choices to make. For example, do you stay on Original Medicare or get a Medicare Approved HealthPlan known as Medicare Part C?

Medicare Part C can provide valuable benefits that Original Medicare doesn't cover, which you are eligible and entitled to receive.

Benefits like Dental, Vision, Hearing, Over-The-Counter benefits, Healthy Food Benefit Cards, Annual Physicals, and Gym Memberships.

In fact, United Healthcare is the largest Medicare Part C provider by membership and has one of the largest provider networks in the country. 1 out of every 5 people on Medicare choose United Healthcare.

Start With Medicare Basics

Review the basics to make sure this plan is a good fit

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (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. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.

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

Your options for more coverage:

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan 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

Medicare Made Clear™ brought to you by UnitedHealthcare®

Let's start with a few of the basics to make sure this plan is a good fit for you and your needs.

Do you have your Red, White, and Blue Medicare card handy?

Okay great! Now take a look at the card and tell me what you see.

You see that you have Medicare Part A and Medicare Part B. You also probably know that Medicare Part D is for your Prescription Medications.

Medicare Part A is for your hospital stays and most inpatient care. Medicare Part B pays for your doctor visits, surgery costs, ambulance rides, some prescriptions depending on location, and Durable Medical Equipment.

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Medicare Part B costs are typically your largest bills and cost you the most out-of-pocket expense.

Since you qualify for Medicare as well as Medicaid those cost are covered for you.

When you choose to enroll in a Medicare Part C plan, you get all the coverage you are used to with Medicare and Medicaid and so much more. Medicare Part C combines your Medicare Part A and Part B coverage and typically includes your drug coverage. All your benefits can now be coordinated under one Medicare Approved Health Plan that works with your Medicaid benefits.

Medicare Approved Health Plans, also known as Part C, are a part of the Medicare program and are offered through private insurance companies that manage and administer your Medicare benefits. Don't worry you are still in Medicare and have all the same rights, privileges, protections, and guarantees that you've always enjoyed.

This is a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

Your plan is a Health Maintenance Organization – Point of Service (HMO-POS) plan. That means you can get care through a network of local doctors and hospitals. This plan also gives you access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

Here's how your HMO-POS plan works

- ✓ **You will need to select a primary care provider (PCP).**
This health plan requires you to select a PCP from the network. Your PCP can oversee and help manage your care.
- ✓ **You have coverage for emergency care.**
Emergency Services and Urgently Needed Services are covered no matter where you go.
- ✓ **There's an out-of-pocket spending limit for in-network care.**
Once you reach that limit, the plan pays 100% of the future costs for network Medicare-covered services for the rest of the plan year.

Use network providers for coordinated care

The chart below shows what happens when you use network versus out-of-network resources with people in your plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Providers have the choice to accept the plan.
Does this plan require a referral to see a Specialist or other providers?	Yes	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	You may pay a higher copay or coinsurance.



There's a Medicare Part D Late Enrollment Penalty

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. This must be paid monthly as long as you are enrolled in Part D.

*If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. For an explanation of the categories of people who can enroll, please see the Medicaid section of the Summary of Benefits. You can find a complete listing of network providers and facilities within your plan on our website.

The Medicare Approved Health Plan we are going to discuss today is a Health Maintenance Organization with a point of service option. It's what's known as an (HMO-POS). All that means is you can receive care from a large network of local doctors and hospitals. Best of all, no referrals are required to seek treatment from a specialist. Since United Healthcare has one of the largest participating provider networks in the country, finding a participating provider is fast and easy.

TO VIEW THE REST OF THIS DOCUMENT,
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