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If you are reading this, it probably means your 65th birthday is on the horizon—and with it, some important decisions about your future health care. AARP is here to help! This guide is intended to answer many of the most important questions people have about Medicare. To start, these are some essential facts.

1. **Medicare is a federal government–run health insurance program** for U.S. citizens and many permanent legal residents age 65 and older (it also covers some younger people with disabilities). Once you join, it provides health care coverage for the rest of your life.

2. **Medicare isn’t a health care provider.** Under the program, you make your own choices regarding how you get medical and wellness care and from whom. Medicare is simply a payment program, like any other health insurance.

3. Good news: If you’ve worked over the years, **you’ve already funded a portion of your coverage** through the payroll taxes you and your employers have paid.

4. Unlike health insurance policies from a job or bought directly from an insurer, Medicare doesn’t offer family plans. **Enrollees get coverage only for themselves.**

5. Like private health insurance, **Medicare has different plans to choose from** and covers many of your costs, but not all. We’ll detail your primary choices and potential expenses shortly.

6. **Medicare has strict sign-up deadlines.** If you enroll late, you could face penalties and higher costs for the rest of your life.

7. You are not legally obligated to sign up for Medicare, but **almost all eligible Americans do.** The coverage is comprehensive yet flexible, out-of-pocket costs are predictable, and, as we’ve said, workers have already paid in. You’ve earned it!

8. **You’ll sign up for the program through the Social Security Administration, not Medicare.** If you haven’t yet set up a Social Security account, you can follow the easy steps online to create one (go to ssa.gov and click on Sign In/Up to get started). Once you’ve done this, you can sign up for Medicare at ssa.gov/medicare, or you can call or visit your local Social Security office.

9. However ... if you’re already collecting Social Security as you approach age 65, **you’ll be automatically enrolled in Medicare.** Otherwise, Medicare won’t send you any alerts about joining! You’re on your own to initiate the enrollment process.

10. **Medicare is reasonably flexible.** You may change your coverage choices as your life situation or medical needs evolve, though only during specified windows of time and only if you follow the process correctly. Most changes occur during the annual open enrollment period, which is always October 15 to December 7. It’s wise to reassess your coverage every year, to make sure it’s optimal for your current needs. More on this later.
When to Sign Up

For most eligible Americans turning 65, you need to sign up for Medicare during your enrollment window (we explain when that is below) if you wish to avoid penalties and higher lifetime costs. There is one main exception: If you (or your spouse) are still working and you have health insurance through a company with 20 or more employees, you may keep that insurance until you retire.*

Doesn’t apply to you? Then plan to register for Medicare once you approach 65—though, as we noted, if you’re already receiving Social Security payments when you reach Medicare eligibility, you’ll automatically be enrolled in key parts of the insurance.

*If you are still working but your employer has fewer than 20 employees, you are expected to move your health care coverage to Medicare. If you don’t, you’ll be penalized when you ultimately do sign up.

Your Enrollment Window

For those who are eligible for Medicare coverage at age 65, the window to sign up is precisely seven months long.

Three months before your birthday month | The month of your birthday | Three months after your birthday month

So, let’s say your birthday is September 15. You’re eligible to sign up for Medicare beginning June 1. The last day you can sign up without penalty would be December 31. Obviously, the date the policy takes effect will be based on your sign-up date; go to medicare.gov to see when your coverage would begin based on when you submitted your enrollment info. If you remain under an employer’s insurance program after your 65th birthday, once you retire you’ll have eight months to enroll, starting the month after your employment ends or the month after your group health plan coverage ends (whichever comes first).

“What if I already get health insurance from the federal government?”

If you are a military retiree or spouse insured through the Tricare insurance program, you, too, will sign up for Medicare at 65; it will become your primary form of health insurance. Tricare for Life will automatically become your secondary insurer, covering costs that Medicare doesn’t cover.

The story is more complex for former or current federal government workers insured by FEHB (the Federal Employees Health Benefits program). They aren’t required to sign up for Medicare at 65, though those who qualify are encouraged to enroll in both insurance plans to help fill coverage gaps. Talk with your insurance administrator or explore the FEHB web pages at opm.gov to learn more.
If you can keep up with GiGi Von Fluffles, you can Medicare.

Medicare planning done your way, with Find Rx Coverage from Walgreens. Compare plans online or over the phone. Now handling Medicare is even easier than handling your diva of a dog.

When you’re ready to shop, scan here or go to Walgreens.com/NewToMedicare
Data fees may apply.
How Medicare Works

Medicare enrollees should have three forms of coverage.

**PART A**
This covers inpatient hospital stays and also limited amounts of inpatient rehabilitation services offered at skilled nursing facilities.

**PART B**
This covers doctor visits and other outpatient care, plus ambulance services, some medical equipment and preventive health care aimed at keeping you from getting sick.

**PART D**
This helps to cover the cost of prescription drugs—generic and brand-name.

There are two main paths you can take to get these coverages.

**PATH 1**
Original Medicare
With this coverage you are free to choose your health care providers, and as long as they accept Medicare, the program will cover many of the costs. This gives you flexibility in how you get medical care and from whom. On this path you have two primary choices to make.

Which Part D drug plan do I want to sign up for?
While the federal government provides your Part A and Part B coverage, you need to choose a private insurer for a Part D policy. You select the plan you want, usually based on which offers the lowest cost for your specific medications.

Do I want a supplemental insurance policy?
Part A and Part B require some out-of-pocket costs. The more health care you need, the higher these expenses can run. So, about 3 in 10 original Medicare enrollees choose to buy the supplemental insurance known as Medigap, which pays for many of these out-of-pocket costs. Alternatively, many original Medicare enrollees get supplemental insurance as a retiree benefit from their former employer. And low-income enrollees might qualify for supplemental coverage through their state’s Medicaid program.

**PATH 2**
Medicare Advantage (Part C)
In 1997, Congress gave Medicare enrollees the option of getting their care from health maintenance organizations (HMOs) or preferred provider organizations (PPOs). With Medicare Advantage you select a private-sector HMO or PPO to provide you with all-in-one health coverage (all plans cover Part A and Part B, and most cover Part D). Roughly 43 percent of Medicare enrollees chose a Part C plan in 2021. If you prefer a network approach to health care, here are questions you’ll need to answer.

Which Advantage providers offer plans near where I live?
Medicare’s website includes tools for identifying Advantage plans in your county or zip code and for comparing what services and coverage they provide. To explore your options, go to medicare.gov/plan-compare.

If there is more than one plan available, which is best for me?
While all Advantage plans provide full Medicare coverage, the specific programs and services they offer can vary, as can their costs. Get details at the Medicare website, but also go to the providers’ websites (or call their offices) to learn more.
It’s time you experience human care.

At Humana, we get to know you and what’s important to you. That way, we can understand what it takes for you to achieve your best health. After all, there’s no one-size-fits-all approach to health. That’s why human care means something different for every one of our members.

Learn more about human care and what Humana can do for you at www.humana.com/human-care

Humana®
A more human way to healthcare™

Humana is a Medicare Advantage HMO, PPO, and PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. GHHLEJ5EN
Original Medicare or Advantage

How to Decide
You likely have a few good options. To start, this six-question quiz can help you determine whether original Medicare or Medicare Advantage is the right approach for you.

Do I absolutely want to keep my current doctor?
☑ Yes ☐ No
With Medicare Advantage, only physicians in your specific network are fully covered. Check with your doctor to find out his or her arrangements or affiliations.

Are there good Medicare Advantage plans where I live?
☑ Yes ☐ No
Some people living outside of cities may not have many (or any) health care systems offering Medicare Advantage coverage, or a plan with the services they want.

Do I travel a lot or have homes in two states?
☑ Yes ☐ No
Original Medicare and Medigap policies pay for visits to any doctor who accepts Medicare. Advantage plans are regional; you pay more for most nonnetwork care.

Getting Specific
To better understand how the two coverage types vary, here’s how original Medicare and Medicare Advantage plans compare for three common health issues.

IF YOU HAVE A CHRONIC HEALTH CONDITION (DIABETES, ARTHRITIS, HEART DISEASE, ETC.)

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<tr>
<th>ORIGINAL MEDICARE</th>
<th>MEDICARE ADVANTAGE</th>
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<tbody>
<tr>
<td><strong>PROS</strong></td>
<td><strong>PROS</strong></td>
</tr>
<tr>
<td>☐ You don’t need a referral to see a specialist.</td>
<td>☐ A primary care doctor typically manages your overall plan. Research suggests this may improve outcomes.</td>
</tr>
<tr>
<td>☐ You can choose any specialist in the U.S. who accepts Medicare.</td>
<td>☐ Many plans cover supplies plus the costs for gym memberships, nutritional counseling and other health services.</td>
</tr>
<tr>
<td>☐ You can get routine tests and treatments without prior authorization.</td>
<td>☐ You may be eligible for a Medicare Advantage Special Needs Plan (SNP), an option that provides care tailored to chronic conditions.</td>
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<tr>
<td>☐ Supplies—such as test strips, blood sugar monitors and nebulizers—are covered (usually with a 20 percent cost share).</td>
<td>☐ CONS</td>
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<td><strong>CONS</strong></td>
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<td>☐ You need a separate Part D plan to cover prescription medicines.</td>
<td>☐ Most plans require you to use in-network providers. This could mean not being able to see your preferred doctor.</td>
</tr>
<tr>
<td>☐ There’s no cap on annual out-of-pocket costs, although a supplemental Medigap policy would cover most of them.</td>
<td>☐ Academic medical centers offering more advanced treatments may not be in your network.</td>
</tr>
<tr>
<td>☐ Some diabetes programs are covered but not most gym fees and weight-loss or healthy-lifestyle programs.</td>
<td>☐ Tests and treatments covered by Medicare Advantage often require preauthorization.</td>
</tr>
</tbody>
</table>
Do I use health services beyond just doctor visits?
☐ Yes  ☐ No
Some Medicare Advantage plans provide classes, counseling, wellness programs and transportation benefits in addition to standard medical care. These services can be useful for those with chronic conditions such as diabetes or heart disease. Plus, some plans offer routine hearing, vision or dental coverage; original Medicare doesn’t.

Do I prefer to be in control of my care?
☐ Yes  ☐ No
Original Medicare allows greater flexibility, so often it’s preferred by those who like to pick each doctor, specialist or even hospital where they get their care. This can be particularly important if you have a serious condition and wish to get care from a research hospital or clinic that isn’t part of any Medicare Advantage plan.

Do I dislike shopping for health care?
☐ Yes  ☐ No
While Medicare Advantage plans usually don’t change much, by law they’re allowed to alter benefits annually. That means there’s some risk of having to choose a new provider if offerings change or the plan shuts down. Original Medicare and Medigap policies are guaranteed for life as long as you pay the premiums on time.

If You Need Weight-Loss Help

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<tr>
<td>☐ If your body mass index is 30 or higher, you may qualify for up to 22 visits for nutritional assessment and counseling in a free obesity-management program.</td>
<td>☐ Plans may offer help with programs like WW (formerly Weight Watchers), which offers AARP members a discount; Jenny Craig; and Nutrisystem.</td>
</tr>
<tr>
<td>☐ Up to two years of diabetes-prevention-program classes, which address weight loss and nutrition, are covered for people with prediabetes.</td>
<td>☐ You may also be able to get coverage for a gym membership, such as with SilverSneakers.</td>
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<tr>
<td><strong>CON</strong></td>
<td><strong>CON</strong></td>
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<tr>
<td>☐ Gym memberships and commercial weight-loss plans aren’t covered.</td>
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If You Get the Flu

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<tr>
<td><strong>PROS</strong></td>
<td><strong>PROS</strong></td>
</tr>
<tr>
<td>☐ You can go to any doctor or urgent care center that accepts Medicare.</td>
<td>☐ Your plan may have a low copay for a visit to any urgent care center.</td>
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<td>☐ A flu test may be fully covered. Part D drug plans will cover an antiviral flu drug for as little as $3 to $10 for generics (more for some brand-name drugs).</td>
<td>☐ Your copay for a flu test could vary from $0 to more than $40.</td>
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<tr>
<td><strong>CON</strong></td>
<td><strong>CON</strong></td>
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<tr>
<td>☐ Unless you have supplemental insurance such as Medigap, you’ll pay 20 percent of the cost of a doctor or urgent care visit after meeting your Part B deductible ($203 in 2021).</td>
<td>☐ Coverage for an antiviral drug is similar to that of a Medicare Part D plan.</td>
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<td></td>
<td>☐ You may have to pay, then get reimbursed, for an out-of-network flu shot.</td>
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What You’ll Spend on Medicare

Your Medicare costs will vary depending on the coverage you choose, where you live and other factors. But here are some basics to give you an idea of what the expenses are. The amounts may seem high, but many people find they are comparable with their annual health care costs prior to joining Medicare, depending on their insurance.

Original Medicare
In total, enrollees paid an average of $5,801 in annual out-of-pocket health care costs in a recent year. That figure included a mix of monthly premiums, copays and deductibles (in other words, you cover the full cost until you reach a threshold, when insurance kicks in). Some specifics:

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<tr>
<th>PART A</th>
<th>PART B</th>
<th>PART D</th>
<th>MEDIGAP</th>
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<tr>
<td>There usually is no monthly premium, but you'll pay the first $1,484 for most hospital stays (in 2021) before coverage gets started. In general, Part A will cover most, if not all, costs of a stay of 60 days or less.</td>
<td>The monthly premium for 2021 is $148.50 (if you get Social Security, the premium will be deducted from each check). Other costs: copays of 20 percent of approved charges, plus possible deductibles.</td>
<td>The average monthly premium for 2022 is estimated at $33, but that can vary greatly depending on the plan, where you live and your income. Also, you'll have copays with the majority of your drug purchases.</td>
<td>While many policies run in the $100 to $200 range per month, prices vary widely (compare the 10 standardized choices at medicare.gov). But a Medigap plan covers costs that you would otherwise need to pay.</td>
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Medicare Advantage
You’ll pay the same monthly Part B premium as original Medicare and often an extra amount ($19, on average, in 2022). In addition, you’ll have copays for hospital stays, doctor visits and prescriptions; with some plans, you’ll have a deductible. Unlike with original Medicare, there’s an annual spending cap ($7,550 in 2021 for in-network costs).

Will I be able to reconsider?
Yes! Every year, Medicare has an open enrollment period (always October 15 to December 7), when you can select new Medicare Advantage or Part D drug coverage for the following year. If you already have a Medicare Advantage plan, you can opt for a different one between January 1 and March 31 as well. If you are on original Medicare, you can change a Medigap plan at any time. And know that Medicare is flexible if you move or your life situation undergoes a major change. See medicare.gov for details.
Did you know Poise® pads & liners, Depend® underwear & Cottonelle® flushable wipes are eligible for purchase with your Medicare Advantage funds?
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Tough Fact to Swallow

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https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm

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