



## Statements of **UNDERSTANDING**

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### **By electing enrollment in this plan, I agree to the following:**

This is a Medicare Advantage plan and has a contract with the Federal government. This is not a Medicare Supplement plan. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium and, if applicable, Part A premiums, if not otherwise paid for by Medicaid or another third party. I understand I can be in only one Medicare Advantage or Prescription Drug plan at a time. My enrollment in this plan will automatically end my enrollment in another Medicare health plan. If I have prescription drug coverage, or if I get prescription drug coverage from somewhere other than this plan, I will inform you.

Enrollment in this plan is generally for the entire plan year. I may end my membership in this plan only during certain times of the year, known as enrollment periods. I will contact my plan sponsor for more information on ending my membership in this plan.

If I choose to disenroll from this plan, which is sponsored by my former employer, union or trust group plan sponsor, I will be automatically transferred to Original Medicare, the fee-for-service program offered directly through the federal government that consists of Part A (Inpatient) and Part B (Outpatient) coverage. Also, if I choose to enroll in a different Medicare Advantage plan not offered by my plan sponsor, I will be automatically disenrolled from this plan provided through my plan sponsor.

Our service area includes the 50 United States, the District of Columbia and all U.S. territories. I may not be covered under Medicare while out of the country, with the exception of limited coverage near the U.S. border. However, under this plan, when I am outside of the service area I am covered for emergency or urgently needed care. I have the right to appeal plan decisions about payment or services if I do not agree with them.

Upon enrollment, I will receive a Plan Details book that includes an Evidence of Coverage document. The Evidence of Coverage will have information about services covered by this plan, as well as the terms and conditions. If a service is not listed in the Evidence of Coverage, it will not be paid for by Medicare or this plan without authorization.

My information, including my prescription drug event data, will be released to Medicare and other plans, only as necessary, for treatment, payment and healthcare operations. Medicare may also release my information for research and other purposes which follow all applicable Federal statutes and regulations.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty for Medicare's prescription drug coverage. This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I have a late enrollment penalty from Medicare, I will receive a letter making me aware of the penalty and what the next steps are.



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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. Enrollment in the plan depends on the plan's contract renewal with Medicare.