Dear Member,

Please read the important instructions in this letter regarding requesting disenrollment from UnitedHealthcare®.

What do I have to do next?

If you want to switch to Original Medicare only, please complete and submit the disenrollment form. It's included with this letter.

If you'd like to drop optional supplemental benefit(s) such as dental, vision or fitness, please call us at the number on your member ID card. We can help you over the phone; you don't need to fill out this form.

How do I submit the disenrollment request?

If you want to disenroll from UnitedHealthcare, you may fill out the attached form, sign it and send it back to us at:

UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769

You can also submit the form online or fax it to us at 1-888-950-1169. Please check that the form is completed, dated and your signature is easy to read.

Instead of sending a disenrollment request to UnitedHealthcare, you can also call Medicare at 1-800-633-4227, 24 hours a day, 7 days a week, to disenroll by phone. TTY users should call 1-877-486-2048.

Please note: When you leave this plan, you'll no longer have Medicare prescription drug coverage. If you join a Medicare prescription drug plan later, you may have to pay a Late Enrollment Penalty (LEP) with your monthly premium.

If you have any questions, please call us at the number on your member ID card.

For more information, see the next page.

More Information:

If I complete and submit the disenrollment form, how will I know when I can disenroll or change plans?

After we receive your completed form, we'll let you know if you can disenroll. If you can, we'll send you a letter with the disenrollment date. The disenrollment date is the last day you are a member of a plan.

What should I do about filling prescriptions?

You can fill prescriptions at your plan's network pharmacies until the disenrollment date. The plan may not pay for prescriptions filled at out-of-network pharmacies, except in emergencies. After your disenrollment date, the plan won't cover your prescription drugs.

What should I do if I need to see a doctor?

Please use your current plan's network of doctors until your disenrollment date. After that date, you may want to call us to check that your plan has ended before you see a doctor outside the network.

When can I change plans?

You can switch, disenroll from, or enroll in a Medicare plan from October 15 to December 7. This is the Annual Enrollment Period.

You can disenroll from a Medicare Advantage plan and return to Original Medicare or join any other Medicare Advantage plan from January 1 to March 31. If you return to Original Medicare, you can join a standalone Medicare prescription drug plan during the same period.

You can change plans at other times of the year if you meet certain special exceptions. For example, if you move out of your plan's service area or want to join a plan in your area with a 5-star rating or if you qualify for Extra Help.

How do I find out about other Medicare plans in my area?

Call us at the number on your ID card to find out if we have other plans available in your area. You can also visit medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

What is Extra Help?

If you have a limited income, you may be able to get Extra Help from Medicare to pay for your prescription drug costs. If you qualify, Medicare will pay for 75 percent or more of your:

- Monthly prescription drug payments
- Annual deductibles
- Coinsurance

Many people qualify and don't know it. There's no penalty for applying. And, with Extra Help you won't have a coverage gap or a Late Enrollment Penalty (LEP).

If you gain or have a change in Extra Help you may change plans up to 3 months after notification or effective date of the change (whichever is later).

If you lose Extra Help, you can change plans up to 3 months after you lost it or after you're notified that you no longer qualify (whichever is later).

For more information call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778 or visit socialsecurity.gov/prescriptionhelp. You can also call your local Social Security office.

Can I buy Medigap?

If you plan to switch to Original Medicare, you might have a special right to buy a Medigap plan. Medigap is also known as Medicare supplement insurance. You may be able to buy a Medigap plan if:

- You're age 65 or older and you signed up for Medicare Part B in the past 6 months; or
- You moved out of your plan's service area

Federal law protects this right. Your state laws may give you more protections.

You'll need to act soon if you want to buy a Medigap plan. Medicare limits how long you can wait after switching to Original Medicare. To learn more about Medigap, call a State Health Insurance Program (SHIP) in your area, see your "Medicare & You" handbook or visit medicare.gov. You can also call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

What if I have questions about the form?

Please call us at the number on your member ID card.

Sincerely,

The UnitedHealthcare Team

Please fill out and carefully read all information below before signing and dating this disenrollment form.

By completing this disenrollment request, I agree to the following:

If my request meets the requirements (a valid signature and a valid election period), the plan will send me a letter with the date my plan coverage ends. I understand that until the date my coverage ends, I must continue to receive all medical care from the plan. I'll only get my care from network doctors until my disenrollment date, except in an emergency. I'll only fill my prescriptions at network pharmacies until my disenrollment date, except in an emergency.

If I have signed up for another Medicare Advantage or Medicare prescription drug plan, I understand Medicare will end my current membership in the plan on the start date of that new plan. I understand that I might not be able to sign up for another plan at this time. I also understand that if I disenroll from (leave) my Medicare Advantage prescription drug plan and want Medicare prescription drug coverage in the future, I may have to pay a higher monthly payment for this coverage.

Last name: _____ First name: _____

Middle initial: _____ ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Medicare number: _____ Sex: ☐ M ☐ F

Birth date: _____ Phone number: (_____) _____

You may disenroll from a Medicare Advantage prescription drug plan only during the Annual Enrollment Period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage prescription drug plan outside of this period.

Please read the statements below carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that to the best of your knowledge, you are eligible to disenroll at this time.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date of gain, change or loss) _____ /_____ /_____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date of gain, change or loss) _____ /_____ /_____.

☐ I'm moving into, live in or recently moved out of a Long-Term Care Facility or nursing home on

Insert date for moving into/currently live _____ /_____ /_____.

Insert date for moving out of _____ /_____ /_____.

☐ I'm joining a PACE (Program of All-inclusive Care for the Elderly) program on (insert date) _____ /_____ /_____.

☐ I'm joining employer or union coverage on (insert date) _____ /_____ /_____.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. (Your request must be received within 3 months of the effective date of the plan assignment, or notification of the change, whichever is later).

☐ I have or am signing up for other creditable coverage such as TRICARE or Veterans Assistance benefits. I understand this election is valid only if I'm currently enrolled in a Medicare Advantage prescription drug plan or Medicare prescription drug plan.

☐ I recently moved outside of the service area for my current plan.

☐ I'm disenrolling during the Annual Enrollment Period (request must be received between October 15 and December 7) and I understand my disenrollment date will be December 31.

☐ During my Initial Enrollment Period surrounding my 65th birthday, I signed up for a Medicare Advantage or Medicare Advantage prescription drug plan. I'm still within my first year and wish to return to Original Medicare.

☐ I dropped a Medigap policy when I signed up for the first time in a Medicare Advantage plan and it has been 12 months or less since I dropped the Medigap policy.

☐ I'm turning 65 and I'm within my Initial Enrollment Period for Part D.

☐ I'm disenrolling during the Medicare Advantage Open Enrollment Period (request must be received between January 1 and March 31) and I have not previously used this election period to enroll in the current plan year.

If none of these statements apply to you or you're not sure, please call us at the number on your member ID card.

Please sign and date this form before sending it back to us.

Your signature*: _____ Date: _____

Email address: _____

Member ID: _____

*Or the signature of the person authorized to act on behalf of the person under the laws of the State where the person resides. If signed by an authorized person (as described above), this signature certifies that: 1) this person is authorized under state law to complete this disenrollment and 2) documentation of this authority is available upon request by UnitedHealthcare or Medicare.

If you are the authorized representative, you are required to provide all the following information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: (_____) _____

Relationship to member: _____

Instead of sending a disenrollment request to UnitedHealthcare you can call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week to leave the plan by phone.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.