

## **Outbound enrollment and verification (OEV) call.**

UnitedHealthcare® is required by Medicare to conduct an enrollment and verification call within 15 days of receiving your enrollment application. A vendor authorized by UnitedHealthcare will be calling you to conduct a short survey on its behalf.

During the call, the representative will ask you a few questions to make sure the Medicare Advantage plan was explained to you clearly and thoroughly and to ensure it is your intent to enroll in the plan. The survey, however, will not affect your ability to enroll in the plan.

The representative conducting the survey is not a licensed insurance agent and will not be able to answer questions you might have about the plan or plan benefits. They will be able to provide you with a number for Customer Service so that you can get your questions answered. Your sales agent will not be on the phone during the call.

The representative will also help you understand the seven-day cancellation language that is required by Medicare.

If you are not home to take the call, the vendor representative will mail you an enrollment verification letter.

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The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year

UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

## Enrollment verification.

Thank you for choosing UnitedHealthcare. We want to make sure that all of your questions have been answered before you enroll in our plan. Please review the list below with your agent. By initialing next to each statement, you're confirming that you understand the type of plan you're enrolling in.

My agent explained that I will receive an outbound enrollment verification (OEV) call within the next 15 days to confirm my understanding and intent to enroll in the plan. \_\_\_\_\_

Once my enrollment is approved by Medicare, UnitedHealthcare will provide my Medicare health and/or prescription drug coverage (if applicable). I understand that the plan I have chosen is NOT a Medicare supplement (Medigap) plan. \_\_\_\_\_

Once my enrollment is approved by Medicare, I will receive a member ID card. I understand that I must use this member ID card instead of my Original Medicare card when I receive health care services or visit the pharmacy. \_\_\_\_\_

I have reviewed the Summary of Benefits with my agent. I understand the plan's premium, deductible, covered benefits, copays and coinsurance amounts, if applicable. For additional information, I can refer to the Evidence of Coverage, which I will receive in my Welcome Kit. \_\_\_\_\_

I understand that I must continue to pay my Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. \_\_\_\_\_

If a power of attorney (or any other person who assists in my health care decisions) should have been included with this enrollment process, they were present or contacted. \_\_\_\_\_

I understand that my enrollment form will not be processed until my Medicaid status is confirmed. I understand that my plan will only cover health care and services provided by physicians and hospitals in the plan's network. Except for emergencies, these plans do not cover care received outside the network. The agent verified whether any of my doctors are in the plan's network. \_\_\_\_\_

## For plans with prescription drug coverage.

My agent and I have reviewed all of my current prescription medications and have verified if they are covered within the plan's formulary. For my medications that are not listed in the plan's formulary, I understand they are not covered by the plan, unless an exception is granted. \_\_\_\_\_

My agent has explained the prescription drug coverage gap. He or she also explained how my medication costs are calculated in order to reach the gap. If I reach the coverage gap, I understand my cost and coverage may change, depending on my level of state assistance, if applicable. \_\_\_\_\_

I understand that a late-enrollment penalty (LEP) will be added to my monthly Part D premium if I did not join a Medicare plan when I was first eligible. \_\_\_\_\_

Enrollee Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Agent ID: \_\_\_\_\_