

# What UnitedHealthcare Medicare Product Best Meets Your Needs?



As a reminder, you are not required to provide any information and any information you do provide will in no way affect your plan membership.

## Eligibility

**1.** Do you have a Medicare card?

Yes  No

**2.** Do you have Medicare Parts A and B?

Yes  No

**3.** Do you have End Stage Renal Disease?

Yes  No

**4.** What county do you live in?

\_\_\_\_\_

**5.** Do you have a Medicaid card?

Yes  No

**■ Do you have a specific long-term illness including...**

Hypertension

Diabetes

Dementia / problems with memory (if not diagnosed)

Congestive Heart Failure (CHF)

Chronic Obstructive Pulmonary Disease (COPD)

Cardiovascular Disease

Arthritis

Asthma

**6.** Do you have any other insurance plan aside from Medicare?

Yes  No

## Travel

**7.** How often do you travel away from home?

\_\_\_\_\_

\_\_\_\_\_

**8.** How long do you stay in another home/area when you travel?

1-5 months

6 or more months

## Prescription Drugs

**9.** Do you have / want prescription drug coverage?

Yes  No

**10.** Which prescription drugs do you take on a regular basis?

\_\_\_\_\_

\_\_\_\_\_

**11.** How much are you spending for drugs on a monthly basis?

\$ \_\_\_\_\_

## Doctor & Hospital Choice

**12.** Do you see one doctor and/or medical group on a regular basis?

Yes  No

**13.** Is it most important to you to continue seeing this physician/ medical group?

Yes  No

**14.** Do you see any specialists on a regular basis?

Yes  No

**15.** Is it most important to you to continue seeing these specialists?

Yes  No

**16.** Is it important to you to be able to go to a specific hospital?

Yes  No

**17.** Is it important to you to be able to see a specialist without a referral?

Yes  No

---

## Cost

**18.** Are you concerned about what you're paying for your health care coverage?

Yes  No

**19.** Are you on a limited income? Do you need help paying medical and prescription drug costs?

Yes  No

**20.** Would it be worthwhile to you to pay a higher premium to have a broader access to physicians of your choice?

Yes  No

**21.** Would it be important to you to pay a higher premium to receive enhanced benefits?

Yes  No

---

## Specific Benefits

**22.** Rank the following benefits in order of importance to you:

Hearing coverage

Caregiver services

Vision coverage

Transportation

Dental coverage

*Other (please identify):*

Gym or fitness club membership

\_\_\_\_\_

**23.** What are the three most important features to you in choosing a plan?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

---

*SecureHorizons® Medicare Advantage plans are offered by United HealthCare Insurance Company, PacifiCare Health Plans, Oxford Health Plans, and their affiliated companies, Medicare Advantage Organizations with a Medicare contract.*

*A Medicare Advantage Private Fee-For-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing health care services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at [www.securehorizons.com](http://www.securehorizons.com).*