



# Enrollment Kit



## Maine

Enrollment materials are for June 1, 2023 – May 1, 2024 plan effective dates.

AARP® Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company (UnitedHealthcare)



# Meet the plans built to support you on your health care journey.

Greetings!

Like many on Medicare, you may be looking for additional benefits to help pay for some of the out-of-pocket medical expenses not covered. That's why you may want to consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). You'll have:



## Control

Freedom in the health system is important – get the control you want with Medicare supplement insurance. When traveling, coverage goes with you anywhere in the U.S. You can see any provider that accepts Medicare patients without network restrictions. You can also see a specialist without needing a referral.



## Longevity

Predictability and stability can help you better manage your health care expenses. With more than 45 years of experience and an “A+” rating by A.M. Best,<sup>1</sup> UnitedHealthcare is a longstanding health insurance leader, covering more people with Medicare supplement plans nationwide than any other individual insurance carrier.<sup>3</sup>



## Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 95% of surveyed members satisfied with their AARP Medicare Supplement Insurance Plan<sup>2</sup> – and 94% of those surveyed willing to recommend their plans to a friend or family member.<sup>2</sup>

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about discounts and UnitedHealthcare's unique value-added services<sup>4</sup> that may be available to you.

Your UnitedHealthcare licensed insurance agent will review the enclosed information with you, and answer any questions you may have.

All of us at UnitedHealthcare would be honored to serve your health insurance needs – now, and for years to come.

Warm regards,

Erica Schwartz  
President, Medicare Supplemental Health Insurance Program  
UnitedHealthcare

**AARP** | **Medicare Supplement**  
from  **UnitedHealthcare**®

**P.S.** Did you know that UnitedHealthcare's mission is *to help people live healthier lives and make the health system work better for everyone*? AARP Medicare Supplement Insurance Plans are endorsed by AARP, whose mission is *to empower people to choose how they live as they age*. Join AARP online, by phone, or use the enclosed form.



**Questions?** Contact your licensed insurance agent.

Important Notice: You are entitled to receive a “Guide to Health Insurance for People with Medicare.” This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at [www.medsupeducation.com](http://www.medsupeducation.com).

- <sup>1</sup> A.M. Best affirmed UnitedHealthcare Insurance Company’s financial strength rating of “A+” (Superior) and maintained a stable outlook on December 9, 2022. An “A+” rating from A.M. Best is its second-highest rating. The rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. [www.ambest.com](http://www.ambest.com).
- <sup>2</sup> From a report prepared for UnitedHealthcare Insurance Company by Human8, “2023 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.
- <sup>3</sup> From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2022 Medigap Enrollment & Market Share,” June 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.
- <sup>4</sup> These are additional insured member services, apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographic availability and may be discontinued at any time.**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare. UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

Insured by UnitedHealthcare Insurance Company, Hartford, CT. Policy form No. GRP 79171 GPS-1 (G-36000-4).

**In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.





# Exclusive Services & Discounts



Exclusive Services & Discounts

**AARP** | Medicare Supplement  
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,  
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# Discounts and More

Once you're enrolled in an AARP® Medicare Supplement Insurance Plan from UnitedHealthcare Insurance Company (UnitedHealthcare), you'll get insured member discounts and services.



## Brain Health

An online program offering content about brain health, including the Cognitive Assessment and Lifestyle Check-ins as well as exclusive content for Renew Active members, such as videos and interactive challenges, all from AARP® Staying Sharp®.



## Dental Discount

Receive discounts for dental services from in-network dentists through Dentegra:

- In-network discounts generally average 30-40%<sup>†</sup> off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns.
- Access to 30,000 in-network general dentists and specialists at 90,000 locations nationwide.
- No waiting periods, deductibles, or annual maximums.

**The Dentegra dental discount is not insurance.**



## Vision Discount

Save on eyewear purchases and routine eye exams. AARP® Vision Discounts provided by EyeMed includes:

- \$50 eye exams at participant providers.\*
- At LensCrafters, take an additional \$50 off the AARP Vision Discount or best in-store offer on no-line progressive lenses with frame purchase.\*\*



## Hearing Discount

Take care of your hearing health and save with exclusive pricing on a wide selection of hearing aids and accessories. **AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing** includes:

- Up to 20% discount on prescription hearing aids, plus AARP Medicare Supplement plan holders can receive an additional \$100 off select hearing aids.
- 15% discount on hearing aid accessories.
- No-cost hearing test, hearing aid fitting and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.
- 4-year extended warranty to help ensure the best listening experience.



## 24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages.

- Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.



## Driver Safety

Refresh your driving skills with the **AARP Smart Driver™** course. The course helps participants brush up on rules of the road and reduce driver distractions.

When you take the AARP Smart Driver™ course, you could be eligible for a discount on your auto insurance.<sup>1</sup> The course is available online or in-person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.<sup>2</sup>

These offers are available at no additional cost to you and are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability and may be discontinued at any time. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

### **AARP Staying Sharp**

For AARP® Medicare Supplement insured members, this program offering is not an insurance program, is only offered in certain jurisdictions and may be discontinued at any time. UnitedHealthcare will receive, from AARP Staying Sharp, program confirmation code information together with data regarding your usage of AARP Staying Sharp (for example, the number of times you visited their website each month). This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members.

Access to this service is subject to your acceptance of the Staying Sharp Legal Disclaimer, Terms of Service, and Privacy Policy. Existing Users who have already accepted AARP's Terms of Service and Privacy Policy will not be required to create a new AARP® Online Account but will need to accept Staying Sharp's Legal Disclaimer and additional Terms of Service.

Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

### **Dentegra Dental Discount**

†Dentegra Fee Schedules vs. FAIR Health Mean Data, 01/2023  
**THIS IS NOT INSURANCE** and not intended to replace insurance. All decisions about medications and dental care are between you and your dentist or health care provider. The Dentegra dental discount is not a Qualified Health Plan under the Affordable Care Act. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. The Dentegra dental discount provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra dental discount does not make payments to the providers of dental services. Individuals who utilize the Dentegra dental discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

### **AARP Vision Discounts provided by EyeMed**

EyeMed Vision Care LLC (EyeMed) is the network administrator of AARP Vision provided by EyeMed. These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans unless noted herein. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members.

\* Offer valid at participating providers. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription.

\*\* Present offer to receive a bonus \$50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete

pair required. Frame and lens purchase cannot be combined with any other offers, discounts, past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33. Cartier®, Lindberg®, Oakley® Kato, Oliver Peoples, and Maui Jim® frames excluded. Additional frame and lens exclusions and restrictions may apply, see store associate for details. Void where prohibited. Discounts are off tag price. No cash value. Offer expires 12/31/2024. Code 755453.

### **AARP Hearing Solutions provided by UnitedHealthcare Hearing**

The \$100 discount and 4-year extended warranty applies to hearing aids offered in the Standard, Advanced, and Premium technology levels. One complimentary hearing test is only available from UnitedHealthcare Hearing providers, for purposes of determining hearing aid candidacy. These discounts cannot be combined with any other discounts, promotions, coupons or hearing aid benefit plans unless noted herein. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. AARP commercial member benefits are provided by third parties, not by AARP or its affiliates. Providers pay a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some provider offers are subject to change and may have restrictions. Please contact the provider directly for details.

### **Nurse line**

The information provided through these services is for informational purposes only. Your health information is kept confidential in accordance with applicable law. This is not a substitute for your doctor's care. Nurses and other representatives from these services cannot diagnose problems or recommend treatment. All decisions about medications, vision care, hearing care, health and wellness care or other care is between you and your health care provider. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

### **AARP Driver Safety**

- 1 Upon completion, you may be eligible to receive an auto insurance discount. Other restrictions may apply. Consult your agent for details. This offer is non-transferrable and void where prohibited. Your participation in the **AARP Smart Driver™** course is completely voluntary, and participation will not impact your health coverage. Participation in this offering is subject to your acceptance of the AARP® Smart Driver™ Terms of Use and Privacy Policy.
- 2 Some facilities charge an administrative fee. When registering, check local course listings for administrative fee information.

### **AARP Medicare Supplement Insurance Plans**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103-3408. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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# Discover the Real Possibilities of AARP Membership

## Membership with AARP means:

- ✓ being part of a community of nearly 38 million members.<sup>1</sup>
- ✓ benefiting from a nonprofit, nonpartisan social-welfare organization that has been advocating for the rights of people age 50 and over for over 60 years.<sup>1</sup>

**Enjoying a range of exclusive discounts and offers such as the examples listed below, plus much more!**



### Health Care Products & Discounts

Access to health and dental insurance products, as well as vision, hearing and prescription discounts.



### Insurance<sup>2</sup> & Financial Services

Access to life, auto and homeowners insurance, AARP-endorsed credit card, plus banking and investment options.



### Home & Auto

Get help with housing and mobility, caregiving, driving, and other resources. Save on home security systems and car maintenance.



### Retail & Dining

Discounts on gifts and groceries, in addition to restaurants.



### Travel & Entertainment

Get help with travel planning and save on car rental, hotel, airline tickets, and more. Get discounts on movie tickets and concessions as well as access to free online games.



### Magazine, Advocacy & Community

Join AARP's advocacy efforts or a local AARP chapter in your area. Access to community events and volunteering opportunities.



**There's always more to discover with your AARP membership.**

Explore these benefits and more by visiting  
[aarp.org/benefits](https://aarp.org/benefits)

<sup>1</sup> 2022 AARP Annual Report. Retrieved July 27, 2023, from <https://www.aarp.org/about-aarp/company/annual-reports/>

<sup>2</sup> The AARP benefits described are not a benefit of an insurance program.



# Bright Ways To Save



Contact your  
licensed insurance  
agent/producer  
to get your  
personalized  
rate quote.

These discounts can add up to valuable savings on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

## **SAVE 7% with the Multi-Insured Discount**

You can take 7% off your monthly premiums if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

## **TAKE \$24 OFF with Electronic Funds Transfer**

You'll save \$2.00 off your total monthly household premium, or \$24 per year, when you use the convenient and easy payment option, Electronic Funds Transfer (EFT). Your monthly payments are automatically forwarded by your bank, which means no checks to write and no postage to pay. Simply complete the EFT form located in this booklet.

## **SAVE \$24 per year with the Annual Payer Discount**

Take \$24 off your total household premium when you pay your entire 12-month premium.

Note: Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined

## **LOCK In Your Premium with the Rate Guarantee**

Your rate is guaranteed for 12 months from your initial plan effective date. Insured members will not receive an additional rate guarantee when changing from one AARP Medicare Supplement Plan to another.

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# Plans & Rates

Plans & Rates



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## Overview of Available Plans

Medicare Supplement Plans A, B, C, F, G, K, L and N are currently being offered by UnitedHealthcare Insurance Company.

### Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of this benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 <sup>2</sup>					\$7060 <sup>2</sup>	\$3530 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.





# Cover Page - Rates

## Monthly Plan Rates for Maine

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>2</sup>	
Applies to individuals age 65+								
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>2</sup>	Plan F <sup>2 3</sup>
	Standard Rates for Non-Tobacco Users							
65+	\$169.75	\$214.00	\$219.75	\$81.25	\$146.75	\$174.00	\$262.50	\$264.00
	Standard Rates for Tobacco Users							
65+	\$186.72	\$235.40	\$241.72	\$89.37	\$161.42	\$191.40	\$288.75	\$290.40

Applies to individuals age 50-64 who are eligible for Medicare								
Age <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>2</sup>	Plan F <sup>2 3</sup>
	Non-Tobacco Rates							
50-64	\$169.75	\$214.00	\$219.75	\$81.25	\$146.75	\$174.00	\$262.50	\$264.00
	Tobacco Rates							
50-64	\$186.72	\$235.40	\$241.72	\$89.37	\$161.42	\$191.40	\$288.75	\$290.40

***The rates above are for plan effective dates from June 2023 - May 2024 and may change.***

1 Your age as of your plan effective date.

2 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

3 The annual premium difference between Plan F and Plan G exceeds the difference in the additional benefits Plan F provides.





# Eligibility & Benefits

Eligibility & Benefits



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# Your Guide to AARP Medicare Supplement Insurance Plans

To help you choose the AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), to best meet your needs and budget, be sure to look at the information shown in this Guide and the other documents that show the expenses that Medicare pays, the benefits each Plan pays and the costs you will have to pay yourself. Also, be sure to review the Monthly Premium information. **Benefits and cost vary depending upon the Plan selected.**

## Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are only eligible if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.)

## Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period**, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
  - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
  - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 90 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at [www.Medicare.gov/publications](http://www.Medicare.gov/publications). You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

## Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

**The following individuals are entitled to a waiver of this pre-existing condition exclusion:**

1. Individuals who are replacing prior creditable coverage within 90 days after termination; or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
3. Individuals who are entitled to Guaranteed Issue; or
4. Individuals who have been covered under other health insurance coverage within the last 90 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

## You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement Plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

Continued ...

## The AARP Insurance Trust

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AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare, not by AARP or its affiliates. Please contact UnitedHealthcare if you have questions about your policy, including any limitations and exclusions.

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program.

## General Information

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By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare so your AARP Medicare Supplement Plan claims may be processed automatically.

UnitedHealthcare accepts insurance premium payments made by the insured or a relative or legal guardian on behalf of the insured. UnitedHealthcare reserves the right to decline insurance premium payments from third parties other than a relative or legal guardian of the insured.

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. An agent may contact you.**

These materials describe the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.

## Plan Benefit Tables: Plan A

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan A Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	\$0	Up to \$204 per day
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan A** (continued)**Medicare Part B: Medical Services per Calendar Year**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

**Parts A and B**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

**Notes**

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



## Plan Benefit Tables: Plan B

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan B pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	\$0	Up to \$204 per day
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan B** (continued)**Medicare Part B: Medical Services per Calendar Year**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan B pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

**Parts A and B**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan B Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

**Notes**

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan C

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan C Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan C** (continued)**Medicare Part B: Medical Services per Calendar Year**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan C Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

**Parts A and B**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan C Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

**Other Benefits not covered by Medicare**

<b>Service</b>		<b>Medicare Pays</b>	<b>Plan C Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Notes**

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan F

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan F Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan F** (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Plan F Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

**Parts A and B**

Service		Medicare Pays	Plan F Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

**Other Benefits not covered by Medicare**

Service		Medicare Pays	Plan F Pays	You Pay
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Notes**

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



## Plan Benefit Tables: Plan G

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan G Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan G** (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan G Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan G Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan G Pays	You Pay
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Notes**

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan K

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan K Pays	You Pay <sup>3</sup>
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$816 (50% of Part A deductible)	\$816 (50% of Part A deductible)♦
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$102 per day	Up to \$102 per day♦
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	50%	50%♦
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/co-insurance	50% of Medicare co-payment/co-insurance♦

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#### Notes


**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**3** You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$7060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**Plan Benefit Tables: Plan K** (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan K pays	You Pay <sup>4</sup>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$240 (Part B deductible) <sup>5</sup> ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$7060) <sup>4</sup>
<b>Blood</b>	First 3 pints	\$0	50%	50% ♦
	Next \$240 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$240 (Part B deductible) <sup>5</sup> ♦
	Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10% ♦
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay <sup>4</sup>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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**4** This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7060 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**5** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

**Plan Benefit Tables: Plan K** (continued)

Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay <sup>4</sup>
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>6</sup>	\$0	\$0	\$240 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	10%	10%♦

**Notes**

<sup>6</sup> Medicare benefits are subject to change.  
Please consult the latest *Guide to Health Insurance for People with Medicare*.





## Plan Benefit Tables: Plan L

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan L Pays	You Pay <sup>3</sup>
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,224 (75% of Part A deductible)	\$408 (25% of Part A deductible)♦
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$153 per day	Up to \$51 per day♦
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	75%	25%♦
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	75% of co-payment/co-insurance	25% of Medicare co-payment/co-insurance♦

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#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**3** You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**Plan Benefit Tables: Plan L** (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan L Pays	You Pay <sup>4</sup>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$240 (Part B deductible) <sup>5</sup> ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$3530) <sup>4</sup>
<b>Blood</b>	First 3 pints	\$0	75%	25% ♦
	Next \$240 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$240 (Part B deductible) <sup>5</sup> ♦
	Remainder of Medicare-approved amounts	80%	Generally 15%	Generally 5% ♦
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay <sup>4</sup>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page **Notes**

**4** This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3530 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**5** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

**Plan Benefit Tables: Plan L** (continued)

Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay <sup>4</sup>
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>6</sup>	\$0	\$0	\$240 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	15%	5%♦

**Notes**

<sup>6</sup> Medicare benefits are subject to change.  
Please consult the latest *Guide to Health  
Insurance for People with Medicare*.



## Plan Benefit Tables: Plan N

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan N Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page ►

#### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan Benefit Tables: Plan N** (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page ►

**Notes**

**3** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



**Plan Benefit Tables: Plan N** (continued)

Parts A and B, continued				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Notes**

**3** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



## Rules and Disclosures about this Insurance

This page explains important rules governing your Medicare supplement coverage. These rules affect you. Please read them carefully and make sure you understand them before you buy or change any Medicare supplement insurance.

---

### Premium information

You may keep your Medicare supplement plan in force by paying the required monthly premium when due. Monthly rates shown reflect current premium levels and all rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state.

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### Disclosures

Use the *Overview of Available Plans*, the *Plan Benefit Tables* and *Cover Page - Rates* to compare benefits and premiums among plans.

---

### Read your certificate very carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

---

### Your right to return the certificate

If you find that you are not satisfied with your coverage, you may return the certificate to:

UnitedHealthcare  
PO BOX 30607  
Salt Lake City, UT 84130-0607

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments. However, UnitedHealthcare has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during this period. If you have received claims payment in excess of the amount of your premium, no refund of premium will be made.

---

### Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

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### Notice

The certificate may not fully cover all of your medical costs. Neither UnitedHealthcare Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Centers for Medicare & Medicaid Services (CMS) publication *Medicare & You* for more details.

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### Complete answers are very important

When you fill out the enrollment application for the new certificate, be sure to answer all questions about your medical and health history truthfully and completely. The company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the enrollment application carefully before you sign it. Be certain that all information has been properly recorded.





# Forms

Forms



**AARP** | Medicare Supplement  
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy form No. GRP 79171 GPS-1 (G-36000-4).

**In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

See enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

SA25710ST



## Enrollment Checklist

In the following section, you will find the forms you need to complete when applying for coverage. Please be sure to complete and submit all the necessary forms to ensure your enrollment is processed quickly and accurately.

Here is an overview of the different forms and some helpful tips:



### Application Form

- ☐ Be sure to review and complete each applicable section.
- ☐ Please only write comments where indicated on the application.
- ☐ Be sure to sign and date the application in all the places indicated.



### AARP Membership Form

AARP membership is required to enroll in an AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company. If you are not currently an AARP member or are unsure, you may enroll, renew or verify in one of three ways:

- ☐ Log on to [aarp.org/ActToday](http://aarp.org/ActToday);
- ☐ Call toll-free 1-866-331-1964; or
- ☐ Complete the membership form and submit it with the plan application, along with a separate check for \$16.00 payable to AARP.
  - Note: One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.



### Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you may deduct \$2 from the first month's household premium check.

- ☐ Submit the completed form (signed and dated).



### Notice to Applicants Regarding Replacement of Coverage

If you are replacing or losing current coverage as indicated on the form:

- ☐ Complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records.
  - The licensed insurance agent must also sign and date both copies of the form.



### If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare Insurance Company  
P.O. Box 105331  
Atlanta, GA 30348-5331

(Over Please)

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy form No. GRP 79171 GPS-1 (G-36000-4).

**In some states plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

See the following materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

# Application Form

## AARP® Medicare Supplement Insurance Plans

Insured by  
UnitedHealthcare Insurance Company (UnitedHealthcare),  
Horsham, PA 19044

### Instructions

1. Fill in all requested information on this Application Form and sign in all places a signature is needed.
2. Print clearly, using CAPITAL letters AND black or blue ink - not pencil. *Example:* ☒ Yes ☐ No ☐ Not Sure
3. Initial any changes or corrections you make while completing this Application Form.

**Note:** Plans and rates are only good for residents of the state of Maine. The information you provide on this Application Form will be used to determine your acceptance and rate.

**AARP Membership Number** (If you are already a member) \_\_\_\_\_

Applicant First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Home Address Line 1 (P.O. Box/PMB is not allowed) \_\_\_\_\_

Permanent Home Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address Line 1 (if different from permanent address) \_\_\_\_\_

Mailing Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 1 Provide additional information about yourself and your Medicare Insurance.

( ) - \_\_\_\_\_

**1A.** Phone Number \_\_\_\_\_

**1B.** Email address (optional). Include periods (.) and symbols (@). \_\_\_\_\_

By providing your address, phone number and/or email address, you are agreeing to receive information and be contacted by UnitedHealthcare Insurance Company.

**1C.** Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**1D.** Gender ☐ Male ☐ Female

**1E.** Medicare Number \_\_\_\_\_ (From your Medicare card.)

**1F.** Medicare Start: Hospital (Part A) \_\_\_\_\_ / 01 / \_\_\_\_\_ Medical (Part B) \_\_\_\_\_ / 01 / \_\_\_\_\_  
Month Year Month Year

**1G.** Will your Medicare Part A and Part B be active on your AARP Medicare Supplement Plan start date? ☐ Yes ☐ No

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First Name

Last Name

## 2 Choose your Plan and start date.

### Plan Choice

**2A.** You are eligible to apply if all of these are true:

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time,
- if you are age 65 or older and are entitled to guaranteed acceptance, please look at "Your Guide" to determine which Plans you are eligible for guaranteed acceptance in without having to answer health questions.
- if you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you are eligible only if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed acceptance in certain Plans as shown in "Your Guide."

**Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or who will be age 50 or older on or after 1/1/2020 with a Medicare Part A Effective Date prior to 1/1/2020. Please call if you have questions.**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B |
| <input type="checkbox"/> Plan C |                                 |
| <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan G |
| <input type="checkbox"/> Plan K | <input type="checkbox"/> Plan L |
|                                 | <input type="checkbox"/> Plan N |

### Plan Start Date

**2B.** Your Plan will start on the first day of the month following receipt and approval of this Application Form and receipt of your first month's payment. If you would like your Plan to start on a later date (the first day of a future month), please indicate the date:

/ 01 /  
Month Day Year

## 3 Is your acceptance guaranteed?

**3A.** Will your AARP Medicare Supplement Plan start date be within 6 months after you turn age 65 **or** enroll in Medicare Part B?

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 7**. You do not have to answer the questions in **Sections 4, 5 and 6**.
- If **NO**, you must answer **Question 3B**.

**3B.** Within the past 90 days, did you lose or drop any of the following plans, that you've had with no gap in coverage greater than 90 days since Open Enrollment:

- Medicare Supplement;
- Medicare Advantage;
- Group Health Insurance;
- Individual Health Insurance;
- PACE

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 7**. You do not have to answer the questions in **Sections 4, 5 and 6**.
- If **NO**, you must answer **Question 3C**.



### 3 Is your acceptance guaranteed? (continued)

**3C.** Have you lost an individual health plan for any reason other than fraud or non-payment of premium? An "individual health plan" is comprehensive health insurance or major medical insurance through either an individual policy or certificate issued under non-employer group coverage.

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 7**. You do not have to answer the questions in **Sections 4, 5 and 6**.
- If **NO**, you must answer **Question 3D**.

**3D.** Do you have guaranteed issue rights, as listed in the Guaranteed Acceptance section of "Your Guide"? **If YES, see Your Guide for the documentation you will need to provide from your prior insurer or employer.**

☐ Yes ☐ No

- If **YES**, and you are applying for a Plan that is eligible for guaranteed acceptance as defined in the Guaranteed Acceptance Section in "Your Guide", skip directly to **Section 7**.

If **YES** and you are applying for a Plan that is **NOT** eligible for guaranteed acceptance as defined in the Guaranteed Acceptance Section in "Your Guide", continue to **Section 4**.

**Note:** Applicants age 50-64 who answer **YES** and are eligible for Medicare by reason of disability or ESRD may only apply for the Plans shown in the Guaranteed Acceptance Section in "Your Guide".

- If you answered **NO** to all questions in **Section 3** and you are:
  - **age 65 or over**, continue to **Section 4**.
  - **age 50-64 and eligible for Medicare by reason of disability or ESRD**, you are **NOT** eligible to apply for these Plans.

### 4 Answer this health question only if your acceptance is not guaranteed as defined in Section 3. Note: If you are currently enrolled in an AARP Medicare Supplement Plan and requesting a plan change, you may skip the following question in Section 4.

**4A.** Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys?

☐ Yes ☐ No ☐ Not Sure

**If you answered YES or NOT SURE to question 4A, we may follow up for additional information.**

### 5 Answer these eligibility health questions only if your acceptance is not guaranteed as defined in Section 3. Note: If you are currently enrolled in an AARP Medicare Supplement Plan and requesting a plan change, you may skip the following questions in Section 5.

**5A.** Within the past 90 days, were you hospitalized as an inpatient (for any condition except for HIV and not including overnight outpatient observation)?

☐ Yes ☐ No ☐ Not Sure

**5B.** Are you currently being treated (for any condition except HIV) or living in any type of nursing facility other than an assisted living facility?

☐ Yes ☐ No ☐ Not Sure





First Name

Last Name

5

**Answer these eligibility health questions only if your acceptance is not guaranteed as defined in Section 3.** Note: If you are currently enrolled in an AARP Medicare Supplement Plan and requesting a plan change, you may skip the following questions in Section 5. (continued)

**5C.** Within the past 2 years, did a medical professional tell you that you may need any of the following that **has NOT been completed**?

- hospital admittance as an inpatient (Except for HIV)
- joint replacement
- organ transplant
- surgery for cancer
- back or spine surgery
- heart or vascular surgery

☐ Yes ☐ No ☐ Not Sure

**5D.** Within the past 2 years, did you have (as determined by a medical professional) a Heart Attack, Stroke, Transient Ischemic Attack (TIA) or mini-stroke?

☐ Yes ☐ No ☐ Not Sure

**5E.** Within the past 2 years, did you have (as determined by a medical professional) or were you diagnosed, treated, given medical advice or prescribed medication/refills for any of the following conditions?

- Atrial Fibrillation or Flutter
- Artery or Vein Blockage
- Peripheral Vascular Disease (PVD)
- Cardiomyopathy
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD) or Emphysema
- End-Stage Renal (Kidney) Disease or Require Dialysis
- Chronic Kidney Disease
- Diabetes, but only if you have circulation problems or Retinopathy
- Cancer including Melanoma (but not other skin cancers), Leukemia and Lymphoma
- Cirrhosis of the Liver
- Macular Degeneration, but only if you have the wet form
- Multiple Sclerosis
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus (SLE)

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

**Answering YES to any question in Section 5 will result in a denial of coverage.**

If your health status changes in the future, allowing you to answer NO to all of the questions in this section, please submit a new application at that time.

**If you answered NOT SURE to any question in Section 5, we may follow up for additional information.**



First Name

Last Name

6

## Tell us about your medical providers.

**Provide the following information for all physicians that you have seen within the past two years. We may follow up with your physicians for additional information. If needed, please use an additional sheet of paper and check this box to indicate you are attaching it.** ☐

Primary Physician

(      )  
Phone #

Address

City

State

ZIP Code

Specialist Name

Specialty

Diagnosis/Condition

Specialist Name

Specialty

Diagnosis/Condition

7

## Tell us about your tobacco usage.

**7A.** At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

☐ Yes ☐ No

**If you answered YES to Question 7A, your rate will be the tobacco rate. See "Cover Page - Rates."**

8

## Your past and current coverage

### Review the statements.

- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.



First Name

Last Name

**8 Your past and current coverage (continued)**

- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your Application Form.

**PLEASE ANSWER ALL QUESTIONS.****To the best of your knowledge,****8A.** Did you turn age 65 in the last 6 months?☐ Yes ☐ No**8B.** Did you enroll in Medicare Part B within the last 6 months?☐ Yes ☐ No**8C.** If YES, what is the effective date?

\_\_\_\_\_/01/\_\_\_\_\_  
Month Day Year

**Questions about Medicaid****8D.** Are you covered for medical assistance through the state Medicaid program?

(Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question.

☐ Yes ☐ No**If YES, you must answer Questions 8E and 8F.****8E.** Will Medicaid pay your premiums for this Medicare supplement policy?☐ Yes ☐ No**8F.** Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?☐ Yes ☐ No**Questions about Medicare Advantage plans (sometimes called Medicare Part C)****8G.** Have you had coverage from any Medicare plan other than original Medicare within the past 90 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?☐ Yes ☐ No**If YES, you must answer Questions 8H through 8L.****8H.** Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.

**Start Date**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**End Date**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**8I.** If you have been covered by more than one Medicare plan of this type, have you been covered continuously by these plans, with no break in coverage and no period of original Medicare (Part A or B) between the first plan and your current plan?☐ Yes ☐ No





First Name

Last Name

**8 Your past and current coverage (continued)**

**8J.** If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.)

☐ Yes ☐ No

**If YES, please enclose a copy of the Replacement Notice.**

**8K.** Was this your first time in this type of Medicare plan?

☐ Yes ☐ No

**8L.** Did you drop a Medicare supplement policy to enroll in the Medicare plan?

☐ Yes ☐ No**Questions about Medicare supplement plans**

**8M.** Do you have another Medicare supplement policy in force?

☐ Yes ☐ No

If so, what insurance company and what plan do you have?

Insurance Company: \_\_\_\_\_

Policy: \_\_\_\_\_

**If YES, you must answer Questions 8N and 8O.**

**8N.** Do you intend to replace your current Medicare supplement policy with this policy?

☐ Yes ☐ No

**If YES, please enclose a copy of the Replacement Notice.**

**8O.** What is your current Medicare Supplement Plan?

**Plan** \_\_\_\_\_

**Questions about any other type of health insurance coverage**

**8P.** Have you had coverage under any other health insurance within the past 90 days (for example, an employer, union, or individual plan)?

☐ Yes ☐ No

**If YES, you must answer Questions 8Q through 8S.**

**8Q.** If so, with what insurance company and what kind of policy?

**Insurance Company:** \_\_\_\_\_

**Policy:**

- ☐ HMO/PPO  
☐ Major Medical/  
Comprehensive Health  
Insurance  
☐ Employer Plan  
☐ Union Plan  
☐ Individual Health Plan  
☐ Other \_\_\_\_\_

**8R.** What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.

**Start Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**End Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**8S.** Are you replacing this health insurance?

☐ Yes ☐ No**X**

**Your Signature** (required)

**Today's Date** (required)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year



## 9 Authorization and Verification of Application Information

### Read carefully, and sign and date in the signature box.

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. Statements made by me on this Application Form to obtain insurance are deemed representations and not warranties. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

### If the Application Form is being completed through an Agent or Broker:

- I understand an agent or broker discussing Plan options with me is appointed by UnitedHealthcare Insurance Company, and may be compensated based on my enrollment in a Plan.
- I understand that an agent or broker cannot change or waive any terms or requirements related to this Application Form and its contents, underwriting, premium or coverage and cannot grant approval.

### Authorization for the Release of Medical Information

I authorize UnitedHealthcare Insurance Company and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or The Company's own information, any data or records about me or my mental or physical health. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage and rate. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, I understand that I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. If not revoked, this authorization is valid for the term of the coverage. I understand that I or my authorized representative may obtain a copy of this form.

Please see "Your Guide" to determine if the following pre-existing condition waiting period applies to you.

**I understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 3 months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within 3 months prior to the insurance effective date.**

**My signature indicates I have read and understand all contents of this Application Form and have answered all questions to the best of my ability.**

X

\_\_\_\_\_  
**Your Signature** (required)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Today's Date** (required)  
Month Day Year

Please note that failure to sign this Application Form may be the basis for denying your Application Form or future claims for insurance benefits.

**Note:** If you are signing as the legal representative (e.g., POA, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐



First Name

Last Name

## 10 Protection Against Unintended Lapse

I understand that I have the right to designate at least one person in addition to myself to receive a notice of lapse due to nonpayment of premium for this AARP Medicare Supplement Insurance Plan. I have the right to change this designation at a later date.

☐ Check this box if you elect **NOT** to designate a person to receive a notice of lapse. **Also, be sure to sign below.**

1. First Name MI Last Name

Street Address City State Zip

Area Code Phone Number

2. First Name MI Last Name

Street Address City State Zip

Area Code Phone Number

**Note:** The insured has the right to reinstatement of the Plan if the insured suffers from a cognitive impairment or functional incapacity and the ground for cancellation was the insured's nonpayment of premium or other lapse or default on the part of the insured.

X

**Your Signature** (REQUIRED WHETHER OR NOT YOU ELECT TO DESIGNATE ANOTHER PERSON)



First Name

Last Name

11

## For Agent/Broker Use Only

**Agent/Broker must complete the following information and include the notice of replacement coverage, if appropriate, with this Application Form. All information must be complete or the Application Form will be returned.**

1. List any other health insurance policies issued to the applicant:

---

---

2. List policies issued which are still in force:

---

---

3. List policies issued in the past 5 years which are no longer in force:

---

---

Agent Name (PLEASE PRINT) \_\_\_\_\_  
First Name MI Last Name

X \_\_\_\_\_  
Agent Signature (required) Agent ID (required) / /  
Month Day Year

\_\_\_\_\_ ( ) -  
Agent Email Address Agent Phone Number

X \_\_\_\_\_  
Broker Name Broker ID

TEAR HERE

TEAR HERE





# AARP MEMBER BENEFITS are worth far more than the cost of membership.

## HEALTH CARE PRODUCTS & DISCOUNTS

access to health and dental insurance products, as well as vision, hearing and prescription discounts

## AWARD-WINNING PUBLICATIONS

including *AARP The Magazine*, *AARP Bulletin* and free guides on financial planning and health

## INSURANCE & FINANCIAL SERVICES

access to life, auto and homeowners insurance, AARP-endorsed credit card, plus banking and investment options

## PROTECTION OF YOUR RIGHTS

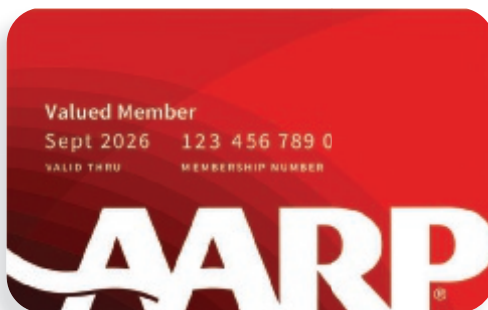
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

## TRAVEL DISCOUNTS

on hundreds of car rentals, major hotels and resorts, cruises, flights and vacation packages

## COMMUNITY INVOLVEMENT

Volunteer opportunities, social activities, safe driving courses and The AARP Foundation Tax-Aide program



## Join or renew and save 25% when you sign up for Automatic Renewal!

Save 25% off AARP standard yearly price for your first year when you select Automatic Renewal.

Visit [aarp.org/ActToday](http://aarp.org/ActToday)  
Or call 1-866-331-1964

Complete the following AARP Membership Activation Form if you don't already have an AARP membership or if it's coming up for renewal or expired.

BA25584ST

AGT



## MEMBERSHIP ACTIVATION FORM

### YES, I want to join AARP or renew by mail!

Check or money order enclosed, payable to AARP.  
(Send no cash, please.)

☐ 1 year/\$16 ☐ 3 years/\$43 ☐ 5 years/\$63

Your Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

#### For FREE Spouse/Partner Membership

Spouse's/Partner's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

FCSDUHCM

BA25584ST

### OR

Yes, I want to join or renew with Automatic Renewal and

**SAVE  
25%**



Visit [aarp.org/ActToday](http://aarp.org/ActToday)



Or call 1-866-331-1964

### Why sign up for Automatic Renewal?

**Saves time with fewer mailings. It's safe, secure and you can cancel at any time.**

With AARP automatic renewal, you will be charged \$12 for your first year. For any subsequent year you remain enrolled, you will be charged the full annual rate (currently \$16) on the first day of the month in which your membership expires. You may cancel at any time by calling 1-800-516-1993.

AGT

## Here are some featured health-related benefits you'll have access to as an AARP member:

- ✓ Supplemental Health Insurance
- ✓ Dental Coverage
- ✓ Hearing Care Discounts
- ✓ Vision Care Discounts
- ✓ Prescription Discounts
- ✓ Personalized Fitness Programming
- ✓ Healthy Food Delivery Service
- ✓ AARP Hearing Center
- ✓ Family Caregiving Resources
- ✓ At-Home Physical Therapy Services



**Act today and make the most of membership.**

**Join or renew with Automatic Renewal  
and save 25% your first year!**

**SAVE  
25%**



Visit [aarp.org/ActToday](http://aarp.org/ActToday)



Or call 1-866-331-1964



**Return this form in the  
enclosed envelope.**

Please allow 3-4 weeks for delivery of your Membership Kit. Dues are not deductible for income tax purposes. One membership also includes spouse/partner. Some AARP member benefits are provided by third parties, not by AARP or its affiliates. Providers pay a royalty fee to AARP for the use of its intellectual property. These fees are used for general purposes of AARP. Some provider offers are subject to change and may have restrictions. Please contact the provider directly for details. Annual dues include \$4.03 for a subscription to *AARP The Magazine* and \$3.09 for the *AARP Bulletin*. Dues outside U.S. domestic mail limits: \$17/one year for Canada and Mexico, \$28/one year for all other countries. When you join, AARP shares your membership information with the companies we have selected to provide AARP member benefits, companies that support AARP operations, and select non-profit organizations. If you do not want us to share your information with providers of AARP member benefits or non-profit organizations, please let us know by calling 1-800-516-1993 or emailing us at [member@aarp.org](mailto:member@aarp.org). We may steward your resources by converting your check into an electronic deposit.

TEAR HERE

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# Save \$24 a year with the Electronic Funds Transfer (EFT) service

---

## The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save \$2.00 off the total monthly premium for your household.

## In addition to saving up to \$24 a year:

- You'll save on the cost of checks and rising postal rates.
- You don't have to take time to write a check each month.
- You don't have to worry about mailing a payment if you travel or become ill, because your payment is always deducted on or about the fifth day of each month.

## Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

## Your EFT Effective Date

If you are submitting this EFT form with your enrollment application, your automatic payment start date will be the same as your plan effective date. A letter will be sent to confirm this and will include the amount of your withdrawal. Please note that if your coverage is effective in the future or your account is paid in advance, EFT withdrawals will begin for the next payment due. If your account is effective in the past or is past due, a letter will be sent that explains how to make the payment that is due.

**Complete Form on Reverse** ►

**This side for your information only, return not required.**

## AUTOMATIC PAYMENT AUTHORIZATION FORM

☐ I allow UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents), hereafter named UnitedHealthcare, to take monthly withdrawals for the then-current monthly rate from the account named on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the total household payment due each month. This will include premiums for a spouse or other member(s) of the household on the same membership account. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name \_\_\_\_\_ AARP Member Number \_\_\_\_\_

Member Address \_\_\_\_\_

Street Address

Member Address \_\_\_\_\_

City

State

Zip Code

Bank Name \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. \_\_\_\_\_

Bank Account Holder's Name if other than Member \_\_\_\_\_

Bank Account Holder's Signature \_\_\_\_\_

### IMPORTANT

Please refer to the diagram below of a sample check to obtain your bank routing information.

The diagram shows a sample check with the following fields and labels:

- Account Holder Name:** John Doe, Street Address, Town, City Zip Code
- Check Number:** Check #1234
- Date:** \_\_\_\_\_
- Pay to:** \_\_\_\_\_
- Bank Name & Address:** \_\_\_\_\_
- Memo:** \_\_\_\_\_
- Signed by:** \_\_\_\_\_
- Check Amount:** \_\_\_\_\_ Dollars
- Check Number:** 1234

The check number 1234 is shown in the top right corner and at the bottom right of the check. The check number 1234 is also shown in the bottom right corner of the check.

Labels for the check fields:

- Account Holder Name
- Check Number
- Bank Routing Transit Number – Must be 9 numbers
- Bank Account Number – Include all zeros
- Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.

We look forward to continuing to serve you.

TEAR HERE

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# Save \$24 a year with the Electronic Funds Transfer (EFT) service

---

## The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save \$2.00 off the total monthly premium for your household.

## In addition to saving up to \$24 a year:

- You'll save on the cost of checks and rising postal rates.
- You don't have to take time to write a check each month.
- You don't have to worry about mailing a payment if you travel or become ill, because your payment is always deducted on or about the fifth day of each month.

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**Complete Form on Reverse** ►

**This side for your information only, return not required.**

## AUTOMATIC PAYMENT AUTHORIZATION FORM

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Member Name \_\_\_\_\_ AARP Member Number \_\_\_\_\_

Member Address \_\_\_\_\_

Street Address

Member Address \_\_\_\_\_

City

State

Zip Code

Bank Name \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. \_\_\_\_\_

Bank Account Holder's Name if other than Member \_\_\_\_\_

Bank Account Holder's Signature \_\_\_\_\_

### IMPORTANT

Please refer to the diagram below of a sample check to obtain your bank routing information.

Account Holder Name	Check Number	
<div><div>John Doe Street Address Town, City Zip Code</div><div>Check #1234</div><div>Date: _____</div><div>Pay to: _____</div><div><b>SAMPLE</b> Dollars</div><div>Bank Name &amp; Address</div><div>Memo: _____ Signed by: _____</div><div>  : 123456789 :   12345678    1234   </div></div>		
Bank Routing Transit Number – Must be 9 numbers	Bank Account Number – Include all zeros	Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.

We look forward to continuing to serve you.



**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE  
UNITEDHEALTHCARE INSURANCE COMPANY**

Horsham, Pennsylvania

**Save this notice! It may be important to you in the future**

According to the information you furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**Statement To Applicant By Issuer, Agent, Broker Or Other Representative:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement policy or leave your Medicare Advantage plan. The replacement policy is being purchased for one of the following reasons (check one):

- |   |   |
|---|---|
| <p>_____ Additional benefits.</p> <p>_____ No change in benefits, but lower premiums.</p> <p>_____ Fewer benefits and lower premiums</p> <p>_____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.</p> | <p>_____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.</p> <p>_____ Other (Please Specify) _____</p> <p>_____</p> <p>_____</p> |
|---|---|

- |  |  |
|--|--|
| <p>1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to</p> | <p>the extent such time was spent (depleted) under the original policy.</p> <p>3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.</p> |
|--|--|

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Agent, Broker or Other Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Printed Name & Address)

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**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE  
UNITEDHEALTHCARE INSURANCE COMPANY**

Horsham, Pennsylvania

**Save this notice! It may be important to you in the future**

According to the information you furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**Statement To Applicant By Issuer, Agent, Broker Or Other Representative:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement policy or leave your Medicare Advantage plan. The replacement policy is being purchased for one of the following reasons (check one):

- |   |   |
|---|---|
| <p>_____ Additional benefits.</p> <p>_____ No change in benefits, but lower premiums.</p> <p>_____ Fewer benefits and lower premiums</p> <p>_____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.</p> | <p>_____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.</p> <p>_____ Other (Please Specify) _____</p> <p>_____</p> <p>_____</p> |
|---|---|

- |  |  |
|--|--|
| <p>1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to</p> | <p>the extent such time was spent (depleted) under the original policy.</p> <p>3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.</p> |
|--|--|

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Agent, Broker or Other Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Printed Name & Address)

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# Glossary: Prescription Drugs

For **Agent/Producer use** to assist applicant with answering the health questions on the Application Form for AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare® Insurance Company.

Below is a partial prescription drug list which includes some prescription drugs commonly prescribed for medical conditions listed on the application.

This drug list is not all inclusive and should be used for reference **only**.

## Partial Prescription Drug List

Drug Name	Medical Condition(s)
Abemaciclib	Cancer other than skin cancer
Abiraterone Acetate	Cancer other than skin cancer
Acclidinium & Formoterol, Inhalation	Chronic obstructive pulmonary disease, emphysema
Acclidinium Bromide, Inhalation	Chronic obstructive pulmonary disease, emphysema
Afatinib	Cancer other than skin cancer
Afinitor	Cancer other than skin cancer
Alecensa	Cancer other than skin cancer
Alectinib	Cancer other than skin cancer
Alkeran	Cancer other than skin cancer
Ampyra	Multiple Sclerosis
Anoro Ellipta	Chronic obstructive pulmonary disease, emphysema
Apalutamide	Cancer other than skin cancer
Apixaban	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Arava	Rheumatoid arthritis
Aubagio	Multiple Sclerosis
Baricitinib	Rheumatoid arthritis
Bicalutamide	Cancer other than skin cancer
Brilinta	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)

Drug Name	Medical Condition(s)
<b>Calcitriol</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Calcium Acetate</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Casodex</b>	Cancer other than skin cancer
<b>Cilostazol</b>	Artery or vein blockage, Peripheral vascular disease (PVD)
<b>Cinacalcet Hydrochloride</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Cladribine</b>	Multiple Sclerosis
<b>Clopidogrel</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Corlanor</b>	Congestive heart failure, cardiomyopathy
<b>Coumadin</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Crizotinib</b>	Cancer other than skin cancer
<b>Dabigatran Etexilate Mesylate</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Dalfampridine</b>	Multiple Sclerosis
<b>Dasatinib</b>	Leukemia or lymphoma
<b>Digoxin</b>	Atrial fibrillation or flutter, congestive heart failure, cardiomyopathy
<b>Dimethyl Fumarate</b>	Multiple Sclerosis
<b>Diroximel Fumarate</b>	Multiple Sclerosis
<b>Dofetilide</b>	Atrial fibrillation or flutter
<b>Doxercalciferol</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Dronedarone</b>	Atrial fibrillation or flutter
<b>Duaklir Pressair</b>	Chronic obstructive pulmonary disease, emphysema
<b>Edoxaban</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke

Drug Name	Medical Condition(s)
<b>Effient</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Eliquis</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Entresto</b>	Congestive heart failure, cardiomyopathy
<b>Enzalutamide</b>	Cancer other than skin cancer
<b>Epoetin Alfa</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Erleada</b>	Cancer other than skin cancer
<b>Erlotinib</b>	Cancer other than skin cancer
<b>Everolimus</b>	Cancer other than skin cancer
<b>Fingolimod</b>	Multiple Sclerosis
<b>Gilenya</b>	Multiple Sclerosis
<b>Gilotrif</b>	Cancer other than skin cancer
<b>Gleevec</b>	Leukemia or lymphoma
<b>Hectorol</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Ibrance</b>	Cancer other than skin cancer
<b>Ibrutinib</b>	Leukemia or lymphoma
<b>Imatinib Mesylate</b>	Leukemia or lymphoma
<b>Imbruvica</b>	Leukemia or lymphoma
<b>Incruse Ellipta</b>	Chronic obstructive pulmonary disease, emphysema
<b>Isordil</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Isosorbide Dinitrate</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Ivabradine</b>	Congestive heart failure, cardiomyopathy
<b>Kionex</b>	Chronic kidney disease, end-stage renal disease (ESRD)

Drug Name	Medical Condition(s)
<b>Lanoxin</b>	Atrial fibrillation or flutter, congestive heart failure, cardiomyopathy
<b>Leflunomide</b>	Rheumatoid arthritis
<b>Lenalidomide</b>	Cancer other than skin cancer
<b>Mavenclad</b>	Multiple Sclerosis
<b>Mayzent</b>	Multiple Sclerosis
<b>Mekinist</b>	Cancer other than skin cancer
<b>Melphalan</b>	Cancer other than skin cancer
<b>Metolazone</b>	Chronic kidney disease
<b>Minitran</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Multaq</b>	Atrial fibrillation or flutter
<b>Neratinib</b>	Cancer other than skin cancer
<b>Nerlynx</b>	Cancer other than skin cancer
<b>Nexavar</b>	Cancer other than skin cancer
<b>Nilotinib</b>	Leukemia or lymphoma
<b>Nitrodur</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Nitroglycerin</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Nitrostat</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Olodaterol, Inhalation</b>	Chronic obstructive pulmonary disease, emphysema
<b>Olumiant</b>	Rheumatoid arthritis
<b>Osimertinib</b>	Cancer other than skin cancer
<b>Palbociclib</b>	Cancer other than skin cancer
<b>Paricalcitol</b>	Chronic kidney disease, end-stage renal disease (ESRD)



Drug Name	Medical Condition(s)
<b>PhosLo</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Plavix</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Pletal</b>	Artery or vein blockage, Peripheral vascular disease (PVD)
<b>Pomalidomide</b>	Cancer other than skin cancer
<b>Pomalyst</b>	Cancer other than skin cancer
<b>Pradaxa</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Prasugrel Hydrochloride</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Procrit</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Ranexa</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Ranolazine</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Renvela</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Revlimid</b>	Cancer other than skin cancer
<b>Rinvoq</b>	Rheumatoid arthritis
<b>Rivaroxaban</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Rocaltrol</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Sacubitril &amp; Valsartan</b>	Congestive heart failure, cardiomyopathy
<b>Savaysa</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Sensipar</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Sevelamer Hydrochloride or Carbonate</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Siponimod</b>	Multiple Sclerosis

Drug Name	Medical Condition(s)
<b>Sodium Polystyrene Sulfonate</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Sorafenib</b>	Cancer other than skin cancer
<b>Sprycel</b>	Leukemia or lymphoma
<b>Stiolto Respimat</b>	Chronic obstructive pulmonary disease, emphysema
<b>Striverdi Respimat</b>	Chronic obstructive pulmonary disease, emphysema
<b>Sunitinib Malate</b>	Cancer other than skin cancer
<b>Sutent</b>	Cancer other than skin cancer
<b>Tagrisso</b>	Cancer other than skin cancer
<b>Tarceva</b>	Cancer other than skin cancer
<b>Tasigna</b>	Leukemia or lymphoma
<b>Tecfidera</b>	Multiple Sclerosis
<b>Teriflunomide</b>	Multiple Sclerosis
<b>Ticagrelor</b>	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
<b>Tikosyn</b>	Atrial fibrillation or flutter
<b>Tiotropium &amp; Olodaterol, Inhalation</b>	Chronic obstructive pulmonary disease, emphysema
<b>Trametinib</b>	Cancer other than skin cancer
<b>Tudorza</b>	Chronic obstructive pulmonary disease, emphysema
<b>Umeclidinium &amp; Vilanterol, Inhalation</b>	Chronic obstructive pulmonary disease, emphysema
<b>Umeclidinium, Inhalation</b>	Chronic obstructive pulmonary disease, emphysema
<b>Upadacitinib</b>	Rheumatoid arthritis
<b>Verzenio</b>	Cancer other than skin cancer

Drug Name	Medical Condition(s)
<b>Vumerity</b>	Multiple Sclerosis
<b>Warfarin Sodium</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Xalkori</b>	Cancer other than skin cancer
<b>Xarelto</b>	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
<b>Xtandi</b>	Cancer other than skin cancer
<b>Zaroxolyn</b>	Chronic kidney disease
<b>Zemplar</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Zemplar</b>	Chronic kidney disease, end-stage renal disease (ESRD)
<b>Zytiga</b>	Cancer other than skin cancer



## NOTES

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## NOTES

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# Thank You for Applying for an AARP® Medicare Supplement Insurance Plan Insured by UnitedHealthcare Insurance Company

## For Your Records:

You selected Plan \_\_\_\_\_ with a requested effective date (1st day of a future month) of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Based on the information you provided, your monthly premium for the plan you selected may be \$\_\_\_\_\_. **Please note that your final monthly premium will be determined once your application is approved.**

You will be notified when review of your application has been completed.

## What's Next:

Once your application is approved, you may expect your insured Member Identification (ID) Card to arrive. Using the information on the Member ID Card, you may register for a secure online account at **[www.myaarpmedicare.com](http://www.myaarpmedicare.com)** to gain access to tools and resources to help you manage both your plan and your health.

In addition to your insured Member ID Card and website access, you'll also receive:



### Welcome Kit.

The Welcome Kit will include your Certificate of Insurance, coverage details, and helpful resources.



### Educational Materials.

UnitedHealthcare's educational materials can help you make the most of your plan benefits.



### Dedicated Customer Service.

You'll receive a friendly call from one of our courteous and caring UnitedHealthcare Customer Service Advocates, who will review your new member materials, and help answer questions you may have.



### Exclusive AARP Member Benefits.

A full listing of the benefits you receive with your AARP membership — including healthcare-related discounts, access to financial programs, driver safety courses, social activities, and much more — can be found when you log into **[www.myaarpmedicare.com/extras](http://www.myaarpmedicare.com/extras)**



## Let's stay connected.

As your licensed insurance agent contracted with UnitedHealthcare Insurance Company, I am here to help.

Name

Email

Phone



AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy form No. GRP 79171 GPS-1 (G-36000-4).

**In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

See enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.