



Enrollment Kit



Maryland

Enrollment materials are for June 1, 2024 – May 1, 2025 plan effective dates.

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

BC10037ST

2024

AARP | Medicare Supplement
from  **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 a Medicare supplement insurance plan. You can see any provider that accepts Medicare patients, without network restrictions, and you can also see a specialist without needing a referral. Plus, coverage goes with you when traveling anywhere in the U.S. With an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), you'll also have:



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,¹ UnitedHealthcare is a longstanding health insurance leader, covering more people with Medicare supplement plans nationwide than any other individual insurance carrier.³



Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 95% of surveyed members nationwide satisfied with their AARP Medicare Supplement Insurance Plan² – and 94% of those surveyed nationwide willing to recommend their plans to a friend or family member.²

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 services⁴ 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.



⁴ 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.

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

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.

- ¹ 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.
- ² From a report prepared for UnitedHealthcare Insurance Company by Human8, “2023 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2023, uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ³ From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2022 Medigap Enrollment & Market Share,” June 2023, uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

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).

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

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Gym Membership, 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.



Gym Membership

Renew Active® Fitness Program:

- A gym membership at no additional cost to you.
- Access to over 25,000 national gyms and fitness locations.
- Access to thousands of on-demand workout videos and live streaming fitness classes.
- Social activities at local health and wellness classes and events.
- Online Fitbit® Community for Renew Active – no Fitbit device needed.



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%[†] 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.¹ The course is available online or in-person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.²

AARP | Medicare Supplement
from **UnitedHealthcare**

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Renew Active Fitness Program

Participation in the Renew Active® program is voluntary. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market.

AARP Staying Sharp

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

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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).

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.

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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.¹
- ✓ 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.¹

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.



Insurance² & 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

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

² 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 up to 39%* with the Enrollment Discount

See the Enrollment Discount page in this booklet to determine your eligibility and discount.

SAVE 10% with the Multi-Insured Discount

You can take 10% 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 annual premium at one time.

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.

AARP | Medicare Supplement
from  **UnitedHealthcare**

*The rate discount is 39% at ages 65-68, 36% at age 69, 33% at age 70, and so on, decreasing by 3% on the Plan anniversary date, through age 80. The discount then decreases to 0% after age 80. The discount is available to new applicants who are accepted to enroll in an AARP Medicare Supplement Plan for January 1, 2020 and after Plan Effective Dates.

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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 ¹ | K | L | M | N | C | F ¹ |
| | | | | | | | | | | |
| 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 ³ | ✓ | ✓ |
| 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 ² | | | | | \$7060 ² | \$3530 ² | | | | |

¹ 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.

² 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.

³ 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.

Your Plan and Rate



1 Review plans

You'll find all of the AARP Medicare Supplement Insurance Plans listed on the page titled "Overview of Available Plans" in this section. Please see the Plan Benefit Tables, also in this section, for the coverage details for each plan. Eligibility for certain plans depends on your age and/or your Medicare Part A effective date.

2 Discover your rate with applicable discounts

Your rate for the plan you select will be based on several factors, including your age on the plan effective date, gender, tobacco usage, Medicare Part B effective date, and eligibility for certain discounts.

Enrollment Discount

For Applicants Age 65 and Older:

- Determine your age as of the date you expect your coverage to begin.
- Use the chart below to determine which rate Group applies to you.
- Go to the rate pages (in this section) to locate your rate, based on your gender, non-tobacco or tobacco usage,* and the rate Group that applies to you.

If the time period between your plan effective date and your 65th birthday (or your Medicare Part B effective date – whichever is later) is:

| Number of years: | You are in: |
|------------------|-------------|
| Less than 10 | Group 1 |
| 10 or more | Group 2 |

If you are in Group 1 and under age 81, you may be eligible for the current Standard Rate with the Enrollment Discount. You can find information about the Enrollment Discount and the eligibility requirements on the back of this page. Your answers to the medical questions on the application will also affect your monthly premium as the rate page indicates.

Multi-Insured Discount

You may also take **10%** off the Standard Rate 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.

3 Apply

After you choose a plan and find your specific rate, simply fill out the application and any additional required forms in this booklet and send them in using the enclosed postage-paid reply envelope. Or, you can conveniently apply online with the guidance of your licensed insurance agent. See the *Enrollment Checklist* enclosed in the "Forms" section of this booklet for the list of items to complete and submit with your application.

*You are eligible for a non-tobacco rate if you have not smoked tobacco cigarettes or used other tobacco products within the past 12 months. Do not choose the rate for tobacco users if you are eligible for guaranteed acceptance based on the information shown on your Application Form.

Understanding the Discounts



Eligibility

You may be eligible for the Enrollment Discount if your age on your plan effective date is:

- 65 to 74 and you do not have any of the medical conditions listed on the application.
- 75 to 80 and your plan effective date is within 10 years of your Medicare Part B effective date and you do not have any of the medical conditions listed on the application.

Note: Medical questions do not apply to you if your plan effective date is within 6 months of your Medicare Part B effective date or you meet a guaranteed issue situation.

You may be eligible for the Multi-Insured Discount 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.

How it works

The Enrollment Discount is applied to the current Standard Rate, which usually changes each year. The discount you receive in your first year of coverage depends on your age on your coverage effective date and decreases 3% each year, after age 68, on the anniversary date of your coverage. Please note that as the discount decreases on your plan's anniversary date, your monthly premium will increase; this may happen at a time other than the Plan's annual rate change. Please keep this in mind when budgeting for your health insurance expenses.

The Multi-Insured Discount is taken off of the Standard Rate.



Example 1: Meet Jill*

- Plan Effective Date: January 1st
- Jill's age on her Plan Effective Date: 66
- Time since her Medicare Part B enrollment: 1 year
- No medical conditions listed on the application
- Enrolled with another member under the same AARP Membership number and each member is insured under an eligible plan.

Jill is eligible for the Enrollment Discount and Multi-Insured Discount

- Age discount will begin: 66
- Starting Enrollment Discount: 39%
- Enrollment Discount will change to 36% on her plan anniversary date of January 1 of the year Jill is age 69
- Multi-Insured Discount off the Standard Rate: 10%



Example 2: Meet Harry*

- Plan Effective Date: June 1st
- Harry's age on his Plan Effective Date: 79
- Time since his Medicare Part B enrollment: 11 years
- No medical conditions listed on the application
- Enrolled under own AARP Membership Number

Harry is not eligible for the Enrollment Discount or Multi-Insured Discount

Although Harry does not have a medical condition listed on the application, it has been more than 10 years since he enrolled in Medicare Part B so he is not eligible for the Enrollment Discount. Harry is not eligible for the Multi-Insured Discount since he is not enrolled with another member under the same AARP Membership Number.

| | Age on Plan Effective Date | Enrollment Discount | Multi-Insured Discount |
|------|----------------------------|---------------------|------------------------|
| | 65 | 39% | 10% |
| Jill | 66 | 39% | 10% |
| | 67 | 39% | 10% |
| | 68 | 39% | 10% |
| | 69 | 36% | 10% |
| | 70 | 33% | 10% |
| | 71 | 30% | 10% |
| | 72 | 27% | 10% |
| | 73 | 24% | 10% |
| | 74 | 21% | 10% |
| | 75 | 18% | 10% |
| | 76 | 15% | 10% |
| | 77 | 12% | 10% |
| | 78 | 9% | 10% |
| | 79 | 6% | 10% |
| | 80 | 3% | 10% |
| | 81 | 0% | 10% |

*The people and situations shown above are fictitious and for illustrative purposes only.

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Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Maryland

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

| Plans Available to All Applicants | | | | | | | Medicare first eligible before 2020 only ⁴ | |
|-----------------------------------|--|--|----------|----------|----------|----------|---|---------------------|
| Group 1 | | Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Standard Rates with Enrollment Discount ² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 65 | \$321.47 | \$182.08 | \$176.13 | \$80.82 | \$132.52 | \$151.73 | \$322.38 | \$215.02 |
| 66 | \$321.47 | \$182.08 | \$176.13 | \$80.82 | \$132.52 | \$151.73 | \$322.38 | \$215.02 |
| 67 | \$321.47 | \$182.08 | \$176.13 | \$80.82 | \$132.52 | \$151.73 | \$322.38 | \$215.02 |
| 68 | \$321.47 | \$182.08 | \$176.13 | \$80.82 | \$132.52 | \$151.73 | \$322.38 | \$215.02 |
| 69 | \$337.28 | \$191.04 | \$184.80 | \$84.80 | \$139.04 | \$159.20 | \$338.24 | \$225.60 |
| 70 | \$353.09 | \$199.99 | \$193.46 | \$88.77 | \$145.55 | \$166.66 | \$354.09 | \$236.17 |
| 71 | \$368.90 | \$208.95 | \$202.12 | \$92.75 | \$152.07 | \$174.12 | \$369.95 | \$246.75 |
| 72 | \$384.71 | \$217.90 | \$210.78 | \$96.72 | \$158.59 | \$181.58 | \$385.80 | \$257.32 |
| 73 | \$400.52 | \$226.86 | \$219.45 | \$100.70 | \$165.11 | \$189.05 | \$401.66 | \$267.90 |
| 74 | \$416.33 | \$235.81 | \$228.11 | \$104.67 | \$171.62 | \$196.51 | \$417.51 | \$278.47 |
| 75 | \$432.14 | \$244.77 | \$236.77 | \$108.65 | \$178.14 | \$203.97 | \$433.37 | \$289.05 |
| 76 | \$447.95 | \$253.72 | \$245.43 | \$112.62 | \$184.66 | \$211.43 | \$449.22 | \$299.62 |
| 77 | \$463.76 | \$262.68 | \$254.10 | \$116.60 | \$191.18 | \$218.90 | \$465.08 | \$310.20 |
| 78 | \$479.57 | \$271.63 | \$262.76 | \$120.57 | \$197.69 | \$226.36 | \$480.93 | \$320.77 |
| 79 | \$495.38 | \$280.59 | \$271.42 | \$124.55 | \$204.21 | \$233.82 | \$496.79 | \$331.35 |
| 80 | \$511.19 | \$289.54 | \$280.08 | \$128.52 | \$210.73 | \$241.28 | \$512.64 | \$341.92 |
| | Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 81+ | \$527.00 | \$298.50 | \$288.75 | \$132.50 | \$217.25 | \$248.75 | \$528.50 | \$352.50 |
| | Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 65+ | \$790.50 | \$447.75 | \$513.97 | \$198.75 | \$325.87 | \$490.03 | \$792.75 | \$528.75 |

| Group 2 | | Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
|------------------|--|---|----------|----------|----------|----------|---------------------|---------------------|
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$579.70 | \$328.35 | \$317.62 | \$145.75 | \$238.97 | \$273.62 | \$581.35 | \$387.75 |
| | Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$790.50 | \$447.75 | \$513.97 | \$198.75 | \$325.87 | \$490.03 | \$792.75 | \$528.75 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Maryland

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

| Plans Available to All Applicants | | | | | | | Medicare first eligible before 2020 only ⁴ | |
|-----------------------------------|--|--|----------|----------|----------|----------|---|---------------------|
| Group 1 | | Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Standard Rates with Enrollment Discount ² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 65 | \$353.61 | \$200.29 | \$193.74 | \$88.90 | \$145.77 | \$166.90 | \$354.62 | \$236.52 |
| 66 | \$353.61 | \$200.29 | \$193.74 | \$88.90 | \$145.77 | \$166.90 | \$354.62 | \$236.52 |
| 67 | \$353.61 | \$200.29 | \$193.74 | \$88.90 | \$145.77 | \$166.90 | \$354.62 | \$236.52 |
| 68 | \$353.61 | \$200.29 | \$193.74 | \$88.90 | \$145.77 | \$166.90 | \$354.62 | \$236.52 |
| 69 | \$371.00 | \$210.14 | \$203.27 | \$93.28 | \$152.94 | \$175.11 | \$372.06 | \$248.16 |
| 70 | \$388.39 | \$219.99 | \$212.80 | \$97.65 | \$160.10 | \$183.32 | \$389.50 | \$259.79 |
| 71 | \$405.79 | \$229.84 | \$222.33 | \$102.02 | \$167.27 | \$191.53 | \$406.94 | \$271.42 |
| 72 | \$423.18 | \$239.69 | \$231.86 | \$106.39 | \$174.44 | \$199.74 | \$424.38 | \$283.05 |
| 73 | \$440.57 | \$249.54 | \$241.39 | \$110.77 | \$181.61 | \$207.95 | \$441.82 | \$294.69 |
| 74 | \$457.96 | \$259.39 | \$250.91 | \$115.14 | \$188.78 | \$216.15 | \$459.26 | \$306.32 |
| 75 | \$475.35 | \$269.24 | \$260.44 | \$119.51 | \$195.95 | \$224.36 | \$476.70 | \$317.95 |
| 76 | \$492.74 | \$279.09 | \$269.97 | \$123.88 | \$203.12 | \$232.57 | \$494.14 | \$329.58 |
| 77 | \$510.13 | \$288.94 | \$279.50 | \$128.26 | \$210.29 | \$240.78 | \$511.58 | \$341.22 |
| 78 | \$527.52 | \$298.79 | \$289.03 | \$132.63 | \$217.46 | \$248.99 | \$529.02 | \$352.85 |
| 79 | \$544.91 | \$308.64 | \$298.56 | \$137.00 | \$224.63 | \$257.20 | \$546.46 | \$364.48 |
| 80 | \$562.30 | \$318.49 | \$308.09 | \$141.37 | \$231.80 | \$265.41 | \$563.90 | \$376.11 |
| | Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 81+ | \$579.70 | \$328.35 | \$317.62 | \$145.75 | \$238.97 | \$273.62 | \$581.35 | \$387.75 |
| | Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 65+ | \$869.55 | \$492.52 | \$565.36 | \$218.62 | \$358.45 | \$539.03 | \$872.02 | \$581.62 |

| Group 2 | | Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
|------------------|--|---|----------|----------|----------|----------|---------------------|---------------------|
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$637.67 | \$361.18 | \$349.38 | \$160.32 | \$262.86 | \$300.98 | \$639.48 | \$426.52 |
| | Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$869.55 | \$492.52 | \$565.36 | \$218.62 | \$358.45 | \$539.03 | \$872.02 | \$581.62 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Male Non-Tobacco Monthly Plan Rates for Maryland

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

| Plans Available to All Applicants | | | | | | | Medicare first eligible before 2020 only ⁴ | |
|-----------------------------------|--|--|----------|----------|----------|----------|---|---------------------|
| Group 1 | | Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Standard Rates with Enrollment Discount ² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 65 | \$362.64 | \$205.26 | \$198.70 | \$91.19 | \$149.29 | \$171.25 | \$363.56 | \$242.47 |
| 66 | \$362.64 | \$205.26 | \$198.70 | \$91.19 | \$149.29 | \$171.25 | \$363.56 | \$242.47 |
| 67 | \$362.64 | \$205.26 | \$198.70 | \$91.19 | \$149.29 | \$171.25 | \$363.56 | \$242.47 |
| 68 | \$362.64 | \$205.26 | \$198.70 | \$91.19 | \$149.29 | \$171.25 | \$363.56 | \$242.47 |
| 69 | \$380.48 | \$215.36 | \$208.48 | \$95.68 | \$156.64 | \$179.68 | \$381.44 | \$254.40 |
| 70 | \$398.31 | \$225.45 | \$218.25 | \$100.16 | \$163.98 | \$188.10 | \$399.32 | \$266.32 |
| 71 | \$416.15 | \$235.55 | \$228.02 | \$104.65 | \$171.32 | \$196.52 | \$417.20 | \$278.25 |
| 72 | \$433.98 | \$245.64 | \$237.79 | \$109.13 | \$178.66 | \$204.94 | \$435.08 | \$290.17 |
| 73 | \$451.82 | \$255.74 | \$247.57 | \$113.62 | \$186.01 | \$213.37 | \$452.96 | \$302.10 |
| 74 | \$469.65 | \$265.83 | \$257.34 | \$118.10 | \$193.35 | \$221.79 | \$470.84 | \$314.02 |
| 75 | \$487.49 | \$275.93 | \$267.11 | \$122.59 | \$200.69 | \$230.21 | \$488.72 | \$325.95 |
| 76 | \$505.32 | \$286.02 | \$276.88 | \$127.07 | \$208.03 | \$238.63 | \$506.60 | \$337.87 |
| 77 | \$523.16 | \$296.12 | \$286.66 | \$131.56 | \$215.38 | \$247.06 | \$524.48 | \$349.80 |
| 78 | \$540.99 | \$306.21 | \$296.43 | \$136.04 | \$222.72 | \$255.48 | \$542.36 | \$361.72 |
| 79 | \$558.83 | \$316.31 | \$306.20 | \$140.53 | \$230.06 | \$263.90 | \$560.24 | \$373.65 |
| 80 | \$576.66 | \$326.40 | \$315.97 | \$145.01 | \$237.40 | \$272.32 | \$578.12 | \$385.57 |
| | Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 81+ | \$594.50 | \$336.50 | \$325.75 | \$149.50 | \$244.75 | \$280.75 | \$596.00 | \$397.50 |
| | Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 65+ | \$891.75 | \$504.75 | \$579.83 | \$224.25 | \$367.12 | \$553.07 | \$894.00 | \$596.25 |

| Group 2 | | Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
|------------------|--|---|----------|----------|----------|----------|---------------------|---------------------|
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$653.95 | \$370.15 | \$358.32 | \$164.45 | \$269.22 | \$308.82 | \$655.60 | \$437.25 |
| | Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$891.75 | \$504.75 | \$579.83 | \$224.25 | \$367.12 | \$553.07 | \$894.00 | \$596.25 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Maryland

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

| Plans Available to All Applicants | | | | | | | Medicare first eligible before 2020 only ⁴ | |
|-----------------------------------|--|--|----------|----------|----------|----------|---|---------------------|
| Group 1 | | Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Standard Rates with Enrollment Discount ² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 65 | \$398.90 | \$225.79 | \$218.57 | \$100.31 | \$164.22 | \$188.38 | \$399.91 | \$266.72 |
| 66 | \$398.90 | \$225.79 | \$218.57 | \$100.31 | \$164.22 | \$188.38 | \$399.91 | \$266.72 |
| 67 | \$398.90 | \$225.79 | \$218.57 | \$100.31 | \$164.22 | \$188.38 | \$399.91 | \$266.72 |
| 68 | \$398.90 | \$225.79 | \$218.57 | \$100.31 | \$164.22 | \$188.38 | \$399.91 | \$266.72 |
| 69 | \$418.52 | \$236.89 | \$229.32 | \$105.24 | \$172.30 | \$197.64 | \$419.58 | \$279.84 |
| 70 | \$438.14 | \$248.00 | \$240.07 | \$110.18 | \$180.37 | \$206.90 | \$439.25 | \$292.95 |
| 71 | \$457.76 | \$259.10 | \$250.82 | \$115.11 | \$188.45 | \$216.17 | \$458.92 | \$306.07 |
| 72 | \$477.38 | \$270.20 | \$261.57 | \$120.04 | \$196.53 | \$225.43 | \$478.58 | \$319.19 |
| 73 | \$497.00 | \$281.31 | \$272.32 | \$124.98 | \$204.60 | \$234.70 | \$498.25 | \$332.31 |
| 74 | \$516.62 | \$292.41 | \$283.07 | \$129.91 | \$212.68 | \$243.96 | \$517.92 | \$345.42 |
| 75 | \$536.23 | \$303.52 | \$293.82 | \$134.84 | \$220.76 | \$253.23 | \$537.59 | \$358.54 |
| 76 | \$555.85 | \$314.62 | \$304.57 | \$139.78 | \$228.83 | \$262.49 | \$557.26 | \$371.66 |
| 77 | \$575.47 | \$325.73 | \$315.32 | \$144.71 | \$236.91 | \$271.76 | \$576.92 | \$384.78 |
| 78 | \$595.09 | \$336.83 | \$326.07 | \$149.64 | \$244.99 | \$281.02 | \$596.59 | \$397.89 |
| 79 | \$614.71 | \$347.94 | \$336.82 | \$154.58 | \$253.06 | \$290.29 | \$616.26 | \$411.01 |
| 80 | \$634.33 | \$359.04 | \$347.57 | \$159.51 | \$261.14 | \$299.55 | \$635.93 | \$424.13 |
| | Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 81+ | \$653.95 | \$370.15 | \$358.32 | \$164.45 | \$269.22 | \$308.82 | \$655.60 | \$437.25 |
| | Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 65+ | \$980.92 | \$555.22 | \$637.80 | \$246.67 | \$403.83 | \$608.37 | \$983.40 | \$655.87 |

| Group 2 | | Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later. | | | | | | |
|------------------|--|---|----------|----------|----------|----------|---------------------|---------------------|
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$719.34 | \$407.16 | \$394.15 | \$180.89 | \$296.14 | \$339.70 | \$721.16 | \$480.97 |
| | Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ . | | | | | | | |
| 75+ | \$980.92 | \$555.22 | \$637.80 | \$246.67 | \$403.83 | \$608.37 | \$983.40 | \$655.87 |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Under 65 Monthly Plan Rates for Maryland

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

| Plans Available to All Applicants | | | | | | | Medicare first eligible before 2020 only ⁴ | |
|-----------------------------------|--------------------------|---|--------|--------|--------|--------|---|---------------------|
| Group 3 | | Applies to individuals age 50-64 who are eligible for Medicare. | | | | | | |
| Age ¹ | Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ⁴ | Plan F ⁴ |
| | Female Non-Tobacco Rates | | | | | | | |
| 50-64 | \$410.50 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | Male Non-Tobacco Rates | | | | | | | |
| 50-64 | \$463.00 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 Refer to the application.

4 **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.



Eligibility & Benefits

Eligibility & Benefits



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.

SA25709ST

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 (ESRD), you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section. You may only enroll in Plan A.)

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.
- There is also an annual 31-day Birthday Enrollment period** that begins on your birthday and you are replacing a Medicare supplement plan (including Medicare Select) with a Medicare supplement plan that has equal or lesser benefits, as shown in the following chart. Your Application Form must be received no later than 30 days after your birth date.

| Your Existing Plan | Lesser or Equal Benefits Available AARP Medicare Supplement Plan |
|-------------------------------|--|
| Plan A | Plan A |
| Plan B | Plan A or B |
| Plan C | Plan A, B, C*, K, L, or N |
| Plan D | Plan A, B, K, L, or N |
| Plan E | Plan A, B, K, L, or N |
| Plan F | Plan A, B, C*, F*, G, K, L, N |
| Plan F with a high deductible | None Available |
| Plan G | Plan A, B, G, K, L, or N |
| Plan G with a high deductible | None Available |
| Plan H | Plan A, B, K, L, or N |
| Plan I | Plan A, B, G, K, L, or N |
| Plan J | Plan A, B, C*, F*, G, K, L, or N |
| Plan J with a high deductible | None Available |
| Plan K | Plan K |
| Plan L | Plan K or L |
| Plan M | Plan N |
| Plan N | Plan N |

*Please note that Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you may only enroll in Plan A.

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 63 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.**

Continued ...

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. 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 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 63 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 63 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.

The AARP Insurance Trust

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

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 Period¹

| Service | | Medicare Pays | Plan A Pays | You Pay |
|--|--|--|------------------------------------|--------------------------------|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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**

| Service | | Medicare Pays | Plan A Pays | You Pay |
|---|---|---------------|---------------|---------------------------|
| Medical Expenses 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 ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

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

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 B

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan B pays | You Pay |
|--|--|--|------------------------------------|---------------------|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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**

| Service | | Medicare Pays | Plan B pays | You Pay |
|---|---|----------------------|--------------------|---------------------------|
| Medical Expenses 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 ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

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

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 C

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan C Pays | You Pay |
|--|--|--|------------------------------------|------------------|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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**

| Service | | Medicare Pays | Plan C Pays | You Pay |
|---|---|---------------|---------------------------|-----------|
| Medical Expenses 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 ³ | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

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

Other Benefits not covered by Medicare

| Service | | Medicare Pays | Plan C Pays | You Pay |
|--|-----------------------------------|---------------|---|--|
| Foreign Travel 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.

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan F Pays | You Pay |
|--|--|--|------------------------------------|------------------------|
| Hospitalization¹ 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 | \$0² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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 |
|---|---|---------------|---------------------------|---------|
| Medical Expenses 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 ³ | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | 100% | \$0 |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

| Service | | Medicare Pays | Plan F Pays | You Pay |
|--|--|---------------|---------------------------|---------|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ³ | \$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 |
|--|-----------------------------------|---------------|---|--|
| Foreign Travel 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.

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan G Pays | You Pay |
|--|--|--|------------------------------------|------------------|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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 |
| Medical Expenses 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 ³ | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | 100% | \$0 |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan G Pays | You Pay |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ³ | \$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 |
| Foreign Travel 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.

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan K Pays | You Pay ³ |
|--|--|--|------------------------------------|--|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 50% | 50%♦ |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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 ⁴ |
| Medical Expenses 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 ⁵ | \$0 | \$0 | \$240 (Part B deductible) ⁵ ♦ |
| | 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% ♦ |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit of \$7060) ⁴ |
| Blood | First 3 pints | \$0 | 50% | 50% ♦ |
| | Next \$240 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$240 (Part B deductible) ⁵ ♦ |
| | Remainder of Medicare-approved amounts | 80% | Generally 10% | Generally 10% ♦ |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan K Pays | You Pay ⁴ |
| Home Health Care 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 ⁴ |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ⁶ | \$0 | \$0 | \$240 (Part B deductible)♦ |
| | Remainder of Medicare-approved amounts | 80% | 10% | 10%♦ |

Notes

⁶ 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 Period¹

| Service | | Medicare Pays | Plan L Pays | You Pay ³ |
|--|--|--|------------------------------------|--|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 75% | 25%♦ |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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 ⁴ |
| Medical Expenses 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 ⁵ | \$0 | \$0 | \$240 (Part B deductible) ⁵ ♦ |
| | 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% ♦ |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit of \$3530) ⁴ |
| Blood | First 3 pints | \$0 | 75% | 25% ♦ |
| | Next \$240 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$240 (Part B deductible) ⁵ ♦ |
| | Remainder of Medicare-approved amounts | 80% | Generally 15% | Generally 5% ♦ |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan L Pays | You Pay ⁴ |
| Home Health Care 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 ⁴ |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ⁶ | \$0 | \$0 | \$240 (Part B deductible)♦ |
| | Remainder of Medicare-approved amounts | 80% | 15% | 5%♦ |

Notes

⁶ 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 Period¹

| Service | | Medicare Pays | Plan N Pays | You Pay |
|--|--|--|------------------------------------|------------------|
| Hospitalization¹ 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 ² |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care 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 |
| Medical Expenses 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 ³ | \$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. |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan N Pays | You Pay |
| Home Health Care 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 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Other Benefits not covered by Medicare | | | | |
| Foreign Travel 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.

Disclosures

Use this outline to compare benefits and premiums among plans.

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2020.

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 payments.

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.

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.

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;
- ☐ 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),
Hartford, CT 06103

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 Maryland. 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 _____ Middle Initial _____ 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.

1C. Birthdate _____ / _____ / _____ **1D.** Gender ☐ Male ☐ Female
Month Day Year

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

2460720307 _AGT



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,

NOTE: If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the "Guaranteed Acceptance" section shown in "Your Guide". **You may only enroll in Plan A.**

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, please see the Plan information shown above. 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 9**. You do not have to answer the questions in **Sections 4, 5, 6, 7 and 8**.
- If **NO**, you must answer **Question 3B**.

3B. Are you enrolling during your annual 31-day Birthday Enrollment Period that begins on your birthday **AND** are you replacing a Medicare supplement plan with a Medicare supplement plan that has equal or lesser benefits? See "Your Guide" for more information.

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 9**. You do not have to answer the questions in **Sections 4, 5, 6, 7 and 8**.
- If you answered **NO**, you must answer **Question 3C**.



3 Is your acceptance guaranteed? (continued)

3C. Have you lost or are losing health insurance coverage, including Medicaid* or do you have a Medicare Advantage Plan "trial right" and, if so, have you received a notice from your employer or prior insurer saying that you are eligible for guaranteed issue of a Medicare supplement plan? ***Please answer "Yes" to this question if you enrolled in Medicare Part B while enrolled in Medicaid and then, during the state of emergency, your enrollment in Medicaid continued and you weren't disenrolled or terminated from Medicaid until at least 6 months following the effective date of your enrollment in Medicare Part B and you are applying within the 63 days following your disenrollment or termination from Medicaid. If you meet the requirements of this situation, please provide evidence of the date of disenrollment or termination from Medicaid.**

☐ Yes ☐ No

If you have a different 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 63 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 your guaranteed issue rights, please see "Your Guide."

- If **YES**, skip directly to **Section 9**.
- If you answered **NO** to all of the 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.

Answer the health questions in Sections 4-7 ONLY if your acceptance is not guaranteed as defined in Section 3.

4 Tell us about your medical providers.

Provide the following information for all physicians that you have seen within the past 2 years. We may follow up with your physicians for additional information and verification of your health history. If needed, please use an additional sheet of paper and check this box to indicate you are attaching it. ☐

Primary Physician () - Phone #

Specialist Name Specialty () - Phone #

Diagnosis/Condition

Specialist Name Specialty () - Phone #

Diagnosis/Condition



First Name

Last Name

5

Answer this health question. If you answer YES or NOT SURE, we may follow up for additional information.

5A. Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones?

☐ Yes ☐ No ☐ Not Sure

6

Answer these health questions. If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information.

6A. Were you hospitalized as an inpatient (not including overnight Outpatient observation)

- within the past 90 days or
- 3 or more times within the past 2 years?

☐ Yes ☐ No ☐ Not Sure

6B. Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility?

☐ Yes ☐ No ☐ Not Sure

6C. Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?

☐ Yes ☐ No ☐ Not Sure

6D. Within the past 7 years, has a medical professional diagnosed, treated, or given medical advice to you for End-Stage Renal (Kidney) Disease (ESRD) or told you that you may or will require dialysis?

☐ Yes ☐ No ☐ Not Sure

6E. Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Leukemia, Lymphoma or Multiple Myeloma?

☐ Yes ☐ No ☐ Not Sure

6F. Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma)
- Melanoma or Metastatic Merkel Cell (but not other skin cancers)?

☐ Yes ☐ No ☐ Not Sure

6G. Within the past year, did a medical professional tell you that you may need any of the following that **has NOT been completed**:

- Any surgery, biopsy, further evaluation, treatment, or diagnostic testing?

☐ Yes ☐ No ☐ Not Sure

6H. Are you awaiting any diagnostic test results?

☐ Yes ☐ No ☐ Not Sure

TEAR HERE

TEAR HERE



7

Answer these health questions. If you answer YES to any question, your rate will be the Level 2 rate (see "Cover Page – Rates"). If you answer NOT SURE, we may follow up for additional information.

7A. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- | | |
|---|--|
| • Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Alzheimer's Disease, Dementia, or Parkinson's Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

7B. Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- | | |
|--|--|
| • Artery blockage, or had bypass surgery, stents, or balloon angioplasty | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Peripheral Vascular Disease (PVD) or Amputation due to disease | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Any lung or respiratory disorder: - requiring the use of a nebulizer or oxygen, - on 3 or more medications, or - currently using tobacco products | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Hemophilia, Hepatitis (other than A) or Pancreatitis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Osteoporosis, but only if you received injections or have had a fracture | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Psoriatic Arthritis or Rheumatoid Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Macular Degeneration, but only if you have the Wet form | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Bipolar Disorder or Schizophrenia | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Alcoholism or Drug Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

7C. Within the past 2 years, did you receive any of the following:

- | | |
|--|--|
| • Skin grafts, or | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions? | |
| • Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Autoimmune disorders | |
| • Blood disorders | |
| • Cognitive impairment | |
| • Connective tissue disorders | |
| • Eye disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Genetic or Hereditary disorders | |
| • Migraine headaches | |
| • Osteoarthritis | |



First Name

Last Name

8

Tell us about your tobacco usage only if your acceptance is not guaranteed as defined in Section 3. If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").

8A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

☐ Yes ☐ No

9

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.
- 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,

9A. Did you turn age 65 in the last 6 months?

☐ Yes ☐ No

9B. Did you enroll in Medicare Part B in the last 6 months?

☐ Yes ☐ No

9C. If YES, what is the effective date?

_____/01/_____
Month Day Year

Questions about Medicaid

9D. 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 9E and 9F.



First Name

Last Name

9 Your past and current coverage (continued)

9E. Will Medicaid pay your premiums for this Medicare supplement policy? ☐ Yes ☐ No

9F. 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)

9G. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)? ☐ Yes ☐ No
If YES, you must answer Questions 9H through 9K.

9H. 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

9I. 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.

9J. Was this your first time in this type of Medicare plan? ☐ Yes ☐ No

9K. Did you drop a Medicare supplement policy to enroll in the Medicare plan? ☐ Yes ☐ No

Questions about Medicare supplement plans

9L. 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 9M and 9N.

9M. 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.

9N. What is the plan code of your current Medicare Supplement Plan?

Plan Code (A-N) _____**Questions about any other type of health insurance coverage**

9O. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

☐ Yes ☐ No

If YES, you must answer Questions 9P through 9R.

9P. If so, with what insurance company and what kind of policy?

Policy:☐ HMO/PPO☐ Major Medical☐ Employer Plan☐ Union Plan☐ Other _____

Insurance Company: _____



First Name

Last Name

9 Your past and current coverage (continued)

9Q. 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

9R. Are you replacing this health insurance?

☐ Yes ☐ No**Your Signature** (required)/ /
Today's Date (required)
Month Day Year

10 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. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, 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, 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 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 other organization, institution or person, or The Company's own information, any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. 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, this authorization is not revocable. If not revoked, this authorization is valid for 24 months from the date of my signature.



First Name

Last Name

10

Authorization and Verification of Application Information (continued)

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 any stay that occurs or medical care I receive 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

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. ☐

11

Authorization for Verification of Information

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

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare and its affiliates ("The Company") any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims and for analytic studies. 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, at any time, 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.

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

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

12

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)

Today's Date (required)
Month Day Year

Agent Email Address

()

- Agent Phone Number



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

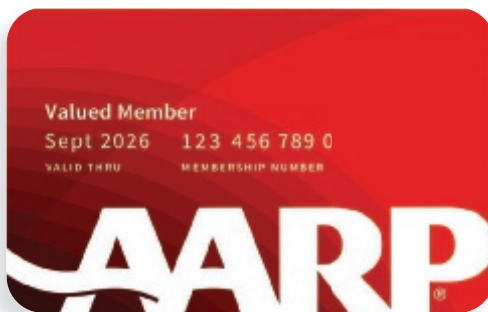
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

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
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



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



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. 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**: Points to the top left of the check.
- Check Number**: Points to the top right of the check.
- John Doe**: The name on the check.
- Street Address**: The address on the check.
- Town, City Zip Code**: The location on the check.
- Date:**: The date field on the check.
- Pay to:**: The payee field on the check.
- Bank Name & Address**: The bank information on the check.
- Memo:**: The memo field on the check.
- Signed by:**: The signature field on the check.
- Check #1234**: The check number on the check.
- 1234 Dollars**: The amount on the check.
- Bank Routing Transit Number - Must be 9 numbers**: Points to the first part of the MICR line.
- Bank Account Number - Include all zeros**: Points to the second part of the MICR line.
- Check Number - Do not include the check number (it may be before or after the account number) as it may delay processing.**: Points to the third part of the MICR line.

The check itself has a large "SAMPLE" watermark across the center.

We look forward to continuing to serve you.

TEAR HERE

TEAR HERE

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**: Date: _____
- Pay to**: Pay to: _____
- Amount**: _____ Dollars
- Bank Name & Address**: Bank Name & Address
- Memo**: Memo: _____
- Signed by**: Signed by: _____
- Routing Number**: | :123456789 : | 12345678 || 1234 ||

Below the check, three boxes provide additional information:

- 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):

- ☐ Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.
- ☐ Other (Please Specify) _____

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.
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

the extent such time was spent (depleted) under the original policy.

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.

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)
UnitedHealthcare Insurance Company
Horsham, Pennsylvania

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

TEAR HERE

TEAR HERE



**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):

- ☐ Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.
- ☐ Other (Please Specify) _____

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.
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

the extent such time was spent (depleted) under the original policy.

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.

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)
UnitedHealthcare Insurance Company
Horsham, Pennsylvania

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)



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 | Application Condition(s) |
|--|--|
| Abemaciclib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Abiraterone Acetate | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Acamprosate Calcium | Alcoholism or drug abuse |
| Aclidinium & Formoterol, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Aclidinium Bromide, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Adasuve | Bipolar disorder, schizophrenia |
| Adefovir Dipivoxil | Hepatitis (other than A) |
| Afatinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Afinitor | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Alecensa | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Alectinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Alkeran | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Ambrisentan | Pulmonary heart disease |
| Amiodarone Hydrochloride | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Ampyra | Multiple sclerosis |
| Anoro | Chronic obstructive pulmonary disease (COPD), emphysema |
| Antabuse | Alcoholism or drug abuse |
| Apalutamide | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Apixaban | Artery blockage, atrial fibrillation |

| Drug Name | Application Condition(s) |
|---|--|
| Apomorphine Hydrochloride | Parkinson's disease |
| Arava | Rheumatoid arthritis |
| Arcapta | Chronic obstructive pulmonary disease (COPD), emphysema |
| Arformoterol Tartrate, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Aricept | Alzheimer's disease or dementia |
| Asenapine | Bipolar disorder, schizophrenia |
| Aubagio | Multiple sclerosis |
| Azilect | Parkinson's disease |
| Aztreonam Nebulizer | Cystic fibrosis |
| Bafiertam | Multiple sclerosis |
| Baraclude | Hepatitis (other than A) |
| Baricitinib | Rheumatoid arthritis |
| Betapace | Ventricular tachycardia |
| Bicalutamide | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Breztri | Chronic obstructive pulmonary disease (COPD), emphysema |
| Brilinta | Artery blockage, heart attack, stroke, TIA, or mini-stroke |
| Brovana | Chronic obstructive pulmonary disease (COPD), emphysema |
| Budesonide & Glycopyrrolate & Formoterol | Chronic obstructive pulmonary disease (COPD), emphysema |
| Bunavail | Alcoholism or drug abuse |
| Buprenorphine & Naloxone | Alcoholism or drug abuse |
| Buprenorphine, for Opioid Dependence | Alcoholism or drug abuse |
| Cabergoline | Parkinson's disease |

| Drug Name | Application Condition(s) |
|--------------------------------------|---|
| Calcium Acetate | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Campral | Alcoholism or drug abuse |
| Caplyta | Bipolar disorder, schizophrenia |
| Carbidopa | Parkinson's disease |
| Cariprazine | Bipolar disorder, schizophrenia |
| Casodex | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Cayston Nebulizer | Cystic fibrosis |
| Cilostazol | Artery blockage, peripheral vascular disease (PVD) |
| Cinacalcet Hydrochloride | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Cladribine (Mavenclad) | Multiple sclerosis |
| Clopidogrel | Artery blockage, heart attack, stroke, TIA, mini-stroke, balloon angioplasty, stenting, or bypass surgery |
| Clozapine | Bipolar disorder, schizophrenia |
| Clozaril | Bipolar disorder, schizophrenia |
| Comtan | Parkinson's disease |
| Cordarone | Ventricular tachycardia, atrial fibrillation |
| Corlanor | Cardiomyopathy, heart failure |
| Coumadin | Artery blockage, heart attack, stroke, TIA, or mini-stroke |
| Crizotinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Cyclosporine (Oral) | Bone marrow, stem cell, or organ transplant |
| Dabigatran Etexilate Mesylate | Artery blockage, atrial fibrillation |
| Daclatasvir | Hepatitis (other than A) |
| Daklinza | Hepatitis (other than A) |

| Drug Name | Application Condition(s) |
|---|--|
| Dalfampridine | Multiple sclerosis |
| Daliresp | Chronic obstructive pulmonary disease (COPD), emphysema |
| Dasatinib | Leukemia, lymphoma, or multiple myeloma |
| Deferoxamine Mesylate | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Desferal | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Dhivy | Parkinson's disease |
| Digitek | Atrial fibrillation, cardiomyopathy, heart failure |
| Digox | Atrial fibrillation, cardiomyopathy, heart failure |
| Digoxin | Atrial fibrillation, cardiomyopathy, heart failure |
| Dilatrate-SR | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Dimethyl Fumarate | Multiple sclerosis |
| Diroximel Fumarate | Multiple sclerosis |
| Disulfiram | Alcoholism or drug abuse |
| Dofetilide | Atrial fibrillation |
| Donepezil & Memantine | Alzheimer's disease or dementia |
| Donepezil Hydrochloride | Alzheimer's disease or dementia |
| Dornase Alpha Nebulizer | Cystic fibrosis |
| Dronedarone | Atrial fibrillation |
| Duaklir | Chronic obstructive pulmonary disease (COPD), emphysema |
| Edoxaban | Artery blockage, atrial fibrillation |
| Effient | Artery blockage, heart attack |
| Elbasvir & Grazoprevir | Hepatitis (other than A) |
| Elexacaftor & Tezacaftor & Ivacaftor | Cystic fibrosis |

| Drug Name | Application Condition(s) |
|---------------------------------|--|
| Eliphos | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Eliquis | Artery blockage, atrial fibrillation |
| Entacapone | Parkinson's disease |
| Entecavir | Hepatitis (other than A) |
| Entresto | Cardiomyopathy, heart failure |
| Envarsus XR | Bone marrow, stem cell, or organ transplant |
| Enzalutamide | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Epclusa | Hepatitis (other than A) |
| Epivir HBV | Hepatitis (other than A) |
| Epoetin Alfa | Cancer, leukemia, lymphoma, or multiple myeloma, chronic kidney disease (CKD), End-stage renal kidney disease (ESRD) |
| Erleada | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Erlotinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Esbriet | Pulmonary heart disease |
| Everolimus, (Afinitor) | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Everolimus, (Zortress) | Bone marrow, stem cell, or organ transplant |
| Exelon | Alzheimer's disease or dementia |
| Exservan | Amyotrophic lateral sclerosis (ALS) |
| Fanapt | Schizophrenia |
| Fazaclo | Bipolar disorder, schizophrenia |
| Fingolimod | Multiple sclerosis |
| Flecainide Acetate | Atrial fibrillation, ventricular tachycardia |
| Galantamine Hydrobromide | Alzheimer's disease or dementia |
| Gengraf | Bone marrow, stem cell, or organ transplant |

| Drug Name | Application Condition(s) |
|---|--|
| Geodon | Bipolar disorder, schizophrenia |
| Gilenya | Multiple sclerosis |
| Gilotrif | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Glecaprevir & Pibrentasvir | Hepatitis (other than A) |
| Gleevec | Leukemia, lymphoma, or multiple myeloma |
| Glycopyrrolate & Indacaterol, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Glycopyrrolate, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Gonitro | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Harvoni | Hepatitis (other than A) |
| Hecoria | Bone marrow, stem cell, or organ transplant |
| Hepsera | Hepatitis (other than A) |
| Ibrance | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Ibrutinib | Leukemia, lymphoma, or multiple myeloma |
| Iloperidone | Schizophrenia |
| Iloprost | Pulmonary heart disease |
| Imatinib Mesylate | Leukemia, lymphoma, or multiple myeloma |
| Imbruvica | Leukemia, lymphoma, or multiple myeloma |
| Imdur ER | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Inbrija | Parkinson's disease |
| Incruse | Chronic obstructive pulmonary disease (COPD), emphysema |
| Indacaterol, Capsules for Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Invega ER | Schizophrenia |

| Drug Name | Application Condition(s) |
|--|--|
| Isochron | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Isordil | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Isosorbide Dinitrate | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Isosorbide Mononitrate | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Istradefylline | Parkinson's disease |
| Ivabradine | Cardiomyopathy, heart failure |
| Ivacaftor | Cystic fibrosis |
| Ivacaftor & Lumacaftor | Cystic fibrosis |
| Jantoven | Artery blockage, heart attack, stroke, TIA, or mini-stroke |
| Kalydeco | Cystic fibrosis |
| Kynmobi | Parkinson's disease |
| Lamivudine HBV | Hepatitis (other than A) |
| Lamivudine, for Hepatitis B Virus | Hepatitis (other than A) |
| Lanoxin | Atrial fibrillation, cardiomyopathy, heart failure |
| Latuda | Bipolar disorder, schizophrenia |
| Ledipasvir-Sofosbuvir | Hepatitis (other than A) |
| Leflunomide | Rheumatoid arthritis |
| Lenalidomide | Cancer, leukemia, lymphoma, or multiple myeloma |
| Letairis | Pulmonary heart disease |
| Levodopa | Parkinson's disease |
| Levodopa & Carbidopa | Parkinson's disease |
| Levodopa & Carbidopa & Entacapone | Parkinson's disease |

| Drug Name | Application Condition(s) |
|---|--|
| Levodopa & Carbidopa, Extended-Release | Parkinson's disease |
| Lithium, Carbonate or Citrate | Bipolar disorder |
| Lithobid | Bipolar disorder |
| Lodosyn | Parkinson's disease |
| Lonhala | Chronic obstructive pulmonary disease (COPD), emphysema |
| Loxapine, Succinate or Hydrochloride | Bipolar disorder, schizophrenia |
| Lumateperone | Bipolar disorder, schizophrenia |
| Lupkynis | Systemic lupus erythematosus (SLE) |
| Lurasidone | Bipolar disorder, schizophrenia |
| Macitentan | Pulmonary heart disease |
| Mavenclad | Multiple sclerosis |
| Mavyret | Hepatitis (other than A) |
| Mayzent | Multiple sclerosis |
| Mekinist | Melanoma, cancer other than leukemia, lymphoma, or multiple myeloma |
| Melphalan | Leukemia, lymphoma, or multiple myeloma |
| Memantine Hydrochloride | Alzheimer's disease or dementia |
| Mestinon | Myasthenia gravis |
| Methotrexate Sodium | Rheumatoid arthritis, psoriatic arthritis, cancer other than leukemia, lymphoma, or multiple myeloma |
| Minitran | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Monoket | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Monomethyl Fumarate | Multiple sclerosis |

| Drug Name | Application Condition(s) |
|--|--|
| Multaq | Atrial fibrillation |
| Namenda | Alzheimer's disease or dementia |
| Namzaric | Alzheimer's disease or dementia |
| Neoral | Bone marrow, stem cell, or organ transplant |
| Neratinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Nerlynx | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Nexavar | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Nilotinib | Leukemia, lymphoma, or multiple myeloma |
| Nintedanib | Pulmonary heart disease |
| Nitro-Dur | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Nitroglycerin, Transdermal System | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Nitrostat | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Nourianz | Parkinson's disease |
| Ofev | Pulmonary heart disease |
| Olodaterol, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Olumiant | Rheumatoid arthritis |
| Olysio | Hepatitis (other than A) |
| Ombitasvir & Paritaprevir & Ritonavir | Hepatitis (other than A) |
| Ombitasvir & Paritaprevir & Ritonavir & Dasabuvir | Hepatitis (other than A) |
| Ongentys | Parkinson's disease |
| Opicapone | Parkinson's disease |
| Opsumit | Pulmonary heart disease |

| Drug Name | Application Condition(s) |
|--------------------------------------|--|
| Orenitram | Pulmonary heart disease |
| Orkambi | Cystic fibrosis |
| Osimertinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Ozanimod | Multiple sclerosis |
| Pacerone | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Palbociclib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Paliperidone, or as Palmitate | Schizophrenia |
| Parcopa | Parkinson's disease |
| Phoslo | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Phoslyra | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Pirfenidone | Pulmonary heart disease |
| Plavix | Artery blockage, heart attack, stroke, TIA, mini-stroke, balloon angioplasty, stenting, or bypass surgery |
| Pletal | Artery blockage, peripheral vascular disease (PVD) |
| Pomalidomide | Leukemia, lymphoma, or multiple myeloma |
| Pomalyst | Leukemia, lymphoma, or multiple myeloma |
| Ponesimod | Multiple sclerosis |
| Ponvory | Multiple sclerosis |
| Pradaxa | Artery blockage, atrial fibrillation |
| Prasugrel Hydrochloride | Artery blockage, heart attack |
| Procrit | Cancer, leukemia, lymphoma, or multiple myeloma, chronic kidney disease (CKD), End-stage renal kidney disease ESRD |
| Prograf | Bone marrow, stem cell, or organ transplant |
| Propafenone Hydrochloride | Ventricular tachycardia, atrial fibrillation |

| Drug Name | Application Condition(s) |
|-----------------------------------|--|
| Pulmozyme | Cystic fibrosis |
| Pyridostigmine Bromide | Myasthenia gravis |
| Ranexa ER | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Ranolazine | Artery blockage, heart attack, cardiomyopathy, heart failure |
| Rapamune | Bone marrow, stem cell, or organ transplant |
| Rasagiline | Parkinson's disease |
| Razadyne | Alzheimer's disease or dementia |
| Renagel | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Renvela | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Retevmo | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Revefenacin | Chronic obstructive pulmonary disease (COPD), emphysema |
| Rheumatrex | Rheumatoid arthritis, psoriatic arthritis |
| Rilutek | Amyotrophic lateral sclerosis (ALS) |
| Riluzole | Amyotrophic lateral sclerosis (ALS) |
| Rivaroxaban | Artery blockage, atrial fibrillation |
| Rivastigmine Tartrate | Alzheimer's disease or dementia |
| Roflumilast | Chronic obstructive pulmonary disease (COPD), emphysema |
| Rytary | Parkinson's disease |
| Rythmol | Ventricular tachycardia, atrial fibrillation |
| Sacubitril & Valsartan | Cardiomyopathy, heart failure |
| Safinamide | Parkinson's disease |
| Sandimmune | Bone marrow, stem cell, or organ transplant |
| Saphris | Bipolar disorder, schizophrenia |

| Drug Name | Application Condition(s) |
|--|--|
| Savaysa | Artery blockage, atrial fibrillation |
| Secuado | Bipolar disorder, schizophrenia |
| Seebri | Chronic obstructive pulmonary disease (COPD), emphysema |
| Selpercatinib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Sensipar | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Sevelamer Hydrochloride or Carbonate | Chronic kidney disease (CKD), end-stage renal disease (ESRD) |
| Simeprevir | Hepatitis (other than A) |
| Sinemet | Parkinson's disease |
| Siponimod | Multiple sclerosis |
| Sirolimus | Bone marrow, stem cell, or organ transplant |
| Sofosbuvir | Hepatitis (other than A) |
| Sofosbuvir & Ledipasvir | Hepatitis (other than A) |
| Sofosbuvir & Velpatasvir | Hepatitis (other than A) |
| Sofosbuvir & Velpatasvir & Voxilaprevir | Hepatitis (other than A) |
| Sorafenib | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Sorine | Ventricular tachycardia |
| Sotalol Hydrochloride | Ventricular tachycardia |
| Sotylize | Ventricular tachycardia |
| Sovaldi | Hepatitis (other than A) |
| Spiriva | Chronic obstructive pulmonary disease (COPD), emphysema |
| Sprycel | Leukemia, lymphoma, or multiple myeloma |
| Stalevo | Parkinson's disease |

| Drug Name | Application Condition(s) |
|--|--|
| Stiolto | Chronic obstructive pulmonary disease (COPD), emphysema |
| Striverdi | Chronic obstructive pulmonary disease (COPD), emphysema |
| Suboxone | Alcoholism or drug abuse |
| Subutex | Alcoholism or drug abuse |
| Sunitinib Malate | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Sutent | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Symdeko | Cystic fibrosis |
| Tacrolimus | Bone marrow, stem cell, or organ transplant |
| Tagrisso | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Tambocor | Atrial fibrillation, ventricular tachycardia |
| Tarceva | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Tasigna | Leukemia, lymphoma, or multiple myeloma |
| Tasmar | Parkinson's disease |
| Tecfidera | Multiple sclerosis |
| Technivie | Hepatitis (other than A) |
| Telbivudine | Hepatitis (other than A) |
| Tenofovir Alafenamide | Hepatitis (other than A) |
| Teriflunomide | Multiple sclerosis |
| Tezacaftor & Ivacaftor | Cystic fibrosis |
| Ticagrelor | Artery blockage, heart attack, stroke, TIA, or mini-stroke |
| Tiglutik | Amyotrophic lateral sclerosis (ALS) |
| Tikosyn | Atrial fibrillation |
| Tiotropium & Olodaterol, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |

| Drug Name | Application Condition(s) |
|--|---|
| Tiotropium Bromide, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Tofacitinib | Rheumatoid arthritis, psoriatic arthritis |
| Tolcapone | Parkinson's disease |
| Trametinib | Melanoma, cancer other than leukemia, lymphoma, or multiple myeloma |
| Treprostinil | Pulmonary heart disease |
| Trexall | Rheumatoid arthritis, psoriatic arthritis |
| Trikafta | Cystic fibrosis |
| Tudorza | Chronic obstructive pulmonary disease (COPD), emphysema |
| Tyvaso | Pulmonary heart disease |
| Tyzeka | Hepatitis (other than A) |
| Umeclidinium & Vilanterol, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Umeclidinium, Inhalation | Chronic obstructive pulmonary disease (COPD), emphysema |
| Utibron | Chronic obstructive pulmonary disease (COPD), emphysema |
| Vemlidy | Hepatitis (other than A) |
| Ventavis | Pulmonary heart disease |
| Versacloz | Bipolar disorder, schizophrenia |
| Verzenio | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Viekira Pak | Hepatitis (other than A) |
| Viekira XR | Hepatitis (other than A) |
| Voclosporin | Systemic lupus erythematosus (SLE) |
| Vosevi | Hepatitis (other than A) |
| Vraylar | Bipolar disorder, schizophrenia |

| Drug Name | Application Condition(s) |
|----------------------------------|--|
| Vumerity | Multiple sclerosis |
| Warfarin Sodium | Artery blockage, heart attack, stroke, TIA, or mini-stroke |
| Xadago | Parkinson's disease |
| Xalkori | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Xarelto | Artery blockage, atrial fibrillation |
| Xatmep | Rheumatoid arthritis, psoriatic arthritis |
| Xeljanz | Rheumatoid arthritis, psoriatic arthritis |
| Xeljanz XR | Rheumatoid arthritis, psoriatic arthritis |
| Xtandi | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Yonsa | Cancer other than leukemia, lymphoma, or multiple myeloma |
| Yupelri | Chronic obstructive pulmonary disease (COPD), emphysema |
| Zepatier | Hepatitis (other than A) |
| Zeposia | Multiple sclerosis |
| Ziprasidone Hydrochloride | Bipolar disorder, schizophrenia |
| Zortress | Bone marrow, stem cell, or organ transplant |
| Zubsolv | Alcoholism or drug abuse |
| Zytiga | Cancer other than leukemia, lymphoma, or multiple myeloma |

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For Your Records:

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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.**

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



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Let's stay connected.

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