



# Producer Handbook

## New York

For enrollment as of April 1, 2024 plan effective dates. Updated as of 2/22/24.

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

**Proprietary and confidential information of UnitedHealth Group. For internal/agent use only - not for distribution as marketing material. Do not distribute or reproduce any portion without express written approval of UnitedHealth Group.**





**IMPORTANT** - UnitedHealthcare® no longer utilizes agents to offer or sell AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, to consumers in Area 3 of New York (“Area 3”).

Consumers who reside in Area 3 of New York must contact UnitedHealthcare directly at 866-437-1021 to learn more about plan options, rates and to enroll in an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. Area 3 counties and zip codes are shown in appendix III.

# Table of Contents

Please refer to the color-coded sections for the topics listed below.

	Introduction
	Your Go-To Online Resource: Jarvis
	A Quick Look at Medicare and Medicare Supplement Plans
	AARP Medicare Supplement Insurance Plan
	Eligibility (including Guaranteed Issue)
	Underwriting and Rate Information
	Sales and Marketing Materials
	Enrolling Applicants
	Application Processing
	Producer Compensation
	Insured Member and Agent Servicing
	Appendix – contains New York regulation disclosures and updates
	1. New York Regulation Disclosures
	2. New York mover information
	3. New York Area 3 Update

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). 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.

# Introduction

Congratulations on completing your AARP Medicare Supplement Insurance certification. You are now authorized to begin offering AARP Medicare Supplement Insurance Plans from UnitedHealthcare. You are among a distinct group of producers who have the opportunity to offer AARP Medicare Supplement Insurance Plans — which gives your clients an industry-leading option.

You can count on UnitedHealthcare for the support you need to be successful. At UnitedHealthcare, we know well-trained producers provide significant value to AARP Medicare Supplement Insurance Plan members. This Producer Handbook is filled with helpful information to get you started and keep you productive.

We wish you success. We know you will enjoy a satisfying and rewarding career offering the only Medicare supplement insurance product that carries the AARP name. Good luck in the upcoming selling season.

**If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.**

## Who We Are

### UnitedHealthcare Medicare & Retirement

Serving nearly one in five Medicare beneficiaries, UnitedHealthcare Medicare & Retirement is the largest business dedicated to the health and well-being needs of older adults and other Medicare beneficiaries. UnitedHealthcare Medicare & Retirement manages a full array of products and services such as Medicare Advantage plans, Medicare supplement plans, Part D prescription drug plans, employer retiree health services, and programs designed to support chronic disease management and care coordination. Many of

the UnitedHealthcare products carry the AARP name. These products, services and programs are designed to meet the individual needs of insured members as well as their families, physicians and communities.

### Insurance Solutions

**AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company or an affiliate (collectively “UnitedHealthcare”).**

These plans are managed by Insurance Solutions, an administrative and operational business segment within UnitedHealthcare Medicare & Retirement dedicated to AARP Medicare Supplement Insurance Plans.

**Insurance Solutions** manages the coverage of more than 4.4 million insured members<sup>1</sup> ages 50 and over with its various insurance products and provides additional services promoting healthy living. The business strives for operational excellence to deliver the most cost-effective programs in the industry without compromising quality or customer satisfaction.

UnitedHealthcare and AARP have extended and broadened their relationship, which began in 1997, through at least December 2025. Over the past 20+ years, the organizations have worked together to advance health care for older Americans, including continually enhancing Medicare plans, and creating better consumer experiences to improve health outcomes. Through the extended relationship, UnitedHealthcare will continue to offer AARP-branded indemnity and Medicare-related insurance products which includes Medicare supplement plans.

Together with AARP, UnitedHealthcare remains committed to helping our insured members live healthier lives and setting UnitedHealthcare apart as *the* supplemental health insurance provider that delivers the greatest lifetime value to our insured members.

<sup>1</sup> From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2022 Medigap Enrollment & Market Share,” June 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.

# Your Go-To Online Resource: Jarvis

**Logging on to [www.uhcjarvis.com](http://www.uhcjarvis.com)** is easy! Jarvis uses One Healthcare ID for logging in for greater security. If you have not already done so, please create a One Healthcare ID when at the log in screen in Jarvis. Select Create One Healthcare ID and complete the steps to gain access. If you are having trouble, select “See our FAQ” or contact the Producer Help Desk (PHD).

Jarvis was designed to be intuitive, so it’s faster and easier to get to all of the vital information you need to be a successful sales agent. This hassle-free resource is also a mobile app that can be downloaded from the Apple/Google Play Store. If you would like to learn how the site works and where to find key materials, please attend a **Jarvis training**. Find a training time that works for you on Jarvis under Knowledge Center > Learning Lab for learning and development.

**Here are some important things you’ll find on Jarvis that may be helpful when offering AARP Medicare Supplement Insurance Plans:**

## Home Page



The Home Page is filled with the most current information happening across UnitedHealthcare. You can find important updates and articles, not only about AARP Medicare Supplement Insurance Plans, but also Medicare Advantage and Prescription Drug Plans. The Home Page contains information regarding your clients’ pending applications, approved applications (last 30 days) and active members.

## Sales Tools



Within the Sales Tools section, you can access three important sites:

- LEAN™, our online enrollment tool: LEAN, the Landmark Electronic Application Navigator, is designed to make your enrollment process faster, easier and better! LEAN is also available via the Apple/Google Play stores. LEAN is available to use via desktop, laptop and tablet. You can find more information about Online Enrollment in the Application section of this handbook.
- Sales Materials Portal: Download and order state-specific Enrollment Kits, as well as other helpful materials
- UHC Agent Toolkit: Access a library of marketing materials to print or download to help market yourself and promote your services within the field. Many of these materials are customizable to have consumers contact you directly.

You can also refer to the Sales and Marketing Materials section of this handbook for more information.

Under Sales Tools you can also find a link to Promotional Items. This online store (E-store) is a great place to order branded items such as small giveaways for in-home appointments, community meetings and other events. There is also more information on this program later within the Sales and Marketing Materials section of this handbook.

## Application Status



The Application Status tab gives you a view of the current status of your applications that have been submitted. In addition, if an application is in pending status, you can hover over the code to see an explanation of why it’s pending. Under Application Status > See Details > Applicant Letter History, you can also view any relevant Enrollment Letters that were sent to the applicant during the enrollment process.

## Commissions



The Commissions tab allows you to view your Commission Status and Statements, as well as your Production Summary. You can export your Production Summary and Commission Statement results for easier viewing.

# Your Go-To Online Resource: Jarvis (continued)

## Book of Business



The Book of Business page is where you can see more details about your clients. By clicking on the member's name, you will see current demographic information, premiums, and if the member is delinquent on payments.

## Knowledge Center



The Knowledge Center is your one-stop shop to take certifications, trainings, access product overviews, view resources, and more!

Additionally, under the Knowledge Center heading, you can access the Agent Guide. Stay current with the most up to date information within the Agent News section. The Learning Lab is located under the Knowledge Center heading. Items such as certifications, instructor-led trainings, self-paced courses, and guides are located in the Learning Lab. Keep updated on current compliance information by visiting the Compliance section, as well as learning what the insured member receives in the Member Experience section on Jarvis.

Within the Knowledge Center under Portfolio Overview and Medicare Supplement, you will find more comprehensive material on Eligibility, Rates and Underwriting, and Wellness Extras. Navigate through each tab on the page and select the state you are interested in to find information like: State-specific Guaranteed Issue details, Underwriting and Rate guides, important Annual Rate Change Communications, and all of the Wellness Extras that may be available in that state. Note: These documents are for informational purposes only and should not be used in place of the documents included in the most current AARP Medicare Supplement Enrollment Kit which can be found on the Sales Materials Portal.

Lastly, in this section you will find all you need to know about the Authorized to Offer program.

# A Quick Look at Medicare and Medicare Supplement Plans

## Medicare 101 – The Basics

### What is Medicare?

Medicare is health insurance for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD — permanent kidney failure requiring dialysis or a kidney transplant).

It pays for many health care services and supplies, but does not pay all health care costs. Medicare beneficiaries must pay for costs like coinsurance, copayments and deductibles, which are called out-of-pocket costs, or cost sharing.

### Medicare Coverage Options

Medicare beneficiaries can choose among the following options for their health care and prescription drug coverage:

1. **Original Medicare**, managed by the federal government, provides Medicare Part A and Part B coverage.



• **Part A (Hospital Insurance)** — Helps cover inpatient care in hospitals, skilled nursing facilities, hospice care and some home health care if certain conditions are met.



• **Part B (Medical Insurance)** — Helps cover doctors' services, outpatient care, other medical services that Part A doesn't cover (like physical and occupational therapists), and some home health and preventive services.

2. **Medicare Advantage Plans (Part C)** — These health



plan options (e.g., HMOs, PPOs and PFFS) are approved by Medicare and run by private insurers. They provide insurance for hospital and medical services and, sometimes, prescription drug coverage. Out-of-pocket costs and cost sharing differ from Original Medicare and may depend on whether the beneficiary received services in or out of network.

3. **Medicare Prescription Drug Coverage (Part D)** —



Medicare offers prescription drug coverage for everyone with Medicare (either Original Medicare or Medicare Advantage). Medicare drug plans are run by insurance companies and other private companies approved by Medicare. Beneficiaries must enroll in and pay a separate premium for these plans.

People who need help deciding or have questions can do any or all of the following:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY users) - 7 days a week, 24 hours a day.
- Contact their State Health Insurance Assistance Program.

### Medicare Supplement Plans



Beneficiaries who have Original Medicare may want to buy a Medicare supplement plan to help cover out-of-pocket costs. Generally, beneficiaries must have Medicare Part A **and** Part B to buy a Medicare supplement plan.

#### What is a Medicare Supplement Plan?

Medicare supplement plans (also called Medigap) are private health insurance specifically designed to supplement and work only with Original Medicare.

# Medicare Supplement Plans

## (continued)

Private insurance companies sell Medicare supplement plans.

Medicare supplement plans help pay some of the coinsurance, copayments and deductibles (“gaps”) in Original Medicare. They may also cover certain medical services Medicare doesn’t cover. People who are enrolled in Original Medicare and buy a Medicare supplement plan will generally have 100 percent of their Medicare-approved health care costs covered (depending on the plan they choose).

Medicare supplement plans are identified by letters (such as Plan G) except in Massachusetts, Minnesota and Wisconsin.

- Each Medicare supplement plan must offer the same basic benefits, no matter which insurance company sells it.
- Usually the differences between Medicare supplement policies sold by different insurance companies are the cost, underwriting criteria, extra services (value-added) and customer service.
- Medicare supplement insurance companies must follow federal and state laws.
- A Medicare supplement plan only covers one person. If a married couple wants Medicare supplement coverage, they must buy separate Medicare supplement plans.

### Plan Features

Medicare supplement plans offer beneficiaries:

- Help with managing out-of-pocket costs
- The freedom to choose any doctor who accepts Medicare patients
- No claim forms to file
- National coverage so beneficiaries can use benefits anywhere in the United States. If beneficiaries move, their coverage moves with them, except Medicare Select Plans which may not be available everywhere

- Foreign travel coverage for emergency services (for most plans)
- Guaranteed renewability, meaning the plan automatically renews from year to year as long as beneficiaries pay their premiums when due
- A 30-day “free look” evaluation period. Full refund of premiums (minus claims paid, if any) if policies are returned within 30 days of plan issuance

For more information on Medicare supplement insurance, please visit [www.medicare.gov/publications](http://www.medicare.gov/publications) and under “Keyword” search for and review “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”



# Medicare Supplement Plans

(continued)

## Basic Medicare Supplement Benefits

- Hospitalization: Part A coinsurance plus coverage for 365 days after Medicare Benefits end
- Medical Expenses: Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured beneficiaries to pay a portion of Part B coinsurance or copayments
- Blood: First three pints of blood each year
- Hospice: Part A coinsurance and respite care expenses (including applicable prescription copayments)

## Plan Benefit Chart

Medicare Supplement Plans	A	B	D	G	K	L	M	N	F <sup>4</sup>	C <sup>4</sup>
Medicare Part A Coinsurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	—	✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	Copay <sup>1</sup>	✓	✓
Medicare Part B Deductible	—	—	—	—	—	—	—	—	✓	✓
Medicare Part B Excess Charges	—	—	—	✓	—	—	—	—	✓	—
Blood (First Three Pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Foreign Travel Emergency (up to plan limit) <sup>2</sup>	—	—	✓	✓	—	—	✓	✓	✓	✓
Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance	—	—	✓	✓	50%	75%	✓	✓	✓	✓
2024 out-of-pocket limit (plans K and L only) <sup>3</sup>					\$7,060	\$3,530				

<sup>1</sup> Plan pays Part B coinsurance or copayment except for an insured copay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room copay waived if admitted as inpatient).

<sup>2</sup> Benefit is 80% after the \$250 annual deductible with a \$50,000 lifetime maximum for Foreign Emergency Care that begins during the first 60 days of a trip period.

<sup>3</sup> The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$240 in 2024).

<sup>4</sup> Plans C and F are only available to eligible applicants. Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) who will be age 65 or older on or after 1/1/2020 with a Medicare Part A effective date prior to 1/1/2020.

**All plans may not be available in all states or offered as AARP Medicare Supplement Insurance Plans.**

# AARP Medicare Supplement Insurance Plan

## Description

Every beneficiary has different health care needs. If beneficiaries want additional coverage beyond Original Medicare, an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, may be right for them.

More than 4.4 million beneficiaries nationwide have selected AARP Medicare Supplement Insurance Plans<sup>1</sup> to help cover the costs that Original Medicare does not. AARP Medicare Supplement Insurance is the only Medicare supplement product that carries the AARP name.

## Plan Highlights

- Choice — The following plans<sup>2</sup> are available in most states - A, B, C<sup>3</sup>, F<sup>3</sup>, G, K, L and N
  - Some states also offer Medicare Select Plans G and N but may only be available in certain areas of the state<sup>2</sup>
- Stable rates — Annual average base rate increases of 4.1% nationally between 2017-2022<sup>4</sup>
- Value — 94% of plan holders surveyed would recommend their AARP Medicare Supplement Plan to a friend or family member<sup>5</sup>
- Commitment to quality — 95% insured member satisfaction rate of those surveyed with AARP Medicare Supplement Plans<sup>5</sup>
- Excellent claims service — 98% of claims are processed in 10 business days or less<sup>4</sup>

- Longevity — The average tenure of insured members is 10 years<sup>4</sup>
- Insured members will have access to insured member discounts and services
- Competitive pricing
- Nationwide coverage, including Washington, D.C. and some U.S. territories
- Discounts that add up to valuable savings including Enrollment, Multi-insured, Annual Payer, and Electronic Funds Transfer (EFT) (availability varies by state)

## EZ Claim Pay Service - For AARP Medicare Supplement Plan G Members

With EZ Claim Pay, AARP Medicare Supplement Plan G members can choose to have UnitedHealthcare pay their Medicare Part B deductible out-of-pocket expenses automatically on their behalf via Electronic Funds Transfer (EFT) from their checking or savings account, at no additional charge.

### Pay Per Claim

- When UnitedHealthcare receives a claim, the company withdraws funds from the member's account and pays the provider for them. The amount will not exceed the Medicare Part B deductible.
- Members will receive a notification prior to the withdrawal and a confirmation after their provider is paid.

## How to enroll in EZ Claim Pay

**By Mail** - New Plan G members will receive information about this service and the light blue EZ Claim Pay Enrollment Form automatically from UnitedHealthcare. The completed form should be placed in the mail using the business reply envelope that is sent with the enrollment form.

<sup>1</sup> From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, "December 2022 Medigap Enrollment & Market Share," June 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-523-5800 to request a copy of the full report.

<sup>2</sup> Plans vary by state. Refer to the appropriate state-specific handbook for information specific to that state and what plans are available.

<sup>3</sup> Medicare supplement Plans C and F are only available to individuals previously eligible for Medicare, prior to January 1, 2020.

<sup>4</sup> From a report prepared for UnitedHealthcare by Human8, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," June 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-272-2146 to request a copy of the full report.

<sup>5</sup> From a report prepared for UnitedHealthcare by Human8, "2023 AARP Medicare Supplement Insurance Plan Satisfaction Posted Questionnaire," May 2023, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call 1-800-272-2146 to request a copy of the full report.

## Description (continued)

**By Phone** - If members have questions about the service or how to enroll, they can call UnitedHealthcare Customer Service at 1-877-223-1628, weekdays from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time.

Once the EZ Claim Pay Enrollment Form has been processed, members will receive a letter in the mail confirming their enrollment.

Members will be notified by UnitedHealthcare via mail approximately 5 to 10 days in advance of withdrawing any money from their account to pay the Medicare Part B deductible out-of-pocket costs for each applicable claim.

**Note:** The EZ Claim Pay service can be stopped at any time by the member.

# AARP Medicare Supplement Insurance Plan (continued)

## Help Your Clients Live Healthier Lives

Because Medicare supplement plans are standardized, one of the ways (aside from premium) that UnitedHealthcare can differentiate ourselves in the market is through our wellness extras.

Plan members can receive the following additional wellness extras at no additional cost. These extras are voluntary. These extras are separate from the Medicare supplement plan benefits, may be discontinued at any time and vary by state.

### Gym Membership, Discounts and More

Once a member is enrolled in an AARP® Medicare Supplement Plan, they will have access to insured member discounts and services available at no additional cost to them. The offerings include gym memberships,\* discounts and more.

*\*Availability of fitness program may vary by area. Fitness program network only includes participating facilities and locations.*

**These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability.**

Note that certain services are provided by Affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare.

### Gym Membership:



#### Renew Active® by UnitedHealthcare®:

- A gym membership at no additional cost
- Access to an extensive network of gyms and fitness locations near your clients
- An annual personalized fitness plan
- Access to a wide variety of fitness classes
- Connecting with others at local health and wellness events, and through the Fitbit® Community for Renew Active members

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. Your clients should consult their doctor prior to beginning an exercise program or making changes to their lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

### AARP® Staying Sharp®:



AARP® Staying Sharp® is 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.

UnitedHealthcare will receive, from AARP Staying Sharp, program confirmation code information together with data regarding your client's usage of AARP Staying Sharp (for example, the number of times they visited the 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 client's 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

## Help Your Clients Live Healthier Lives (continued)

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.

Participation in the cognitive assessment is voluntary. Your client's health assessment responses will be kept confidential in accordance with applicable law and will only be used to provide health and wellness recommendations within the AARP Staying Sharp program.

### 24/7 Nurse line:



A registered nurse is available to discuss your client's concerns and answer questions over the phone anytime, day or night. Spanish is available, as well as translation assistance in 140+ languages.

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

The information provided through these services is for informational purposes only. Your client's health information is kept confidential in accordance with applicable law. None of these programs are a substitute for your client's 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 your client and their health care provider. Your client should consult their physician before beginning an exercise program or making major changes in their diet or health care regimen.

## AARP Membership

Applicants must be AARP members or live in the same household as someone with whom they share an AARP membership number to enroll in an AARP Medicare Supplement Insurance Plan. If they are not AARP members (or are not living in the same household as an AARP member), an agent may assist them in enrolling. For information on ways of enrolling into an AARP Membership, see the Application Checklist, AARP Membership section later in this handbook.

One membership covers both the AARP member and another individual **living in the same household**. Examples of households include husband and wife or domestic partners. A maximum of two individuals can enroll per household under the same membership number.

AARP membership is available to individuals age 50 and over and provides:

- Access to exclusive discounts on restaurants, travel, and more
- A subscription to the award-winning *AARP The Magazine*
- Exclusive savings on FDA-approved prescription medications not covered by your primary insurance and on specialty drugs at more than 66,000 participating retail pharmacies and via mail order
- Important information on health, Medicare and Social Security, and much more

Agents cannot purchase an AARP membership for their clients.\*

Dues are not deductible for income tax purposes.

## Additional Selling Opportunity

AARP® MedicareRx Plans, including AARP MedicareRx Walgreens, from UnitedHealthcare, complement AARP Medicare Supplement Insurance Plans. Beneficiaries who would like prescription drug coverage should consider an AARP MedicareRx Plan. Interested beneficiaries should be sure they are applying within an eligible enrollment period. More information can be found at <https://www.aarpmedicarerx.com/>.

The AARP® MedicareRx Walgreens Plan from UnitedHealthcare offers more coverage for prescriptions. As a preferred pharmacy, Walgreens offers lower costs with filling your clients' prescriptions. UnitedHealthcare and Walgreens work together to offer your clients their lowest prescription drug copays.

Co-marketing materials promoting AARP Medicare Supplement and AARP MedicareRx Plans are available on the UnitedHealthcare Toolkit.

Remember that AARP MedicareRx Plans are federally regulated and subject to CMS guidelines for marketing and sales events.

For example, if you plan to use the co-marketing materials to generate leads and/or invite Medicare beneficiaries to a seminar, please remember to use the Scope of Appointment form for all appointments and/or register your seminar.

**Don't forget:** To sell AARP MedicareRx, including AARP MedicareRx Walgreens, you must be contracted and certified to offer the plans.

\* Agents cannot purchase an AARP membership for consumers, nor should they accept money and send personal checks for membership on behalf of applicant.

# Eligibility

This section provides the business practices for AARP Medicare Supplement Insurance Plans (Medigap) offered to AARP members and insured by UnitedHealthcare Insurance Company of New York. Rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

**IMPORTANT** - UnitedHealthcare® no longer utilizes agents to offer or sell AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, to consumers in Area 3 of New York ("Area 3").

Consumers who reside in Area 3 of New York must contact UnitedHealthcare directly at 866-437-1021 to learn more about plan options, rates and to enroll in an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. Area 3 counties and zip codes are shown in appendix III.

## Requirements

The following eligibility rules apply for AARP Medicare Supplement applicants. Applicants must:

- Be enrolled in Medicare Part A and Part B at the time of the plan effective date
- Be residents of the state in which they are applying for coverage
- Be AARP members or live in the same household as someone with whom they share an AARP membership number
- Be age 50 or older

## Medical Underwriting

Medical Underwriting is not permitted.

### Reminder:

The Medicare Access and CHIP

Reauthorization Act of 2015 (MACRA) made changes to AARP Medicare Supplement Plans that cover the Part B deductible for newly eligible Medicare beneficiaries on or after January 1, 2020.

Medicare supplement Plans C and F, which cover the Medicare Part B deductible, are no longer available to individuals newly eligible for Medicare as of January 1, 2020 or later. This means that anyone that turned 65 on or after January 1, 2020, will only be able to purchase Plans C or F if they have a Medicare Part A effective date prior to 2020.

Medicare supplement Plans C and F are available for individuals eligible for Medicare prior to January 1, 2020. Therefore anyone who turned 65 before January 1, 2020 may continue to enroll or keep Plans C or F.

## Pre-Existing Conditions

An applicant has a pre-existing condition if any of the following happened within six months before the applicant's plan effective date.

1. A *Physician* gave medical advice for the condition.
2. A *Physician* recommended or gave treatment for the condition.
3. A *Physician* recommended or prescribed a prescription drug for the condition.

Pre-existing conditions will be covered as part of the AARP Medicare Supplement Plan effective date for those who have or replace creditable coverage (documentation of the prior creditable coverage must be submitted),\* qualify for Guaranteed Issue, or replace a Medicare supplement plan. For all others, there is a 6-month waiting period after the plan effective date before existing conditions are covered.



# Pre-Existing Conditions

(continued)

All decisions to cover pre-existing conditions will be made when the application is processed.

**\*Note:** Under New York law, Medicare Parts A and B are considered creditable coverage only during the first 6 months of Part B enrollment at age 65 or older. Some common examples of creditable coverage include: Employer group or individual health plan, Medicare Advantage plan and Medicaid.

# Hospital and Skilled Nursing Facility Stays

No benefits will be paid for the portion of a hospital stay or skilled nursing facility stay that occurs **prior to** the Medicare Supplement plan effective date. Benefits for a Medicare-approved hospital stay or skilled nursing facility stay will be eligible **beginning on** the plan effective date, even when that stay began prior to the plan going into effect.

Please reference the “Your Guide” in the eligibility and benefits section of the AARP Medicare Supplement Enrollment Kit for more detailed information.

# Open Enrollment

Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

In New York, Open Enrollment is ongoing.

Open Enrollment — Other Information		
Plan Availability*	Age 65 & older	Plans A, B, C, F, G, K, L, and N
	Age 50-64	Plans A, B, C, F, G, K, L, and N
Pre-Existing Conditions Exclusion		6 months – waived for those who are replacing a Medicare Supplement plan, or who have or are replacing creditable coverage (Medicare Parts A and B are creditable coverage only during the first 6 months of Part B enrollment at age 65 or older).
Underwriting		None

\* Plan availability may vary. Please refer to the Plan Availability charts located later in this handbook.



## Guaranteed Issue

The following information outlines the situations under which applicants would qualify for Guaranteed Issue and the application requirements. Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

## Qualifying Event

1. Applicants lose, learn they have lost, or drop employer coverage.
2. Applicants are enrolled in a Medicare Advantage (MA), other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan and:
  - The plan stops coverage in the area,
  - The plan sends notice it will stop coverage, or
  - Applicants move out of the service area

**NOTE:** To demonstrate that an applicant meets Guaranteed Issue as a result of a move outside of their current plan's service area, applicants will need to provide a copy of their Termination Letter from the carrier. When the Termination Letter does not indicate the applicant has moved out of the service area, additional information is needed, such as:

- Letter from prior insurer showing previous address
  - Driver's license showing prior address
  - Utility bill in the applicant's name showing prior address
3. Applicants are enrolled in an MA, other Medicare managed care, PACE or Medicare supplement (including Select) and the plan:
    - Violates the insurance contract (for example, by failing to provide necessary medical care), or
    - Was misrepresented in marketing to the applicant
  4. Applicants are enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).
  5. Applicants dropped their Medicare supplement coverage to enroll for the **first time** in an MA, other Medicare managed care, PACE, or Select plan, and dropped that plan within **12 months**.
  6. **On first enrolling in Medicare Part A at age 65**, applicants enrolled in a MA or PACE plan at the same time, and dropped that plan within **12 months**.

**NOTE:** The MA or PACE plan effective date must be equal to the Medicare Part A effective date for this qualifying event to apply. For example, if the Part A effective date is August 1, the MA or PACE plan must also be effective August 1 or the qualifying event will not apply.

## Application Requirements

Completed applications must be received **within 63 days after the qualifying event**.

Applications must include supporting documents such as “notice of creditable coverage” (employer plans) or “notification of rights” (Medicare Advantage plans).

**Important note regarding Medicare Advantage (MA):** By law, MA applicants cannot be accepted unless MA coverage terminates on or before the AARP Medicare Supplement Insurance Plan’s effective date. Applicants must have a valid MA election or enrollment period to leave an MA plan. **Having a valid election or enrollment period does not automatically qualify an applicant for Guaranteed Issue. Only the specific qualifying events listed above qualify an applicant for Guaranteed Issue. Applicant should contact their respective MA carrier in order to terminate their MA coverage. It is the responsibility of the applicant to do so (unless the applicant is enrolling in a Prescription Drug Plan (PDP), then the MA coverage will automatically be terminated).**

### Guaranteed Issue — Other Information

Plan Availability	Age 65 & older	Plans A, B, C, F, G, K, L, N
	Age 50-64	Plans A, B, C, F, G, K, L, N
Pre-Existing Conditions Exclusion		None
Underwriting		None

## Plan Availability

### Medicare Beneficiaries Age 65 and Older

The following chart shows the plans available to eligible Medicare beneficiaries age 65 and older.

What Plans Are Available?	A 65th birthday <b>or</b> Medicare Part A effective date <b>prior to</b> 1/1/2020 - A, B, C, F, G, K, L and N
	A 65th birthday <b>and</b> Medicare Part A effective date <b>on or after</b> 1/1/2020 - A, B, G, K, L and N
When Are Plans Available?	Year round
Are Plans Underwritten?	No

### Medicare Beneficiaries Age 50-64

The following chart shows the plans available to eligible Medicare beneficiaries age 50–64.

What Plans Are Available?	Medicare Part A effective date <b>prior to</b> 1/1/2020 - A, B, C, F, G, K, L and N
	Medicare Part A effective date <b>on or after</b> 1/1/2020 - A, B, G, K, L and N
When Are Plans Available?	Year round
Are Plans Underwritten?	No

**Note: Plans vary by state.** If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

Applicants must be at least age 50 or older in order to be eligible to enroll.

# Underwriting and Rate Information

## New Sales

Rates\* and Underwriting **vary by state**. Please refer to the appropriate state-specific handbook for information specific to a beneficiary's residence state.

Underwriting requirements and rates for the AARP Medicare Supplement Insurance Plans are the same for all beneficiaries ages 50 and older. The following charts provides a summary of the underwriting requirements and applicable rates:

Medicare Beneficiaries Age 65 and Older	
Underwriting and Rate Summary	
Underwriting	No Underwriting
Rate	Standard Rate

Medicare Beneficiaries Age 50 to 64	
Underwriting and Rate Summary	
Underwriting	No Underwriting
Rate	Standard Rate

\*Agents are encouraged to use the plan search tool within Jarvis and the rate quote tool in LEAN. The Producer Help Desk (PHD) cannot quote rates for agents.

## Rate Discounts for Age 50 & Older

### Electronic Funds Transfer (EFT) Discount

\$2.00 per household per month when the entire household (both insured members) pays their premium through Electronic Funds Transfer.

### Annual Payer Discount

\$24.00 per household per year (applied at \$2.00 each month) for insureds who pay their entire calendar year premium (January through December) by the end of January.

#### NOTE:

- To qualify for the Annual Payer discount, 12-month premium must be paid by January 31st.
- Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined. For more detailed information on these discounts, please see the Application Checklist, Billing Options and Billing Procedures sections.

## Rating Information

### Community Rating with Areas

In community-rated states with area rating, all insured members in the same rating class in the same area pay the same rate (excluding discounts).

### Rate Changes

UnitedHealthcare's monthly premium generally changes once a year. However, an enrolled insured member may see his/her monthly premium change after the first year of coverage due to rate guarantee ending.

### Rate Guarantee

New insured members receive a 12-month rate guarantee from their initial plan effective date. Rate guarantee guarantees that the rate will not "increase" during the Rate Guarantee period. Insured members will not receive an additional rate guarantee when switching from one AARP Medicare Supplement Plan to another.

# Sales and Marketing Materials

A variety of AARP Medicare Supplement marketing materials are available to use for offering the product.

## Access



You can access all of the following materials within Jarvis ([www.uhcjarvis.com](http://www.uhcjarvis.com)) in the Sales Tools tab under Sales Materials.


The **Sales Materials Portal** is where you will find state-specific Enrollment Kits, Medicare Select Directories (*in applicable states*), extra state and material forms, state-specific Producer Handbooks, free non-customizeable marketing materials and other helpful tools available for download or print.

The **UHC Agent Toolkit** allows you to create customized marketing materials with targeted messages quickly and easily while ensuring compliance with regulatory, State Departments of Insurance, CMS and brand standards. This tool makes it simple to find material, customize it for your market, and then order the materials for download or print.

A link to an online **E-store** of branded promotional items is also available in this section on **Jarvis**, where you may order apparel or small giveaways to use during in-home appointments, community meetings and other events.

## Enrollment Kits and Sales Materials

You can order and download state-specific enrollment kits, guides, and additional enrollment resources on Jarvis through the Sales Materials Portal. Simply log into Jarvis, click on the Sales Tools tab, click Sales Materials, and select Order Materials under the Sales Materials Portal subheading. This will open a new page where you can filter for the items you are looking for on the left-hand side. To find Medicare Supplement

materials, under the “Plan Type” filter, select “Med Supp.” You can personalize your enrollment kits to include your name, phone number and e-mail address which will be pre-printed on the back cover of your enrollment kit and on the agent section of the application. All you have to do is select  PERSONALIZE within your shopping cart prior to completing your checkout process.

This feature is designed to help you better serve consumers, increase your exposure in the market, and grow your book of business.

**Important:** Enrollment kits are revised periodically to comply with state requirements and may change during the year. Therefore, we recommend that you order only a small quantity of material at a time. It is your responsibility to ensure that you and your applicants are only using current materials. You may order a maximum of 25 enrollment kits per week.

There are also numerous resources on the Sales Materials Portal, including occasional free material offers to use as a leave-behind.

## UHC Agent Toolkit

The UHC Agent Toolkit is your online source for sales and marketing lead generation materials you may be able to customize with targeted messages, then download for immediate use. You can access the UHC Agent Toolkit on Jarvis > Sales Tools > Sales Materials > UHC Agent Toolkit > Launch UHC Agent Toolkit. Continue reading for more information on the types of materials you will find on the UHC Agent Toolkit.

## Sales Presentations

The state-specific sales presentations are designed for you to give your clients an A-Z overview of Medicare and Medicare Supplement plans in one-on-one meetings or larger group settings, both in-person or virtually. You may personalize the sales presentation with your photo, name, phone number, email address, and website.

Sales Presentations are available on the UHC Agent Toolkit in PDF format. The Shop path for Sales Presentations is: SHOP > AARP MEDICARE SUPPLEMENT > SALES PRESENTATIONS.

## Lead Generation Materials

AARP Medicare Supplement approved marketing pieces can be used to:

- Generate leads
- Promote formal sales events
- Engage and educate individuals about AARP Medicare Supplement Insurance Plans
- Create awareness of the services you provide as an agent

A variety of materials are available on the UHC Agent Toolkit, including ads (print and digital), flyers and postcards, social media posts, videos, signage and brochures with an assortment of pre-approved options to choose from. Materials are categorized by language, then by product or theme and event. Some approved materials are available in both meeting and non-meeting formats.

You can often customize these pieces with your own contact information and will have the option of ordering printed materials directly through the UHC Agent Toolkit or downloading a high-resolution file and taking it to a print vendor of your choosing, print using your office printer or sharing the materials electronically with clients through email.

Ordering materials from the UHC Agent Toolkit is easy. Simply:

1. Use the Home page for a quick, easy start or take advantage of the Shop or Search options to navigate to specific folders to find what you are looking for.
2. Customize and Proof: Information will be pre-populated based on your personal profile, including your name, address, phone, meeting information and picture. You must proof and approve your information prior to ordering.
3. Download or Checkout: For most materials, you will be prompted to either order printed materials or download an electronic version. Downloaded versions are free.

All marketing materials are reviewed and updated on an annual basis throughout the year. You should check periodically throughout the year and download or print the newer version of the marketing piece when available.

### Did you know?



Utilizing digital materials provides you with more functionality than print. For example, utilize “CTRL” + “F” on your computer to quickly find exactly what you are looking for.

## Promotional Items

AARP Medicare Supplement-branded promotional items are great to use as giveaways at appointments, meetings and other events.

You may purchase branded items, such as apparel, pens and note pads, on the online E-store. You can find a link to the E-store on Jarvis under Sales Tools > Sales Materials > Promotional Items > Launch E-Store. Once in the UnitedHealth Group Brand Merchandise E-store, simply hover over UnitedHealthcare listed on the top navigation bar, then select AARP Medicare Supplement from the drop down menu. All major credit cards are accepted. Additional items are added to the store throughout the year so check back frequently!

Distribution of gifts and promotional merchandise is subject to UnitedHealthcare policies, as well as applicable state and federal laws and regulations. Please check the regulations issued by your state department of insurance, as laws and regulations can vary by state.

## Sales and Marketing Materials Rules

Producers are prohibited from creating new or altering existing marketing materials for AARP Medicare Supplement Insurance Plans. Any material that states the product name or uses the AARP logo or name

## Sales and Marketing Materials Rules (continued)

in any piece must be approved by UnitedHealthcare and AARP Services, Inc. (AARP's wholly owned subsidiary), and in most cases, filed with each state. Therefore, you must only use sales and marketing materials provided by UnitedHealthcare to promote the AARP Medicare Supplement product. **You must not create your own pieces with the AARP Medicare Supplement name or logo.**

The availability of sales and marketing materials varies by state. Materials are filed with each state and may take time to get approval. Not all materials will be available in each state. Please check back frequently for approved materials on the Sales Materials Portal and UHC Agent Toolkit.

The following guidelines apply when using AARP Medicare Supplement marketing pieces:

- Use only approved pieces.
- Verify that the piece has been approved in the state(s) you would like to market in. If you do not see a state listed in the UHC Agent Toolkit or Sales Materials Portal on Jarvis, the piece is not approved for use in that state. Check back frequently, as states are added when approvals are received.
- Altering the pieces is prohibited (excluding the customizable fields). You must not remove, edit, move or add information to the pieces, beyond what is supported on the Toolkit. You may not make pieces smaller because each state's Department of Insurance requires a minimum font size.
- You may not make cold calls as highlighted in the Branded Products Addendum (Exhibit D) in your contract. And you cannot follow up with your mail recipients to see if they received your mailing or flyer.
- Attaching business cards or labels of any sort with your contact information or other messaging to approved materials is prohibited. You may add your personalized contact information only where indicated on approved marketing pieces prior to

downloading or printing material. You may also add address labels to approved pieces with a list of mail recipients.

Please note access is limited to materials for only those states you are licensed and appointed and products you are certified to sell. **Distribution of materials to uncertified producers is strictly prohibited.**

Producers who do not comply may face disciplinary action, including, but not limited to, termination of contract.

As a reminder, be sure to register all events, educational or marketing/sales, formal or informal, with the Centers for Medicare & Medicaid Services (CMS) in the event consumers may have questions on Prescription Drug Plans or Medicare Advantage Plans.

### Did you know?



The Sales Materials Portal and UHC Agent Toolkit house different marketing materials, but all can be accessed by logging into Jarvis. Once on Jarvis, navigate to Sales Tools, then locate the Sales Materials Portal, and UHC Agent Toolkit for these materials.

#### Sales Materials Portal:

- State-specific Enrollment Kits (can be personalized) - new sales
- State-specific Plan Change Enrollment Kit (download only)
- State-specific Producer Handbooks
- Non-Personalized Brochures and Fact Sheets

#### UHC Agent Toolkit:

- Lead Generation Campaigns
- Sales Presentations
- Fact Sheets and Brochures
- Social Media Posts
- A2O Elite Materials
- Advertisements, including digital



# The Authorized to Offer (A2O) Agent Program\*

Authorized to Offer (A2O) AARP® Medicare Plans Program differentiates agents by providing exclusive opportunities to AARP-branded marketing materials and rewards program, depending on the agent's status level. Through the program, UnitedHealthcare® recognizes agents who have met and continue to meet all certification standards, demonstrate competency for AARP Medicare Supplement Insurance Plans, from UnitedHealthcare, and serve AARP members' best interests.

The A2O program is split into two status levels that are defined by the underlying requirements. Access to specific types of AARP-branded product marketing materials is determined by earning and retaining a status level annually.

## Quality Production Minimum Qualifications

### Authorized to Offer (Level 1)

Agents who are licensed, appointed and contracted with UnitedHealthcare, and have completed UnitedHealthcare certification requirements, are Authorized to Offer (A2O) (also known as Level 1) AARP Medicare Plans.

### Authorized to Offer (A2O) Elite\*\*\* (Level 2)

From January to December each year, agents who submit at least **twenty-five (25) commission-eligible, accepted and paid sales\*\* of AARP Medicare Supplement Plans and/or Medicare Select Plans** with plan effective dates during that year will move to A2O Elite status.

## Status

Agents can view their Authorized to Offer (A2O) status on Jarvis under Manage Your Account in the Personal Information section after they've searched for their name or agent ID. See the field "A2O Level" to view your current A2O level. To check your status, please go to [www.uhcjarvis.com](http://www.uhcjarvis.com). Agents also receive monthly production e-mail statements for AARP Medicare Supplement Plans.

\* Program rules are subject to change and may be discontinued at any time without notice.

\*\* Sale must be commission-eligible. See your contract for details. Sale must also be paid with at least one month's full premium paid by the consumer. Note: First month's premium payment must be applied to the account by December 31 for the premium to be considered paid.

\*\*\* The term "Elite" is only specific to AARP Medicare Supplement Insurance Plans, not MA/PDP, as they are still considered Level 2.



## The Authorized to Offer (A2O) Agent Program (continued)



Requirements	Authorized to Offer Agents (Level 1)	Authorized to Offer Elite Agents (Level 2) for AARP Medicare Supplement Insurance Plans.*
Has successfully completed the UnitedHealthcare required certification.**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Has met the quality production minimum by submitting at least twenty-five (25) commission-eligible, accepted and paid sales of AARP Medicare Supplement Plans and/or Medicare Select Plans.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* The term "Elite" is only specific to AARP Medicare Supplement Insurance Plans, not MA/PDP, as they are still considered Level 2.

\*\* AARP Medicare Supplement certification is incorporated into the Medicare Basics course.

Benefits	Available to Authorized to Offer Agents (Level 1)	Available to Authorized to Offer Elite Agents (Level 2)
Access to enrollment kits and LEAN, the free and secure online enrollment tool.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to product brochures and flyers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to lead generation pieces and greeting cards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to sales presentations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded social media posts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded web banners.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility to earn cash and a trip from UnitedHealthcare through the A2Oh! Rewards Program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Elite Welcome Box, including AARP-branded window cling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exclusive promotional giveaways.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to personalized business cards of AARP-branded products.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded letter of introduction and personalized lead generation pieces.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to AARP-branded shirts and promotional items.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eligible to have non-resident appointment fees paid for by UnitedHealthcare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# The Authorized to Offer (A2O) Agent Program (continued)

## A2Oh! Rewards Program

A2O Elite agents can earn cash rewards and trips from UnitedHealthcare on commission-eligible, accepted and paid sales (certain conditions, limitations and exclusions apply) of AARP Medicare Supplement Insurance Plans and/or Medicare Select Plans with plan effective dates during the program measurement period of January through December.

You can start accumulating cash rewards as soon as you submit your first application! And don't worry about keeping track - you will receive a monthly email showing your earnings so far in the program.

To honor top-performing sales success, **in addition to earning cash payouts**, A2O Elite agents will also be eligible to earn a **travel reward** from UnitedHealthcare! Agents who earn a trip may choose to take their earned trip or choose a cash award, in lieu of taking the trip, for the estimated value of their earned trip. Check out the Authorized to Offer section under the Knowledge Center tab within Jarvis for more trip details, including trip levels.

**Note:** Rewards are in addition to your existing plan commissions.

For complete details and information about the Authorized to Offer (A2O) Program, and the A2Oh! Rewards Program, visit [www.uhcjarvis.com](http://www.uhcjarvis.com). Program rules are subject to change.

## Marketing Materials

A2O and A2O Elite agents can locate marketing materials, including brochures, flyers, lead generation, sales presentations, social media posts and more by visiting the UHC Agent Toolkit.

**Note:** A2O Elite materials are for agents who have A2O Elite status. Qualified A2O Elite agents may not share A2O Elite materials with A2O agents. Materials must not be used to generate leads to be provided to A2O agents.

## AARP Services, Inc. Agent Visits

All UnitedHealthcare agents that are A2O or A2O Elite are subject to quality-control visits from staff members of AARP Services, Inc. (ASI) Distribution.

The purpose of these visits is to ensure that agents are meeting all code of ethics and other contractual obligations to UnitedHealthcare related to participation in the A2O program for the AARP-branded products.

Each quarter, ASI Distribution staff will contact agents to schedule face-to-face meetings at a mutually convenient time and place. The meeting will typically last about an hour. It will include an introduction from ASI staff, questions about the agent's background and solicit feedback about AARP and the AARP-branded products offered through UnitedHealthcare.

You are encouraged to be candid. Also, remember to adhere to all privacy and related rules concerning consumers and be sure to contact your up-line or available UnitedHealthcare resources to address specific issues as appropriate.

# Enrolling Applicants

## State-Specific Enrollment Kits

State-specific enrollment kits are available for all producers who are certified, licensed, and appointed by UnitedHealthcare to offer AARP Medicare Supplement Insurance Plans. The state-specific enrollment kits contain all of the materials necessary to complete a sale. You can order and download state-specific enrollment kits, guides, and additional enrollment resources on Jarvis through the Sales Materials Portal. Simply log into Jarvis, click on the Sales Tools tab, Sales Materials, and under Sales Materials Portal, select Order Materials.

This will open a new page where you can filter for the items you are looking for on the left-hand side. If you need an enrollment kit immediately, you may download it while you wait for your order.

You can personalize your state-specific enrollment kits to include your name, phone number and e-mail address, which will be pre-printed on the back cover of your enrollment kits and on the agent section of the application, in the quantity you specify for each state in which they are ordered. All you have to do is select PERSONALIZE within your shopping cart prior to completing your checkout process.

On the Sales Materials Portal you will also find state-specific plan change enrollment kits (download only), Medicare Select Directories (in applicable states), extra state and material forms, state-specific producer handbooks, free material orders, as well as other helpful tools.

The enrollment kit must be delivered in its entirety to the applicant, including when submitting an application through the AARP Medicare Supplement Online Enrollment tool, accessible through UnitedHealthcare's **Landmark Electronic Application Navigator (LEAN)** tool. Please verify you have current materials. Using outdated materials may cause a paper application to

be delayed or rejected, or may cause you to quote an incorrect premium rate.

**Remember to leave all items in the enrollment kit with the applicant except for items to be submitted to UnitedHealthcare if you opt to mail or fax the paper application.**

### Did you know?



You can now easily access the AARP Medicare Supplement Online Enrollment tool within LEAN. Just download the LEAN app from the App Store or Google Play Store or access it online through Jarvis > Sales Tools > LEAN. For complete information about using the online enrollment tool, see the "Submitting an Enrollment Application" later within this section.

## State-Specific Application Forms

### Agent Paper Applications

**You must use the agent version** of the AARP Medicare Supplement state-specific application, which includes the code **2460720307** at the bottom of the first page of the paper application. Agent versions of the paper application are included in the enrollment kits.

**If you use the pre-printed or paper application that UnitedHealthcare has sent the consumer or if you combine their application with the agent application, you will not be paid a commission on the application.**

### LEAN - Agent Online Enrollment Tool

We strongly recommend you use our Online Enrollment tool, LEAN, to complete and submit applications for increased accuracy and faster processing. See the Did You Know? section on this page for instructions on how to access LEAN. Plans and rates will display in LEAN on the Plan Selection page. Another way to view available plans and rates is the Plan Search in Jarvis. Simply log into Jarvis, click on the Sales Tools tab and select Plan Search. If an applicant is ready to enroll after you review the available plans and rates, simply

## State-Specific Application Forms (continued)

click on Launch LEAN. For more detailed information about submitting an online application, please see the “Submitting an Application” later within this section.

**If an enrollment is completed using the consumer facing website ([www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)), you will not be paid a commission on the application.**

Prior to filling out the state-specific application, you should:

- Confirm the applicant is or will be enrolled in Medicare Part A and Part B as of the coverage effective date
- Confirm the applicant is an AARP member
- Review plan options with the applicant and provide guidance to the plan that best fits his or her needs
- Indicate the applicant’s plan selection and desired effective date on the application. If the applicant has current health coverage, please include this information on the application in the appropriate spot.

When no effective date is noted on a paper application, coverage is generally effective the first of the next month following the date the paper application is **received** (as long as the applicant is eligible on that date) and approved by UnitedHealthcare.

## New York Agent Disclosures

As of January 1, 2011, New York Regulation 194 - “Producer Compensation Transparency” requires agents to make certain statements, on or before the time of sale, regarding their role as an insurance agent pertaining to the sale of a Medicare supplement policy. The regulation also permits an applicant to request information from the agent regarding their compensation. **Details of the regulation, including the required disclosures and additional disclosures, can be found in Appendix I of this Handbook.** Please review this information carefully to ensure you are complying with the regulation.

### A few important points:

- ☑ A copy of the “Required” disclosure is included in the current AARP Medicare Supplement Enrollment Kit for New York.
- ☑ If the applicant requests additional compensation information, agents are required to provide the requested compensation information in writing to the applicant within 5 business days of the applicant’s request.\* As noted in the regulation, agents must keep a copy of the written compensation information for 3 years after the date it is given to the applicant.

**\*Note:** As UnitedHealthcare employees, ISRs are required to use the Agent Compensation Disclosure Form, which can be downloaded from the Agent Portal under “Product Information and Materials,” then “Materials,” then “Sales Materials.” The form can be found within the AARP Medicare Supplement Kit section and is for ISR agents only.

## Applicants Replacing Coverage

### Replacement Notice

A replacement notice needs to be completed by the applicant and agent for those applicants who intend to terminate their existing accident and health insurance, health maintenance organization coverage, employer-provided health benefit coverage, Medicare supplement insurance coverage, Medicare Select coverage, Medicare Advantage plan or health maintenance organization (HMO)-issued Medicare cost contract coverage and replace it with an AARP Medicare Supplement Plan.

- ☑ If applicants are changing from one AARP Medicare Supplement Insurance Plan to another AARP Medicare Supplement Insurance Plan, the Replacement Notice is not required.

## Applicants Replacing Coverage (continued)

### Continuous Coverage

Applicants who are replacing their existing Medicare supplement coverage should not cancel their coverage until they receive confirmation of acceptance, the new coverage's effective date, and notification of the final premium rate. When replacing an existing policy, applicants should request a plan effective date to coincide with the date existing coverage ends.

**Please note:** AARP Medicare Supplement Insurance Plan effective dates are always the first of a month.

For more information on effective dates, please refer to the section on effective dates under "Application Processing" of this Producer Handbook.

### Replacing a Medicare Advantage Plan

**Enrollment in Medicare supplement insurance does NOT automatically disenroll an applicant from a Medicare Advantage plan.** Applicants should contact their current insurer or 1-800-Medicare to see if they are eligible to disenroll, and to disenroll if they are able. They may choose to disenroll from their Medicare Advantage plan with Rx coverage by enrolling in a stand-alone prescription drug plan if they are able to do so. Medicare Advantage and Medicare supplement coverage **cannot overlap**, and there should be no gap in coverage, so request a plan effective date to coincide with the date existing coverage ends.

## Application Checklist

Please be sure to complete and submit all the necessary forms to ensure your enrollment is processed quickly and accurately:

☒ **Complete all required sections of the application, including:**

- ☐ AARP membership number (either currently an AARP member or living in the same household as someone with whom they share an AARP membership number. Verify with the applicant the number provided is correct and current.

- ☐ Applicant's demographic information such as First Name, Middle Initial, Last Name, and Permanent Home Address (P.O. boxes are NOT acceptable permanent addresses. A permanent address is considered the applicant's actual/physical residence, where he/she files federal taxes. If mail cannot be delivered to the applicant's permanent address, a P.O. box can be used as the mailing address only.)

**Note:** Applicants can provide an additional temporary mailing address for instances where the applicant has two households throughout a year. The insured member may call to have their member communications mailed to their temporary mailing address but must call back to reinstate the permanent mailing address.

- ☐ The applicant's plan selection

**Note:** If a plan is not selected on the application, the plan with the highest level of coverage will automatically be assigned. A letter will be sent to the applicant notifying them of this assigned plan and if this is not the plan they intended they should initiate a plan change.

- ☐ The conditions of eligibility and authorization
- ☐ Requested effective date (if left blank, the effective date will generally be the first day of the month after **receipt** of paper application)
- ☐ Health questions (if applicable)
- ☐ All required signatures and dates
- ☐ Applicant's current health coverage (if applicable)
- ☐ **Documentation that supports Guaranteed Issue** (if applicable). For example, carrier termination notice (must include employee name and termination date on employer letterhead) or a notification of rights that the applicant received from their prior insurer or employer. Please see the Guaranteed Issue section for more information.

☒ **Signatures:**

- ☐ Applicant(s) **must sign** and date the "Your past and current coverage" section.
- ☐ Applicant(s) **must sign** and date the Authorization and Verification of Application of Information section.

## Application Checklist (continued)

- ☐ Applicant(s) **must sign** and date the Authorization for Verification of Information section.
- ☐ Agent must complete name, agent id, and sign and date the last page of the application.

Note: Applications must be received **prior** to the requested plan effective date. UnitedHealthcare must receive the application by the last day of the month for the plan to take effect on the 1st of the following month. If a submitted application is received after the requested effective date on the application, the plan effective date will be the 1st of the month following the application receipt date.

- ☐ Applicant(s) and Agent **must sign** and date the Replacement Notice if one is needed.

**All signatures must be clear.**

### Invalid Signatures

Here are descriptions that help identify invalid signatures:

- Initials only on the Signature Field
- First name or last name only
- “X” or “other marks” for signature (when not notarized)

Paper applications with erasures or other alterations may be delayed or rejected. **If a mistake is made, cross out the incorrect information, write the correct information nearby, and have the applicant initial the correction.**

If the application is incomplete or clarification is needed, we may contact you or the applicant by phone or letter. We encourage you to explain this to applicants and ask for their prompt cooperation.

## Did you know?



The most common reasons for applications to be delayed are due to:

- **Incomplete applicant demographics (name, date of birth, etc.)**
- **Missing AARP membership number & dues**
- **Incorrect AARP membership number for existing members**
- **Missing applicant signatures**
- **Missing agent signature & Replacement Notice**
- **Invalid effective date request (date in the past or too far into the future)**

Online enrollment signatures can be captured in different ways:

- Electronic Signature via signature pad or touch device
- Remote Signature
- Express Security Code

### **AARP Membership:**

Applicants must be AARP members or live in the same household as someone with whom they share an AARP membership number to enroll in an AARP Medicare Supplement Insurance Plan. If an applicant is not an AARP member, the agent can assist in enrolling him/her through one of the following methods (Agents may not purchase membership for individuals):

- ☐ If submitting using the AARP Medicare Supplement Online Enrollment tool, a consumer can join, renew or verify AARP membership through the AARP membership portal.
- ☐ Applicants may call 1-866-331-1964. Representatives are available Mon. - Fri., 7am-11pm and Sat., 9am-5pm ET.



## Application Checklist (continued)

- If submitting a paper application, complete an AARP membership form (in kit) and include a separate consumer's check payable to AARP for dues. (You must not accept money from the consumer and send your personal/agency check/money order to pay AARP membership dues.) Both check and form should be included with the application.

**Note:** One membership covers both the AARP 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.

**Exception:** If two individuals in the same household want to use separate bank accounts to pay their AARP Medicare Supplement Plan premium through Electronic Funds Transfer (EFT), the individuals will need two separate memberships, and will lose any multi-insured discount that may have applied to a single household.

- AARP membership dues are not deductible for income tax purposes.

An insured member must have an active AARP membership if they want to change from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan.

### ☒ **Electronic Funds Transfer (EFT):**

- Complete and submit the Automatic Payment Authorization form in its entirety if applicants want to pay future premiums by deducting their payment from their checking or savings account.
- When using LEAN, applicants will have the option to sign up for recurring EFT withdrawals or monthly billing statements.

**Note:** Electronic Funds Transfer (EFT) requests are processed on or around the 5th of the month and may take one month (or more if a future effective date) to become active, depending upon date application is received and processed. If the insured member is accepted prior to the plan effective date, the first EFT payment will be drawn at the start of the plan effective date month.

For more information on Electronic Funds Transfer, please see the "Application Processing" section under "Billing Options" in this Handbook.

### ☒ **Premium Check:**

You may collect the first month's premium. (If the applicant is changing from one AARP Medicare Supplement Plan to another AARP Medicare Supplement Plan, do not send any money.)

- Applicant should make check payable to **UnitedHealthcare Insurance Company** and include the check with mailed applications (applications with checks cannot be faxed).
- Applicant should print his/her full name on the memo line of the check.
- If submitting paper applications for two applicants in the same household, submit a separate check for each applicant.

### ☒ **Replacement Notice: Complete and submit, if applicable.**

- Required for applicants who are terminating their existing accident and health insurance, health maintenance organization coverage, employer-provided health benefit coverage, Medicare supplement insurance coverage, Medicare Select coverage, Medicare Advantage plan or health maintenance organization (HMO)-issued Medicare cost contract coverage and replace it with an AARP Medicare Supplement Plan.
- Both the applicant and the agent must sign the same Replacement Notice.

**Note:** A Replacement Notice is not required if applicants are replacing one AARP Medicare Supplement plan with another AARP Medicare Supplement plan.

## Provide to Applicant

A copy of the following documents, in addition to documents from the full AARP Medicare Supplement Enrollment Kit, should be provided to the applicant when applying for coverage:

## Application Checklist (continued)

- ✓ **Electronic Funds Transfer (EFT):** Give a copy of the Automatic Payment Authorization form to applicant.
- ✓ **Replacement Notice:** Provide applicants with a copy of the Replacement Notice.
- ✓ **Guide:** Provide applicants with the “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”

## Application and Commission Processing Delays

Incorrect or incomplete information can cause application processing and/or agent commissions to be delayed. Some of the most common reasons are:

### Application Delays

- Missing or inactive AARP membership number (AARP membership form and/or dues are not included with the application)
- Missing documents (Replacement Notice and/or documents needed to be considered for Guaranteed Issue, such as Termination Notice from prior insurer)
- Missing demographic information on application, such as applicant name, address, city, state, zip, date of birth, phone, and Part A and B effective dates
- Missing signatures and signature dates of agent and/or applicant
- Comments written outside of required areas on the paper application, including application corrections
- Documents submitted but not needed, such as copy of Medicare card or AARP membership card, Scope of Appointment, or Conditional Receipt

If you would like to provide additional documents for new paper applications, you may fax them to 888-836-3985, **being sure to include applicant name and AARP membership number on your cover sheet.** Please do not include another full copy of the application, nor the first page of the previously submitted application.

For new or updated EFT set up, please use the AARP Medicare Supplement General Information Change (Form 1) found in Jarvis on the Application Status tab under Important Documents.

Please allow at least 10 business days for your inquiry to be addressed.

You may mail documents to:

UnitedHealthcare Insurance Company  
Enrollment Division  
P.O. Box 105331  
Atlanta, GA 30348-9484

Please allow at least 10 business days for your issue to be handled.

For EFT documents, you may mail them to:

UnitedHealthcare Insurance Company  
Billing Division  
P.O. Box 105332  
Atlanta, GA 30348-9535

### Commission Delays

- Agent ID or signature missing, illegible, or incorrect

**Note:** Commissions may not be payable for applicants under age 65, and in certain other scenarios. Please consult your contract.

## Submitting an Application

There are three easy ways to submit an application. Only submit an application via **one** method from the options below:

1. Online through the AARP Medicare Supplement Online Enrollment tool **LEAN**
2. Mail a completed paper agent version (code **2460720307**) application (if you are including check or money order, this is the only option)
3. Fax a completed paper agent version (code **2460720307**) application (only with valid AARP membership and must not include check or money order)



# Submitting an Application (continued)

## AARP Medicare Supplement Online Enrollment

At UnitedHealthcare, we've made enrolling new insured members even easier. The AARP Medicare Supplement Online Enrollment tool is now accessible through UnitedHealthcare's **Landmark Electronic Application Navigator (LEAN)**. It's one more way we are working to simplify the AARP Medicare Supplement Insurance Plans sales process.

This dynamic online tool generates an application based on the applicant's zip code, date of birth, Medicare Part A effective date and Medicare Part B effective date. Based on this information, you are given a plan selection list with estimated rates for each plan. As you advance from screen to screen, the online application displays or skips over questions based on previously provided information, as applicable.

The tool also allows you to:

- Enroll, renew or verify AARP membership for the applicant.
- Fill out ancillary forms, such as the replacement notice, if required.
- Save/resume an AARP Medicare Supplement application (up to 90 days).
- Review submitted AARP Medicare Supplement applications (up to 90 days).
- View immediate application statuses of "accepted," "pending" or "denied" after selecting "submit" (status is shown on the confirmation page and on the view saved/submitted dashboard).

**Note:** Application Status of approved, pending or denied will be emailed to the applicant who provided their email address on their application and elected to receive information electronically. Applicants would have to login to the Application Status website to view denied or detailed pending reasons. Applicants may also receive a letter in the mail if their status is denied or if they have been rated up.

- Offer consumers the option to receive their Plan Documents electronically. This allows consumers who sign up to receive their documents electronically to access a version of the Member Website.
- Easily fax any additional documents that may be needed (such as Legal or Guaranteed Issue documents). More details and fax information is included in the "Faxing Supporting Documents with Online Enrollment Submission" later within this section.

The tool is only available with an Internet connection (no offline option).

## How to Access AARP Medicare Supplement Online Enrollment

Download the **LEAN** app from the App Store, Google Play Store or access it online through Jarvis > Sales Tools > LEAN.

If you would like to resume a saved application or view a submitted application, select the "Saved/Submitted Med Supp application" icon.

Online enrollment can be used on both tablets and computers, and it's compatible with the latest Internet browsers.

## Capturing Signatures

The AARP Medicare Supplement online enrollment application requires signatures to be captured from you and the applicant. If you wish to submit an online enrollment application for a consumer, signatures must be captured via Electronic Signature (touch screen device, i.e. tablet), Express Security Code, or Remote Signature.

Before you begin an online enrollment application, confirm that the consumer understands and is willing to sign the forms electronically via touch screen device or signature pad, Remote, or security code.

**Note:** As a reminder, agents are encouraged to communicate with consumers in the manner the consumer prefers.

# Submitting an Application

## (continued)

### Express Security Code Signature Option

The Security Code Signature Option in LEAN™ allows you to enroll consumers quickly and seamlessly in an AARP Medicare Supplement Plan. All the consumer needs is a valid email address. This new signature option provides:

- Consumers the ability to sign the application easily and securely by entering a unique code that is sent via email.
- A streamlined application process allowing for a smooth enrollment experience where both you and your client's signatures only need to be captured once.
- Flexibility for consumers to sign remotely or in person and submission of the application will occur immediately.

### Security Code Instructions

Log on to LEAN and start completing an online AARP Medicare Supplement application for consumers. The Security Code signature option is available when a consumer is completing the enrollment for themselves. *(This signature option is not available for power of attorney or other legal representatives.)*

Next, the consumer must be sent an electronic state-specific Enrollment Kit to their email address through LEAN.

That same email will also contain a case sensitive code that will expire after 90 minutes. The applicant will be asked to provide the code and will need to agree to apply their electronic signature using that code at the end of the application. In the event the code expires, a new one can be sent at the end of the application.

The Security Code signature option allows both you and your client to electronically sign at the end of the application instead of throughout the enrollment process.

### Electronic Plan Documents

Consumers have the option to receive their Plan Documents electronically when applying through the AARP Medicare Supplement Online Enrollment tool within **LEAN**. (This option is currently not available for paper applications.) This electronic option gives consumers access to plan-specific documents for viewing, saving or printing. Documents include important information such as a Certificate of Insurance, an outline of plan benefits, hospital directory for AARP Medicare Select Plans, and A Guide to Health Insurance for People with Medicare.

Applicants who sign up to receive information electronically when enrolling via LEAN will be invited to access a version of the Member Website. Once signed in, members will have access to account settings, plan documents, the ability to download a temporary identification card, wellness extras information and Electronic Funds Transfer (EFT) documents. Best of all, they can pay their premium by scheduling a one-time EFT payment, or setting up recurring EFT payments all within the site.

On the member's plan effective date, all of the features on the Member Website will automatically be available. Here they will be able to access additional information such as their claim history, benefit summary page, etc.

Consumers will also have the ability to:

- view wellness extras available in their area
- update their email and plan document delivery preference
- complete a voluntary health assessment
- access information from any device

Consumers will still receive their health insurance card through the U.S. Mail.

In the Review and Submit section of online enrollment, consumers will be asked to select how they would like their plan documents delivered – either via paper or electronically. If they choose the “online” option, they must agree to receive their plan documents

## Submitting an Application (continued)

electronically, instead of receiving paper copies through the U.S. Mail. When plan documents are available, the consumer will be notified by email with a link to access the documents.

The types of communications available electronically are subject to change. If additional types of communications become available for electronic delivery, the consumer will have the opportunity to select their delivery preference at that time. Occasionally, in addition to electronic delivery, they may also receive a hard copy document.

### Submitting Supporting Documents with Online Enrollment Submission

If you have additional documents (such as Legal or Guaranteed Issue documents) that are needed to process the online application, you may either submit them via the Service Requests tab in Jarvis (please see the Servicing a Pending Application heading later in this section for more information) or via fax at **248-524-5747**.

**This fax number must only be used to provide additional documentation for applications submitted via online enrollment.**

- A downloadable fax coversheet is provided on the submission confirmation page for your convenience.
- Please be sure to include the consumer's name, address and AARP membership number on the fax coversheet to avoid delays.
- Once you receive a fax receipt confirmation, please return original documents to the consumer or destroy copies in a secured manner.

### Need Help?

For complete instructions on how to use the AARP Medicare Supplement Online Enrollment tool, visit Jarvis, Knowledge Center, then the Learning Lab.

## Mailing Paper Applications



Please mail all appropriate paper applications, checks and forms in the postage-paid business reply envelope included in the enrollment kit. If you are including multiple applications please see the multi-application coversheet section below. If the envelope is lost or misplaced, please mail to:

UnitedHealthcare Insurance Company  
Enrollment Division  
P.O. Box 105331  
Atlanta, GA 30348-9484

To send overnight (packages must arrive by 9:00 a.m. to be considered received for that day, packages received after 9:00 a.m. will be received the next business day.)

UnitedHealthcare Insurance Company  
Enrollment Division  
4868 GA Hwy. 85, Suite 100  
Forest Park, GA 30297

Contact Phone: (404) 765-2116 or (404) 763-4738 (for delivery purposes only)

**Note:** Agents are responsible for covering the cost of overnight mail service.

For questions, please call the Producer Help Desk at 1-888-381-8581 (Monday – Friday, 8 a.m. – 10 p.m. ET).

### Multiple Application Cover Sheet

The Multiple Application Cover Sheet is for use when mailing multiple paper applications in the same package and when dues and/or a premium check have been collected. Staple each application and its related documents together, with payment(s) as the top document(s). All documents should be stapled separately for each applicant. Do not use paper clips, and do not make any additional notes or comments on the Multiple Application Cover Sheet.

Complete the Multiple Application Cover Sheet and keep a copy of the form for your records.

Larger 9 x 12 AARP Medicare Supplement application return envelopes are available for order on the Sales Materials Portal through Jarvis. This is an optional

## Submitting an Application (continued)

envelope that can be used for mailing multiple applications or larger applications as an alternative to the one supplied within the enrollment kit.

The Multiple Application Cover Sheet and larger envelope can be downloaded and ordered from Jarvis by logging in and clicking on Sales Tools, Sales Materials, then select Order materials under the Sales Materials Portal subheading.

### Faxing Applications



You may fax your paper applications **ONLY** if:

- **Applicant is already a member of AARP and,**
- **There is no check with the application.**

Although faxing is not encouraged, we can accept faxed applications for NEW applicants and documents related to recently submitted applications.

Faxed applications are handled in the same order as applications received by mail. There is no priority handling for faxed applications vs. mailed applications.

**FAX Number: 1-888-836-3985**

#### Things to remember when submitting applications:

- Do not fax AND mail applications. Use only one application submission method: If the same application is faxed and mailed, the application received second will automatically be denied.
- Do not fax an application and mail a check.
- Create a separate fax transmission for each applicant. Do not combine multiple applications in the same fax, as this can result in a potential privacy sharing issue.
- Include the fax cover sheet template which can be found on the Sales Materials Portal.
- **Fax application pages in correct numerical order.**
- If faxing additional documents separately from the application, clearly print the applicant's name and AARP membership number on each page, and be sure to reference the original application.

- Ensure that the Electronic Funds Transfer and banking information matches the name on the application prior to submitting.
- Verify that the fax number entered is correct before submitting.
- Verify that the fax number on the confirmation page is the same fax number.
- Keep a copy of faxed applications for your records.

**Note:** To ensure applications taken close to the end of the month are submitted timely, they should be faxed or utilize electronic options such as LEAN. UnitedHealthcare must receive application by the last day of the month for the plan to take effect on the 1st of the following month. If a submitted application is received after the requested effective date on the application, the plan effective date will be the 1st of the month following the application receipt date.

The AARP Medicare Supplement fax number cannot be used for prescription drug plans or Medicare Advantage application submissions. There is a different fax number for PDP and MA.

If faxing additional documents (such as Guaranteed Issue or Legal documents) separately, do not include a copy of the application; only applicant name and AARP membership number are necessary for processing.

## Servicing a Pending Application

A pending application is one that has been reviewed by an enrollment processor that requires additional information and/or documentation in order to successfully complete the application process. If your client has a pending application, you can correct and/or submit additional or missing information via Jarvis. Simply navigate to the Application Status tab. Select "See Details" under the specific client. Then, select the Service Requests tab. Under the Service Requests you can:

Submit updates for:

- Missing Part A or Part B Effective Dates
- Missing AARP Membership Number

## Servicing a Pending Application (continued)

- Missing Phone Number
- Change Requested Plan Effective Date
- Missing Date of Birth
- Withdraw Pending Application
- Plan Selection Change

Simply fill out all required fields and select “Submit.”

Submit requests for missing information that require the applicant’s signature, including:

- Missing Tobacco Usage Indicator
- Missing Medicare Number
- Missing Gender

You must submit these requests with the applicant, whether you are meeting in-person or remotely. Follow the instructions provided on the service request. The applicant must have an email address in order to complete the request. After the request is submitted, the applicant will receive an email with a link to review and sign a document to authorize the change.

Upload additional documentation for:

- Missing Application Pages
- Missing Guaranteed Issue Documents
- Missing Replacement Notice
- Missing Legal Forms (FL, IL, KY, OH)
- Provide (Application) Health Question Responses

When uploading documentation, the file must be in a PDF, JPG, JPEG, or PNG format and must not exceed 9.5 MB. You may upload up to five documents at one time.

Please note, if the application is not pending, any submitted request will **not** be considered. Additionally, if the request is received after the application is approved, the request will **not** be considered.

Changes will be effective as soon as the request is processed or otherwise noted on the service request.

For additional information on how to service an applicant or existing member, please see the Insured Member and Agent Servicing section.

# Application Processing

Once UnitedHealthcare receives a paper application, we scan it and enter the application information into our system. Online applications are immediately entered into our system upon hitting the submit button. Typically, we process paper applications within 10 business days; however, the process could be quicker or slower depending on the completeness and accuracy of the application and if any underwriting is required. If mailing in an application, ensure you are mailing applications to the appropriate address for each applicable UnitedHealthcare plan.

## Effective Dates

All coverage is issued effective the first day of the month and never before the Medicare Part B effective date.

### No Effective Date on Paper Application



When no effective date is noted on a paper application, coverage is generally effective the first of the next month following the date the paper application is **received** (as long as the applicant is eligible on that date) and approved by UnitedHealthcare Insurance Company.

**Caution:** If an application is received in October, with no effective date indicated, the assigned effective date will be 11/1. Many times the applicant might be seeking a 1/1 effective date and this will not be assigned if not indicated on the application.

**Reminder: Always complete the Requested Effective Date to ensure that the applicant's coverage becomes effective on their desired effective date.**

### Requested Effective Date

When requesting a specific effective date, fill out the "Requested Effective Date" box on the application or in LEAN. This date must be the 1st of a month.

Applicants can choose to have an effective date up to 90 days after the application is submitted.

**Example:** If the application is submitted on 9/15, the requested effective date can be as late as 12/1.

Applications must be received **prior** to the requested plan effective date. UnitedHealthcare must receive the application by the last day of the month for the plan to take effect on the 1st of the following month, assuming the application is complete, accurate and approved. If a submitted application is received after the requested effective date on the application, the plan effective date will be the 1st of the month following the application receipt date.

### New to Medicare Applicants Turning Age 65 or Older

Applicants who will become eligible for Medicare at age 65 can submit their paper or online application up to 14 months in advance of their 65th birthday month (for the coverage to become effective in coordination with their Medicare effective date). If we receive the application more than 90 days before the 65th birthday month, we will hold the application until 90 days prior to their 65th birthday or Part B effective date and process the application at that time. All other applicants must wait to apply within 90 days of the requested effective date.

Applicants turning 65 and enrolling in Medicare Part B are eligible for waiver of pre-existing conditions and underwriting. See Open Enrollment for more information.

## Application Status



You may check the status of submitted applications on Jarvis. Simply log in, navigate to the Applications tab and then search the system by filling out the applicant search form. If application is pending, use the mouse to hover over the Reason for more detail about the pended application.

Agents without Internet access can obtain application status by calling the Producer Help Desk at 1-888-381-8581, and following the telephone prompts for "status of an enrollment" and "AARP Medicare Supplement."



# Billing Options

AARP Medicare Supplement plan holders have the following billing options:

**1. Electronic Funds Transfer (EFT):** Insured members may have their monthly premiums automatically deducted from their checking or savings account. This ensures that they never forget a payment.

Only one EFT can be assigned to each household. The EFT drafts for all insured members on the household will bill to one EFT account.

To utilize this payment method when using a paper enrollment kit to enroll an applicant, an Automatic Payment Authorization form (included in the enrollment kit) should be completed and submitted with the application. A check for the first month's premium may also be included, but is not required. Agents must give applicants a copy of the completed Automatic Payment Authorization form.

When enrolling an applicant through LEAN, you will be prompted to add the applicant's premium payment preference; ongoing EFT withdrawals or coupon booklet.

Electronic Funds Transfer (EFT) processing occurs monthly on or about the **5th of each month**.

If a paper application is submitted with an Automatic Payment Authorization form and is processed and accepted by UnitedHealthcare prior to the requested effective date, the EFT draft will be processed on the first of the effective month.

If a paper application is submitted with an Automatic Payment Authorization form and is processed and accepted after the requested effective date, the policy will be overdue until the first month's payment is submitted, unless a check for the first month's premium was included with the application.

**Example:** A paper application is received on January 31 and accepted February 6 with a requested effective date of February 1. This application has missed the February EFT draft. If no payment for the first month's premium was included with the

application, the next EFT will process on or around the 5th of March for February's premium only. Payments always post to the oldest premium due, meaning the amount drafted will post to the February premium and the plan will be paid through February. March will continue to be past due until the initial premium payment is made. The EFT will only draw one month's premium at a time and apply it to the oldest premium amount due.

If the plan is accepted after the requested effective date, the insured member should make an initial one-time payment to avoid this issue.

If an application is submitted with an Automatic Payment Authorization form but includes **a check with an amount greater than the first month's premium**, the difference will be applied to the next month's premium.

**Example:** A paper application is submitted with a requested effective date of April 1, and the first month's premium is overpaid by \$15. On May 5, the Electronic Funds Transfer (EFT) will process for the May premium less \$15. On June 5, the Electronic Funds Transfer (EFT) will process for full June premium.

If the Automatic Payment Authorization form submitted cannot be processed, the payment method will automatically defer to the coupon booklet. A new Automatic Payment Authorization form will be sent to the insured member to be completed and returned.

**2. Direct Bill/Coupon Booklet:** Insured members may write a check each month and send it by mail using their coupon books, which they will receive after they have enrolled. Checks must be made out to **"UnitedHealthcare Insurance Company."** Payments should be mailed to the address listed on the coupon.

## Billing Procedures

Insured members will receive billing information for their account. **Two individuals in a household who share an AARP membership number will receive one billing amount for both plans in the household.**

However, if two insured members in a household would like to be billed separately or want to use separate bank accounts for Electronic Funds Transfer (EFT), they must have separate AARP membership numbers.

If two individuals in the household have individual AARP membership numbers, the accounts can be combined under one AARP membership number for billing purposes, if requested.

**Note:** Accounts will be separated or combined by UnitedHealthcare, however insured members must first contact AARP to merge or separate their AARP membership accounts.

### Separation of two insured members in the same household account:

While not common, at times two insured members in a household would like to separate their account. When this occurs, each person must have an active AARP membership. After the insured members separate their AARP membership accounts, agents can submit this request using AARP Medicare Supplement Insured Information Change Form 2. Ensure AARP membership numbers and, if applicable, EFT accounts, are identified for each insured member. A new EFT Automatic Payment Authorization form must be submitted along with AARP Medicare Supplement General Information Change Form 1 for each member. With a separation of the account, any multi-insured discounts\* that may be applicable to the prior household plans would no longer apply.

### Combination of two insured members in different household accounts:

At times, two insured members in a household would like to combine their two separate AARP Medicare Supplement accounts. After the insured members merge their AARP membership accounts, the agent can request the combination of accounts using AARP Medicare Supplement Insured Information Change Form 2.

### Annual Payer Discount

The Annual Payer Discount is available to insured members who pay their yearly premium (from January to December of each year).

Insured members qualify for a \$24.00 discount per household (applied at \$2.00 each month) for those who pay their entire annual premium by the end of January. For example, if an insured's coverage becomes effective on February 1st, they cannot take advantage of this discount until the following calendar year.

\*Multi-insured discounts are not available in all states.



# Producer Compensation

We value our relationship with you and have developed a commission schedule to reflect your efforts in selling the AARP Medicare Supplement Insurance Plans. You can find detailed information on the commission schedule within the contract signed by you/your company. Payments under the commission schedule shall be made in compliance with applicable state laws and regulations.

Lifetime commission renewals are available in most states.

## Commission Flexibility

You can choose to receive commission payments one of two ways:

- **Monthly, As-Earned:** Avoid the hassle of chargebacks by requesting to receive commissions on a monthly, as-earned basis.
- **In Advance:** Plan ahead by continuing to receive commission payments nine months in advance.

To receive your AARP Medicare Supplement Plan commissions on a monthly, as-earned basis, contact the Producer Help Desk at 1-888-381-8581. If you'd like to continue to receive commission payments in advance, no action is needed.

## Commission Information — EDC and ICA agents only

Under the Commissions tab on Jarvis, you can review and obtain commission information, including:

- commission statements
- commissions calendar
- assignment of commissions form
- successor agent form
- production summaries

The following chart will assist in understanding the plan codes seen on Jarvis:

Plan	Jarvis Plan Code
A	A01
B	B01
C	C01
F	F01
G	G01
K	K01
L	L01
N	N01

If you have questions, please contact the Producer Help Desk.

# Insured Member and Agent Servicing

## Insured Member Communications

Once individuals are enrolled and accepted in an AARP Medicare Supplement Insurance Plan, they will receive various communications throughout the year. The goal is to enhance the insured members' experience by providing meaningful, timely and actionable information. Here's an overview of the types of communications delivered:

- **Onboarding** — The Welcome Package is available to members either as an electronic or print version. It includes the Certificate of Insurance, billing information, review of wellness extras, and other important notices and information. For those who do not sign up for EFT at the time of application, an Automatic Payment Authorization form will be included in their Plan Documents.

To elect to receive the digital version of the Welcome Package, an insured member must be enrolled through **LEAN**. This option is not currently available via paper applications. For more information about this online feature, see the "AARP Medicare Supplement Online Enrollment" section under "Enrolling Applicants" in this Handbook.

The Member ID card is mailed separately from the Plan Documents.

- **Annual Rate Notification** — Informs insured members of their new rates for the coming billing cycle.
- **Targeted Plan-Specific Communications** — Communications with product/plan-specific information, retention, legal and data-triggered notices are sent to insured members, as appropriate, throughout the year.

- **myAARPMedicare.com** — This is a member website (*not to be used by agents*) where the insured member can sign up with their Member ID once they have received their card. This online tool provides the insured member with information specific to their plan information, claims, payments and more.
- **E-mail Communications** — Insured members who prefer digital communications can provide their e-mail addresses and receive eNews and other e-mail communications relevant to their plans and available wellness extras.

For additional information about wellness extras that may benefit the insured member after becoming enrolled, please see the Wellness Extras section of this Handbook.

**Don't forget to take the post-enrollment opportunity to ask your clients if they know anyone who may also need help navigating their Medicare options. See available referral materials on the UHC Agent Toolkit**

## Insured Member Claims Forms

Most claims are filed with Automatic Claim Filing. This means most claims should be forwarded directly to UnitedHealthcare Insurance Company from Medicare and medical providers.

Manual claims should include the insured member's name, address and AARP Membership number written on all documents being filed and can be mailed to:

UnitedHealthcare Insurance Company  
Claim Division  
P.O. Box 740819  
Atlanta, GA 30374-0819

For claim-related questions, insured members may call and speak to a Customer Service Representative weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time by calling **1-800-523-5880**.

## Servicing Existing Members

Through a few simple steps on Jarvis you can submit some account updates for your clients with an existing AARP Medicare Supplement Plan on their behalf. Simply navigate to the Book of Business tab. Select the name of your client in need of servicing. Then select the Service Requests tab. Under the Service Requests tab you can request the following:

- Change Date of Birth
- Change Smoker Rate
- Correct How Information Is Displaying
- Change Phone Number
- Change Address

Simply fill out all required fields and select “Submit.”

Submit requests for missing information that require the member’s signature, including:

- Change Gender
- Change Current Plan Effective Date
- Initiate a Plan Change in a situation where no underwriting is needed
- Change Request for FL Movers
- Change Request for NY Movers

You must submit these requests with the member, whether you are meeting in-person or remotely. Follow the instructions provided on the service request.

The member must have an email address in order to complete the request. After the request is submitted, the member will receive an email with a link to review and sign a document to authorize the change.

You can upload documents to submit the following requests:

- Change Medicare Information
- Terminate Plan
- Change/Add EFT

When uploading documentation, the file must be in a PDF, JPG, JPEG, or PNG format and must not exceed 9.5 MB. You may upload up to five documents at one time.

Changes will be effective as soon as the request is processed or otherwise noted on the service request.

For information on servicing a pending application, please see the Servicing a Pending Application heading within the Enrolling Applicants section.

Please continue in this section for more information on servicing existing members.

## Agent Servicing Forms

There are also AARP Medicare Supplement Agent Change Request Forms available which allow the agent of record or their representatives to submit specific change requests for their clients. These forms can be found on Jarvis under Application Status > Important Documents for Medicare Plans. When the form that is needed is located, fill it in, attach the supporting documentation, fax or e-fax **billing forms** to 248-524-7543 or send via **Cisco secure e-mail** - uhgeagentbill@prod.exelaonline.com, and fax or e-fax **enrollment forms** to 248-524-5763 or send via **Cisco secure e-mail** - uhgeagentenroll@prod.exelaonline.com. All e-mail attachments must be in a .JPG, .PDF, or .TIF format. No other formats will be accepted.

AARP Medicare Supplement Agent Change Request Forms			
AARP Medicare Supplement General Information Change (Form 1)	AARP Medicare Supplement Insured Information Change (Form 2)	AARP Medicare Supplement Back Termination and Refund Request (Form 3)	AARP Medicare Supplement Plan Changes and Pending Applications (Form 4 PC and Form 4)
<p>This change request form itself does not require the signature of an insured member for a change request to be made on their behalf. However, some of the following change requests require documentation and the insured member's signature.</p> <ul style="list-style-type: none"> <li>• Terminations - Voluntary and Death</li> <li>• Date of Birth Updates</li> <li>• Medicare Information Changes</li> <li>• Change of Smoker Rate</li> <li>• EFT Additions or Changes</li> <li>• Update information that was submitted correctly on the application but is not displaying correctly.</li> </ul>	<p>An applicant, insured member or authorized representative's signature on this form is not needed unless otherwise noted as required. With this change request form, the following can be requested.</p> <ul style="list-style-type: none"> <li>• AARP Membership Number Update <ul style="list-style-type: none"> <li>– Separation of Accounts</li> <li>– Combination of Accounts</li> </ul> </li> <li>• Plan Effective Date Change</li> <li>• Phone Number Change</li> <li>• Address Change</li> <li>• Gender Change</li> </ul>	<p>With this change request form, the following can be requested <u>with</u> the insured member or authorized representative's signature:</p> <ul style="list-style-type: none"> <li>• Back-dated Termination and Refund of Premium requests related to overlapping MA, MAPD or Medicare Supplement coverage.</li> </ul>	<p>These change request forms may or may not require the signature of an applicant, insured member or authorized representative for a change request to be made on their behalf. Some of the following change requests require documentation.</p> <p><b>Form 4 PC</b></p> <ul style="list-style-type: none"> <li>• Plan Changes (Not all plan changes are able to use this form.)</li> </ul> <p><b>Form 4</b></p> <p>For PENDING Applications Only:</p> <ul style="list-style-type: none"> <li>• Gender Indication</li> <li>• Tobacco Usage</li> <li>• Missing Application Pages</li> <li>• Missing Legal Forms</li> <li>• Missing Medicare Part A/B Effective Dates</li> <li>• Missing Medicare ID Number</li> <li>• AARP Membership Number</li> <li>• Phone Number</li> <li>• Updated Plan Effective Date</li> <li>• Date of Birth (DOB)</li> <li>• Request to Withdraw Pending Application</li> <li>• GI Supporting Documentation</li> <li>• Completed Health Questions</li> <li>• Replacement Notice</li> </ul>

## Additional Forms

Have a client interested in enrolling in Electronic Funds Transfer (EFT) or needing to enroll in an AARP Membership? You can find both of these forms on Jarvis > Forms > AARP Medicare Supplement Plan Product Tools.

## Agent Communications

### E-mail is the Primary Communication Method

Confirming your e-mail address is valid and ensuring that you are receiving e-mails from UnitedHealthcare is crucial. You won't want to miss out on pertinent information such as product updates, commissions, incentives, and more.

Add the UnitedHealthcare Sales e-mail address to your address book: [uhc\\_med\\_sup\\_no\\_reply@uhc-info.com](mailto:uhc_med_sup_no_reply@uhc-info.com)

### Account Information on Jarvis

Please double check the accuracy of your name, e-mail address, mailing address and phone number under account information on [www.uhcJarvis.com](http://www.uhcJarvis.com). If changes need to be made, correct them by clicking your name in the upper right-hand corner > Manage Profile > Edit Personal Info and saving your changes.

Remember, UnitedHealthcare occasionally sends information through the mail and may need to contact you via phone, so it is vital your name, mailing address and phone number are also up to date.

### Agents Not Receiving E-mail

If you are not receiving our e-mails (provided the e-mail address is correct), it most likely has to do with your domain. Many domains identify our e-mails as spam, and therefore do not allow them to go through.

If you are not receiving our e-mails add our e-mail ([uhc\\_med\\_sup\\_no\\_reply@uhc-info.com](mailto:uhc_med_sup_no_reply@uhc-info.com)) to your address book.

If you are still having issues, you might be a global unsubscriber. This means you will need to e-mail Exact Target directly at [ABUSE@exacttarget.com](mailto:ABUSE@exacttarget.com) from the

account in question and let Exact Target know you want to be removed from the Exacttarget/Salesforce Marketing Cloud Global Unsub list.

### The JarvisWrap

The JarvisWrap is a weekly newsletter featuring articles from all UnitedHealthcare Medicare & Retirement Products: Medicare Supplement, Medicare Advantage, Prescription Drug Plans, Community & State and Dual Special Needs Plans.

JarvisWrap is sent on Mondays from the e-mail address [UnitedHealthcare Medicare Solutions, No\\_Reply@mr.uhc.com](mailto:UnitedHealthcare Medicare Solutions, No_Reply@mr.uhc.com).

Communications featured in each JarvisWrap edition will also be posted on Jarvis under Agent Communications.

## Agent Customer Service

### Producer Help Desk

Jarvis is available 24 hours a day, seven days a week, providing you access to Enrollment applications and commission status, plan information, marketing materials, and much more. If you are unable to locate what you need on Jarvis and need assistance with a pending enrollment application, or have a commission inquiry, the **Producer Help Desk (PHD)** is available.

**Phone:** 1-888-381-8581

Monday through Friday  
8:00 a.m.–10:00 p.m. EST

Be prepared to enter your agent ID.

All agent calls should be routed through the PHD.

**E-mail:** [phd@uhc.com](mailto:phd@uhc.com) (include your Agent ID in the subject line)

You may e-mail the PHD for any non-member issue, such as commissions, certifications, etc. Insured member-specific e-mail inquiries or documents must be sent via secure e-mail to the PHD.

Please include your full name, agent ID, contact information and a brief description of your issue.

## Agent Customer Service (continued)

### General Inquiries Made on Behalf of an Existing Insured Member

For insured member issues, you should call the above PHD phone number and follow the telephone prompts based on the issue. Please do not call the Member Customer Service phone number directly.

E-mail inquiries must be sent via secure e-mail to [phd@uhc.com](mailto:phd@uhc.com). All of the following information must be available when you call or include within your e-mail:

- Your full name
- Your Agent ID
- Insured member's full name
- Insured member's AARP membership number\*
- Insured member's date of birth

\*If AARP membership number is not available, you must provide the insured member's full address, including zip code.

Please note: The PHD cannot provide premium rate quotes; however, they can assist you in using the Rate Pages. You are also encouraged to use the plan search tool within Jarvis > Tools > Plan Search and the rate quote tool in LEAN.

Agent On-boarding (contracting, appointment, licensing) e-mail address: [UHPCred@uhc.com](mailto:UHPCred@uhc.com)

## Agent Servicing Program

UnitedHealthcare has an Agent Servicing program that allows Authorized to Offer AARP Medicare Supplement Insurance Plan agents the ability to act on behalf of members.

Phone support services will allow you to act on behalf of the member (when directed by the member) in the following situations without the member on the line:

- Making an address change

- Minor changes to applicant/member's name (Misspelling, incorrect variations of names, first name and middle name inter-changed)
- Make a telephone number change
- Make an e-mail address change
- Withdraw a pending application
- Ordering replacement ID cards and fulfillment materials to be mailed to the member
- Receiving information on claims (must have the provider name and date of service at a minimum):
  - Claim paid date and amount paid
  - Status of paid, denied, pending and the reason
    - Denial reason in this instance only: "was not covered because Medicare did not cover it"
- Request a Privacy Authorization form be mailed to member's address for purpose of a spouse, relative, or friend to assist with their health insurance needs
- Obtaining information related to billing:
  - Premium payment due date (current, past and future), date payment was received, payment method, timing of Electronic Funds Transfer withdrawals, payment method start and change date
  - Request a premium refund for a member with an active account
  - Request an Electronic Funds Transfer (EFT) form be mailed to member's address
  - Paid through date and the amount due to make the account current
  - Rate change information related to enrollment discount wear-off, end of rate guarantee, move to a new state and annual billing
  - Tier rate (level one or level two)
  - Confirm if tobacco rate or non-tobacco rate was applied
- Discounts:
  - Premium discount and information

## Agent Servicing Program (continued)

Agents requesting these services should call the Producer Help Desk at **1-888-381-8581 (Monday through Friday, 8:00 a.m. to 10:00 p.m. EST)** and select the prompts for Member Services as follows:

- Select option 5 or say “Existing Member”
- Choose 2 for Other Plans
- Select 2 again for AARP Medicare Supplement Insurance Plans

You must be the agent of record for the member you are inquiring about, and should have member identifying information available on the call. You or their delegate must provide:

- Your name and writing number
- Delegate’s name and your Party ID (only required if a delegate is the requester)
- Member’s first and last name
- Provide two other forms of information for the member:
  - AARP Membership ID Number
  - Full date of birth
  - Complete address
  - Last 4 digits of the Medicare Beneficiary Identifier Number

## Member Customer Service

Insured members can call the Automated Customer Express Line: **1-800-444-6544** (24 hours a day) for:

- Payment and billing information;
- Claim information, like claim status and claim filing instructions;
- Ordering replacement items, such as AARP Medicare supplement ID card, payment and claim envelopes, Electronic Funds Transfer forms.

For Service-related questions, insured members may call **1-800-523-5800**.

Insured members may speak to a Customer Service Representative weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time.

For Claim-related questions, insured members may call **1-800-523-5880 (weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time)**.

**Please note, agents should not contact member customer service directly. Special agent-trained member service agents are available by following the member services prompts through the PHD telephone number.**

For more information regarding plans and services, insured members can access the member portal at [Myaarpmedicare.com](http://Myaarpmedicare.com) (24 hours a day).



## Reference Guide

### Agent Contact Information

Agent Tools/ Marketing Information	Pre-Enrollment/Enrollment
<b>Producer Help Desk</b> Phone Number: 1-888-381-8581 Hours: Monday - Friday, 8am to 10pm EST Email: phd@uhc.com  <b>Jarvis</b> Web: www.uhcjarvis.com  <b>Compliance</b> Email: compliance_questions@uhc.com <i>For questions or to report a non-compliant activity.</i>  <b>Multi-Language Interpreter Services</b> Phone Number: 1-800-555-5757	<b>Plan Availability Search</b> Web: Jarvis > Sales Tools > Plan Search  <b>UnitedHealthcare New Application Enrollment</b> Fax Number: 1-888-836-3985  <b>Medicare</b> Phone Number: 1-800-MEDICARE (633-4227) Hours: 7 days a week, 24 hours a day Web: www.Medicare.gov  <b>Social Security</b> Phone Number: 1-800-772-1213 Hours: Monday - Friday 8am to 7pm EST Web: www.SSA.gov

### Member Contact Information

Customer Service/Claim/Membership	Medicare Prescription Drug Plans
<b>Customer Service</b> Phone Number: 1-800-523-5800 or 1-800-523-5880 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time  <b>Automated Customer Express Line</b> Phone Number: 1-800-444-6544 Hours: 7 days a week, 24 hours a day  <b>My Advocate</b> Web: www.myadvocatehelps.com  <b>AARP Membership</b> Phone Number: 1-866-331-1964 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time  <b>Member Website -- for member use only</b> Web: www.myAARPMedicare.com	<b>AARP® MedicareRx Walgreens (PDP)</b> Phone Number: 1-800-850-6807  <b>AARP® MedicareRx Preferred (PDP)</b> Phone Number: 1-800-850-6807  <b>AARP® MedicareRx Saver Plus (PDP)</b> Phone Number: 1-800-850-6807  <b>Note:</b> Hours of operation for these services are 8 a.m. - 8 p.m. Eastern Time, 7 days a week.* *Alaska and Hawaii: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 5 p.m. Saturday.
	<b>Member Benefit Contacts</b>  <b>Services and Wellness Extras</b> Phone Number: 1-888-887-5963 Hours: Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time

# Appendix I

## **New York Regulation 194 - Producer Compensation Transparency**

Effective January 1, 2011, the state of New York requires that agents make certain statements regarding their role as an agent in the sale of a Medicare supplement product and allow the applicant to request information about their compensation for the sale.

Either before or at the time of application, the agent is required to disclose (orally or in writing) the following:

1. the agent's role in the sale of the insurance contract;
2. whether the agent will receive compensation from the selling insurer or other third party that is dependent on the insurance contract the producer sells (in whole or in part);
3. that the producer's compensation may vary depending (as applicable) on the insurance contract and the insurer that the purchaser selects, the volume of business the producer provides to the insurer or the profitability of the insurance contracts that the producer provides to the insurer; and
4. that the applicant may request and obtain information about the expected compensation based on the sale, and the compensation expected to be received based in part on any alternative quotes presented by the producer.

The applicant can request additional information about the agent's compensation before the start of and up to 30 days after their plan effective date. Upon such request the following additional information must be disclosed in writing within 5 business days and retained for 3 years:

1. a description of the nature, amount and source of compensation to be received by the agent (or parent, subsidiary or affiliate) as a result of the sale;
2. a description of any alternative quotes presented by the agent, including the coverage, premium and compensation that the agent (or parent, subsidiary or affiliate) would have received for the sale of any such alternative coverage;
3. a description of any material ownership interest the agent (or parent, subsidiary or affiliate) has in the insurer issuing the insurance contract (or parent, subsidiary or affiliate);
4. a description of any material ownership interest the insurer issuing the insurance contract (or parent, subsidiary or affiliates) has in the agent (or parent, subsidiary or affiliate); and
5. a statement whether the agent is prohibited by law from altering the amount of compensation received based on the sale.

Note: New York Regulation 194 - "Producer Compensation Transparency" is a regulation directed at insurance agents and not the insurance company. As a service to contracted, licensed, and appointed agents with UnitedHealthcare, we are providing general information and the disclosures described above; however, agents should consult with their legal counsel regarding specific requirements of this regulation. The general information provided herein is in no way legal advice and is not intended to replace legal advice provided by an agent's legal counsel.

# Appendix II

Effective June 9, 2018, residents of New York enrolled in an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare® Insurance Company of New York, may\* have one of the following options when moving out of New York:

- To keep their current New York certificate and pay a premium rate approved by New York for movers out of the state, or
- Choose their new resident state's certificate and rate.

## What should you do?

Agents who have an insured member moving out of New York state may do one of the following:

Agents who are licensed in NY but not the new resident state

- Advise the insured member to contact Member Services to update their address, get rate information, and provide a choice, if applicable (a choice is not available in all situations), or
- Call in with the insured member through the Producer Help Desk (PHD), selecting the prompts for Member Services.

Agents who are licensed in NY and the new resident state may also

- Request an address change and the insured member's decision to retain a NY certificate or convert to their current resident state by completing Agent Change Request Form 5.
- Agent Change Request Form 5 is for NY out-of-state movers only and located on Jarvis by going to Sales & Marketing Tools > Sales Materials > Sales Materials Portal > Order Materials. Once on the Sales Materials Portal, use the filters on the left-hand side to select "New York" and "Med Supp."
- If more information is needed, please contact Member Services.

**Note:** Be sure to reference the Insured Member Change Request New York Mover Form 5 for instructions.

## Here to Help!

For questions or more information, please contact the PHD at 1-888-381-8581 or [phd@uhc.com](mailto:phd@uhc.com).

\*A choice is only available when a comparable certificate is available in the new state of residence. When a comparable certificate is not available, no choice is available to those insured members. In such cases, the insured member will keep their NY certificate and pay the NY out-of-state mover rate. The insured member may choose to plan change to a plan available in their new resident state, however underwriting may apply.

# Appendix III

## New York Area 3 Counties and Zip Codes

**The zip codes listed below are located in the following counties:**

Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Erie, Franklin, Genesee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates.

### Zip Codes:

12064	12980	13060	13111	13154	13235	13333	13411	13472	13611	13647	13683
12108	12983	13061	13112	13155	13244	13334	13413	13473	13612	13648	13684
12116	12986	13062	13113	13156	13250	13335	13415	13475	13613	13649	13685
12139	12989	13063	13114	13157	13251	13337	13416	13476	13614	13650	13687
12155	12995	13064	13115	13158	13252	13338	13417	13477	13615	13651	13690
12164	13020	13065	13116	13159	13261	13340	13418	13478	13616	13652	13691
12190	13021	13066	13117	13160	13290	13341	13420	13479	13617	13654	13692
12197	13022	13068	13118	13162	13301	13342	13421	13480	13618	13655	13693
12812	13024	13069	13119	13163	13302	13343	13424	13482	13619	13656	13694
12842	13026	13071	13120	13164	13303	13345	13425	13483	13620	13657	13695
12847	13027	13072	13121	13165	13304	13346	13426	13484	13621	13658	13696
12864	13028	13073	13122	13166	13305	13348	13431	13485	13622	13659	13697
12914	13029	13074	13123	13167	13308	13350	13433	13486	13623	13660	13699
12915	13030	13076	13124	13201	13309	13352	13435	13488	13624	13661	13730
12916	13031	13077	13126	13202	13310	13353	13436	13489	13625	13662	13732
12917	13032	13078	13131	13203	13312	13354	13437	13490	13626	13664	13733
12920	13033	13080	13132	13204	13313	13355	13438	13491	13627	13665	13734
12922	13034	13081	13134	13205	13314	13357	13439	13492	13628	13666	13736
12926	13035	13082	13135	13206	13315	13360	13440	13493	13630	13667	13737
12927	13036	13083	13136	13207	13316	13361	13441	13494	13631	13668	13738
12930	13037	13084	13137	13208	13318	13362	13442	13495	13632	13669	13743
12937	13039	13087	13138	13209	13319	13363	13449	13501	13633	13670	13744
12939	13040	13088	13139	13210	13320	13364	13450	13502	13634	13671	13745
12945	13041	13089	13140	13211	13321	13365	13454	13503	13635	13672	13746
12949	13042	13090	13141	13212	13322	13367	13455	13504	13636	13673	13747
12953	13043	13092	13142	13214	13323	13368	13456	13505	13637	13674	13748
12957	13044	13093	13143	13215	13324	13401	13457	13599	13638	13675	13749
12965	13045	13101	13144	13217	13325	13402	13460	13601	13639	13676	13754
12966	13051	13102	13145	13218	13326	13403	13461	13602	13640	13677	13758
12967	13052	13103	13146	13219	13327	13404	13464	13603	13641	13678	13760
12969	13053	13104	13147	13220	13328	13406	13465	13605	13642	13679	13761
12970	13054	13107	13148	13221	13329	13407	13468	13606	13643	13680	13762
12973	13056	13108	13152	13224	13331	13408	13469	13607	13645	13681	13763
12976	13057	13110	13153	13225	13332	13409	13471	13608	13646	13682	13776

## New York Area 3 Zip Codes Continued

13777	13864	14055	14130	14220	14429	14508	14563	14644	14741	14810	14865
13778	13865	14056	14131	14221	14430	14510	14564	14646	14742	14812	14867
13780	13901	14057	14132	14222	14432	14511	14568	14647	14743	14813	14869
13784	13902	14058	14133	14223	14433	14512	14569	14649	14744	14814	14870
13787	13903	14059	14134	14224	14435	14513	14571	14650	14745	14815	14871
13790	13904	14060	14135	14225	14437	14514	14572	14651	14747	14816	14872
13794	13905	14061	14136	14226	14441	14515	14580	14652	14748	14817	14873
13795	14001	14062	14138	14227	14443	14516	14585	14653	14750	14818	14874
13796	14004	14063	14139	14228	14445	14517	14586	14692	14751	14819	14876
13797	14005	14065	14140	14231	14449	14518	14588	14694	14752	14820	14877
13801	14006	14066	14141	14233	14450	14519	14589	14701	14753	14821	14878
13802	14008	14067	14143	14240	14452	14520	14590	14702	14754	14822	14879
13803	14009	14068	14144	14241	14453	14521	14591	14706	14755	14823	14880
13807	14010	14069	14145	14260	14454	14522	14592	14707	14756	14824	14881
13808	14011	14070	14150	14261	14456	14525	14602	14708	14757	14825	14882
13809	14012	14072	14151	14263	14461	14526	14603	14709	14758	14826	14883
13810	14013	14075	14166	14264	14462	14527	14604	14710	14760	14827	14884
13811	14020	14080	14167	14265	14463	14529	14605	14711	14766	14830	14885
13812	14021	14081	14168	14267	14464	14530	14606	14712	14767	14831	14886
13813	14024	14082	14169	14269	14466	14532	14607	14714	14769	14836	14887
13814	14025	14083	14170	14270	14467	14533	14608	14715	14770	14837	14889
13815	14026	14085	14171	14272	14468	14534	14609	14716	14772	14838	14891
13820	14027	14086	14172	14273	14469	14536	14610	14717	14774	14839	14892
13825	14028	14091	14173	14276	14470	14537	14611	14718	14775	14840	14893
13826	14029	14092	14174	14280	14471	14538	14612	14719	14777	14841	14894
13827	14030	14094	14201	14301	14472	14539	14613	14720	14778	14842	14895
13830	14031	14095	14202	14302	14475	14541	14614	14721	14779	14843	14897
13832	14032	14098	14203	14303	14476	14542	14615	14722	14781	14845	14898
13833	14033	14101	14204	14304	14477	14543	14616	14723	14782	14846	14901
13834	14034	14102	14205	14305	14478	14544	14617	14724	14783	14847	14902
13835	14035	14103	14206	14410	14479	14545	14618	14726	14784	14850	14903
13840	14036	14105	14207	14411	14480	14546	14619	14727	14785	14851	14904
13841	14037	14107	14208	14413	14481	14547	14620	14728	14786	14852	14905
13843	14038	14108	14209	14414	14482	14548	14621	14729	14787	14853	
13844	14039	14109	14210	14415	14485	14549	14622	14730	14788	14854	
13845	14040	14110	14211	14416	14486	14550	14623	14731	14801	14855	
13848	14041	14111	14212	14418	14487	14551	14624	14732	14802	14856	
13849	14042	14112	14213	14420	14488	14555	14625	14733	14803	14857	
13850	14043	14113	14214	14422	14489	14556	14626	14735	14804	14858	
13851	14047	14120	14215	14423	14502	14557	14627	14736	14805	14859	
13859	14048	14125	14216	14424	14504	14558	14638	14737	14806	14860	
13861	14051	14126	14217	14425	14505	14559	14639	14738	14807	14861	
13862	14052	14127	14218	14427	14506	14560	14642	14739	14808	14863	
13863	14054	14129	14219	14428	14507	14561	14643	14740	14809	14864	

## NOTES

[illegible]

## NOTES

[illegible]







## **We're here to help.**

Email the Producer Help Desk (PHD) at **phd@uhc.com** or call **1-888-381-8581**,  
Monday – Friday, 8 a.m. – 10 p.m. ET.



AARP endorses the AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company or an affiliate (collectively "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.

**Proprietary and confidential information of UnitedHealth Group. For internal/agent use only - not for distribution as marketing material. Do not distribute or reproduce any portion without express written approval of UnitedHealth Group.**