



# Enrollment Kit



## Ohio

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

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

BC10037ST

2024

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



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

Greetings!

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



## Control

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



## Longevity

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



## Service

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

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

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

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

Warm regards,

Erica Schwartz  
President, Medicare Supplemental Health Insurance Program  
UnitedHealthcare

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

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



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

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

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

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

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

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

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

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





# Exclusive Services & Discounts



Exclusive Services & Discounts

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AARP Medicare Supplement Insurance Plans,  
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# Gym Membership, Discounts, and More

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



## Gym Membership

### Renew Active® Fitness Program:

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



## Brain Health

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



## Dental Discount

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

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

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



## Vision Discount

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

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



## Hearing Discount

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

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



## 24/7 Nurse line

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

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



## Driver Safety

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

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

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

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



### **Renew Active Fitness Program**

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

### **AARP Staying Sharp**

UnitedHealthcare will receive, from AARP Staying Sharp, program confirmation code information together with data regarding your usage of AARP Staying Sharp (for example, the number of times you visited their website each month). This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members.

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

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

### **Dentegra Dental Discount**

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

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

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

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

\*\* Present offer to receive a bonus \$50 off in addition to your AARP

Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts, past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33. Cartier®, Lindberg®, Oakley®, Kato, Oliver Peoples, and Maui Jim® frames excluded. Additional frame and lens exclusions and restrictions may apply, see store associate for details. Void where prohibited. Discounts are off tag price. No cash value. Offer expires 12/31/2024. Code 755453.

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

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

### **Nurse line**

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

### **AARP Driver Safety**

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

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

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

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# Discover the Real Possibilities of AARP Membership

## Membership with AARP means:

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

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



### Health Care Products & Discounts

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



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

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



### Home & Auto

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



### Retail & Dining

Discounts on gifts and groceries, in addition to restaurants.



### Travel & Entertainment

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



### Magazine, Advocacy & Community

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



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

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

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

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



# Bright Ways To Save



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

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

## **SAVE up to 39%\* with the Enrollment Discount**

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

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

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

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

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

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

Take \$24 off your total household premium when you pay your entire annual premium at one time.

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

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

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

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

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# Plans, Rates, & Benefits

Plans, Rates, & Benefits



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# Your Plan and Rate



## 1 Review plans

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

## 2 Discover your rate with applicable discounts

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

### Enrollment Discount

#### For Applicants Age 65 and Older:

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

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

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

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

### Multi-Insured Discount

You may also take **7%** off the Standard Rate if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

## 3 Apply

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

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

# Understanding the Discounts



## Eligibility

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

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

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

You may be eligible for the Multi-Insured Discount if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

## How it works

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

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



### Example 1: Meet Jill\*

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

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

- Age discount will begin: 66
- Starting Enrollment Discount: 39%
- Enrollment Discount will change to 36% on her plan anniversary date of January 1 of the year Jill is age 69
- Multi-Insured Discount off the Standard Rate: 7%



### Example 2: Meet Harry\*

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

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

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

	Age on Plan Effective Date	Enrollment Discount	Multi-Insured Discount
	65	39%	7%
Jill	<b>66</b>	<b>39%</b>	7%
	67	39%	7%
	68	39%	7%
	69	36%	7%
	70	33%	7%
	71	30%	7%
	72	27%	7%
	73	24%	7%
	74	21%	7%
	75	18%	7%
	76	15%	7%
	77	12%	7%
	78	9%	7%
	79	6%	7%
	80	3%	7%
	81	0%	7%

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

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## Overview of Available Plans

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

◆ Medicare Select Plans G and N contain the same benefits as standardized Medicare Supplement Plans G and N, except for restrictions on your use of hospitals.

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

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

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

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

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

\*\* Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

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



# Cover Page - Rates

## Female Non-Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only <sup>5</sup>
<b>Group 1</b>											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>	
Standard Rates with Enrollment Discount <sup>3</sup> for individuals ages 65-80 whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
65	\$96.83	\$145.48	\$140.60	\$105.53	\$56.57	\$108.73	\$127.79	\$95.77	\$184.37		\$185.59
66	\$96.83	\$145.48	\$140.60	\$105.53	\$56.57	\$108.73	\$127.79	\$95.77	\$184.37		\$185.59
67	\$96.83	\$145.48	\$140.60	\$105.53	\$56.57	\$108.73	\$127.79	\$95.77	\$184.37		\$185.59
68	\$96.83	\$145.48	\$140.60	\$105.53	\$56.57	\$108.73	\$127.79	\$95.77	\$184.37		\$185.59
69	\$101.60	\$152.64	\$147.52	\$110.72	\$59.36	\$114.08	\$134.08	\$100.48	\$193.44		\$194.72
70	\$106.36	\$159.79	\$154.43	\$115.91	\$62.14	\$119.42	\$140.36	\$105.19	\$202.50		\$203.84
71	\$111.12	\$166.95	\$161.35	\$121.10	\$64.92	\$124.77	\$146.65	\$109.90	\$211.57		\$212.97
72	\$115.88	\$174.10	\$168.26	\$126.29	\$67.70	\$130.12	\$152.93	\$114.61	\$220.64		\$222.10
73	\$120.65	\$181.26	\$175.18	\$131.48	\$70.49	\$135.47	\$159.22	\$119.32	\$229.71		\$231.23
74	\$125.41	\$188.41	\$182.09	\$136.67	\$73.27	\$140.81	\$165.50	\$124.03	\$238.77		\$240.35
75	\$130.17	\$195.57	\$189.01	\$141.86	\$76.05	\$146.16	\$171.79	\$128.74	\$247.84		\$249.48
76	\$134.93	\$202.72	\$195.92	\$147.05	\$78.83	\$151.51	\$178.07	\$133.45	\$256.91		\$258.61
77	\$139.70	\$209.88	\$202.84	\$152.24	\$81.62	\$156.86	\$184.36	\$138.16	\$265.98		\$267.74
78	\$144.46	\$217.03	\$209.75	\$157.43	\$84.40	\$162.20	\$190.64	\$142.87	\$275.04		\$276.86
79	\$149.22	\$224.19	\$216.67	\$162.62	\$87.18	\$167.55	\$196.93	\$147.58	\$284.11		\$285.99
80	\$153.98	\$231.34	\$223.58	\$167.81	\$89.96	\$172.90	\$203.21	\$152.29	\$293.18		\$295.12
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
81+	\$158.75	\$238.50	\$230.50	\$173.00	\$92.75	\$178.25	\$209.50	\$157.00	\$302.25		\$304.25
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .											
65+	\$238.12	\$357.75	\$431.03	\$371.95	\$139.12	\$267.37	\$427.38	\$345.40	\$453.37		\$456.37

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

# Cover Page - Rates

## Female Non-Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only <sup>5</sup>
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .										
75+	\$174.62	\$262.35	\$253.55	\$190.30	\$102.02	\$196.07	\$230.45	\$172.70	\$332.47	\$334.67
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .										
75+	\$238.12	\$357.75	\$431.03	\$371.95	\$139.12	\$267.37	\$427.38	\$345.40	\$453.37	\$456.37

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



# Cover Page - Rates

## Female Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only <sup>5</sup>
<b>Group 1</b>											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>	
Standard Rates with Enrollment Discount <sup>3</sup> for individuals ages 65-80 whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
65	\$106.51	\$160.03	\$154.66	\$116.08	\$62.23	\$119.60	\$140.57	\$105.34	\$202.80		\$204.14
66	\$106.51	\$160.03	\$154.66	\$116.08	\$62.23	\$119.60	\$140.57	\$105.34	\$202.80		\$204.14
67	\$106.51	\$160.03	\$154.66	\$116.08	\$62.23	\$119.60	\$140.57	\$105.34	\$202.80		\$204.14
68	\$106.51	\$160.03	\$154.66	\$116.08	\$62.23	\$119.60	\$140.57	\$105.34	\$202.80		\$204.14
69	\$111.75	\$167.90	\$162.27	\$121.79	\$65.29	\$125.48	\$147.48	\$110.52	\$212.78		\$214.18
70	\$116.99	\$175.77	\$169.87	\$127.50	\$68.35	\$131.36	\$154.40	\$115.70	\$222.75		\$224.22
71	\$122.23	\$183.64	\$177.48	\$133.21	\$71.41	\$137.24	\$161.31	\$120.89	\$232.72		\$234.26
72	\$127.47	\$191.51	\$185.09	\$138.91	\$74.47	\$143.13	\$168.22	\$126.07	\$242.70		\$244.30
73	\$132.71	\$199.38	\$192.69	\$144.62	\$77.53	\$149.01	\$175.14	\$131.25	\$252.67		\$254.34
74	\$137.94	\$207.25	\$200.30	\$150.33	\$80.59	\$154.89	\$182.05	\$136.43	\$262.65		\$264.38
75	\$143.18	\$215.12	\$207.91	\$156.04	\$83.65	\$160.77	\$188.96	\$141.61	\$272.62		\$274.42
76	\$148.42	\$222.99	\$215.51	\$161.75	\$86.71	\$166.65	\$195.88	\$146.79	\$282.59		\$284.46
77	\$153.66	\$230.86	\$223.12	\$167.46	\$89.77	\$172.54	\$202.79	\$151.97	\$292.57		\$294.50
78	\$158.90	\$238.73	\$230.73	\$173.17	\$92.83	\$178.42	\$209.70	\$157.15	\$302.54		\$304.54
79	\$164.14	\$246.60	\$238.33	\$178.88	\$95.89	\$184.30	\$216.62	\$162.33	\$312.52		\$314.58
80	\$169.38	\$254.47	\$245.94	\$184.59	\$98.95	\$190.18	\$223.53	\$167.51	\$322.49		\$324.62
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
81+	\$174.62	\$262.35	\$253.55	\$190.30	\$102.02	\$196.07	\$230.45	\$172.70	\$332.47		\$334.67
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .											
65+	\$261.93	\$393.52	\$474.13	\$409.14	\$153.03	\$294.10	\$470.11	\$379.94	\$498.70		\$502.00

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

# Cover Page - Rates

## Female Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only <sup>5</sup>
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .										
75+	\$192.08	\$288.58	\$278.90	\$209.33	\$112.22	\$215.67	\$253.49	\$189.97	\$365.71	\$368.13
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .										
75+	\$261.93	\$393.52	\$474.13	\$409.14	\$153.03	\$294.10	\$470.11	\$379.94	\$498.70	\$502.00

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

# Cover Page - Rates

## Male Non-Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only <sup>5</sup>
<b>Group 1</b>											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>	
Standard Rates with Enrollment Discount <sup>3</sup> for individuals ages 65-80 whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
65	\$109.19	\$164.09	\$158.60	\$118.95	\$63.89	\$122.45	\$143.96	\$107.97	\$207.85		\$209.38
66	\$109.19	\$164.09	\$158.60	\$118.95	\$63.89	\$122.45	\$143.96	\$107.97	\$207.85		\$209.38
67	\$109.19	\$164.09	\$158.60	\$118.95	\$63.89	\$122.45	\$143.96	\$107.97	\$207.85		\$209.38
68	\$109.19	\$164.09	\$158.60	\$118.95	\$63.89	\$122.45	\$143.96	\$107.97	\$207.85		\$209.38
69	\$114.56	\$172.16	\$166.40	\$124.80	\$67.04	\$128.48	\$151.04	\$113.28	\$218.08		\$219.68
70	\$119.93	\$180.23	\$174.20	\$130.65	\$70.18	\$134.50	\$158.12	\$118.59	\$228.30		\$229.97
71	\$125.30	\$188.30	\$182.00	\$136.50	\$73.32	\$140.52	\$165.20	\$123.90	\$238.52		\$240.27
72	\$130.67	\$196.37	\$189.80	\$142.35	\$76.46	\$146.54	\$172.28	\$129.21	\$248.74		\$250.57
73	\$136.04	\$204.44	\$197.60	\$148.20	\$79.61	\$152.57	\$179.36	\$134.52	\$258.97		\$260.87
74	\$141.41	\$212.51	\$205.40	\$154.05	\$82.75	\$158.59	\$186.44	\$139.83	\$269.19		\$271.16
75	\$146.78	\$220.58	\$213.20	\$159.90	\$85.89	\$164.61	\$193.52	\$145.14	\$279.41		\$281.46
76	\$152.15	\$228.65	\$221.00	\$165.75	\$89.03	\$170.63	\$200.60	\$150.45	\$289.63		\$291.76
77	\$157.52	\$236.72	\$228.80	\$171.60	\$92.18	\$176.66	\$207.68	\$155.76	\$299.86		\$302.06
78	\$162.89	\$244.79	\$236.60	\$177.45	\$95.32	\$182.68	\$214.76	\$161.07	\$310.08		\$312.35
79	\$168.26	\$252.86	\$244.40	\$183.30	\$98.46	\$188.70	\$221.84	\$166.38	\$320.30		\$322.65
80	\$173.63	\$260.93	\$252.20	\$189.15	\$101.60	\$194.72	\$228.92	\$171.69	\$330.52		\$332.95
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
81+	\$179.00	\$269.00	\$260.00	\$195.00	\$104.75	\$200.75	\$236.00	\$177.00	\$340.75		\$343.25
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .											
65+	\$268.50	\$403.50	\$486.20	\$419.25	\$157.12	\$301.12	\$481.44	\$389.40	\$511.12		\$514.87

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

# Cover Page - Rates

## Male Non-Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only <sup>5</sup>
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .										
75+	\$196.90	\$295.90	\$286.00	\$214.50	\$115.22	\$220.82	\$259.60	\$194.70	\$374.82	\$377.57
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .										
75+	\$268.50	\$403.50	\$486.20	\$419.25	\$157.12	\$301.12	\$481.44	\$389.40	\$511.12	\$514.87

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



# Cover Page - Rates

## Male Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only <sup>5</sup>
<b>Group 1</b>											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>	
Standard Rates with Enrollment Discount <sup>3</sup> for individuals ages 65-80 whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
65	\$120.10	\$180.49	\$174.46	\$130.84	\$70.28	\$134.70	\$158.35	\$118.76	\$228.64		\$230.31
66	\$120.10	\$180.49	\$174.46	\$130.84	\$70.28	\$134.70	\$158.35	\$118.76	\$228.64		\$230.31
67	\$120.10	\$180.49	\$174.46	\$130.84	\$70.28	\$134.70	\$158.35	\$118.76	\$228.64		\$230.31
68	\$120.10	\$180.49	\$174.46	\$130.84	\$70.28	\$134.70	\$158.35	\$118.76	\$228.64		\$230.31
69	\$126.01	\$189.37	\$183.04	\$137.28	\$73.74	\$141.32	\$166.14	\$124.60	\$239.88		\$241.64
70	\$131.92	\$198.25	\$191.62	\$143.71	\$77.19	\$147.94	\$173.93	\$130.44	\$251.12		\$252.97
71	\$137.83	\$207.13	\$200.20	\$150.15	\$80.65	\$154.57	\$181.72	\$136.29	\$262.37		\$264.29
72	\$143.73	\$216.00	\$208.78	\$156.58	\$84.11	\$161.19	\$189.50	\$142.13	\$273.61		\$275.62
73	\$149.64	\$224.88	\$217.36	\$163.02	\$87.56	\$167.82	\$197.29	\$147.97	\$284.86		\$286.95
74	\$155.55	\$233.76	\$225.94	\$169.45	\$91.02	\$174.44	\$205.08	\$153.81	\$296.10		\$298.28
75	\$161.45	\$242.63	\$234.52	\$175.89	\$94.48	\$181.07	\$212.87	\$159.65	\$307.35		\$309.60
76	\$167.36	\$251.51	\$243.10	\$182.32	\$97.93	\$187.69	\$220.66	\$165.49	\$318.59		\$320.93
77	\$173.27	\$260.39	\$251.68	\$188.76	\$101.39	\$194.32	\$228.44	\$171.33	\$329.84		\$332.26
78	\$179.17	\$269.26	\$260.26	\$195.19	\$104.85	\$200.94	\$236.23	\$177.17	\$341.08		\$343.58
79	\$185.08	\$278.14	\$268.84	\$201.63	\$108.30	\$207.57	\$244.02	\$183.01	\$352.33		\$354.91
80	\$190.99	\$287.02	\$277.42	\$208.06	\$111.76	\$214.19	\$251.81	\$188.85	\$363.57		\$366.24
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
81+	\$196.90	\$295.90	\$286.00	\$214.50	\$115.22	\$220.82	\$259.60	\$194.70	\$374.82		\$377.57
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .											
65+	\$295.35	\$443.85	\$534.82	\$461.17	\$172.83	\$331.23	\$529.58	\$428.34	\$562.23		\$566.35

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

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# Cover Page - Rates

## Male Tobacco Monthly Plan Rates<sup>1</sup> for Ohio

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only <sup>5</sup>
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age <sup>2</sup>	Plan A	Plan B	Plan G	Select G <sup>6</sup>	Plan K	Plan L	Plan N	Select N <sup>6</sup>	Plan C <sup>5</sup>	Plan F <sup>5</sup>	
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the medical conditions on the application <sup>4</sup> .											
75+	\$216.59	\$325.49	\$314.60	\$235.95	\$126.74	\$242.90	\$285.56	\$214.17	\$412.30	\$415.32	
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one or more of the medical conditions on the application <sup>4</sup> .											
75+	\$295.35	\$443.85	\$534.82	\$461.17	\$172.83	\$331.23	\$529.58	\$428.34	\$562.23	\$566.35	

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

1 **Multi-Insured Discount:** You may be eligible to take 7% off your monthly premiums if two members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy with UnitedHealthcare Insurance Company.

**Tobacco rates** do not apply during Open Enrollment or for Guaranteed Issue.

2 Your age as of your plan effective date.

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

#### **Who is eligible**

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

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

#### **How it works**

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

4 Refer to the application.

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

6 You must use a network hospital with Select Plans G and N.



### PREMIUM INFORMATION

We, UnitedHealthcare Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

**Tobacco and Non-Tobacco Rates:** Rates for tobacco users are 10% higher than rates for non-tobacco users. Tobacco rates do not apply during Open Enrollment or for Guaranteed Issue. Monthly rates shown reflect current premium levels and all rates are subject to change.

**Multi-Insured Discount:** You may be eligible to take 5% off your monthly premiums if two members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy with UnitedHealthcare Insurance Company.

### DISCLOSURES

Use this outline to compare benefits and premiums among policies.

### READ YOUR POLICY VERY CAREFULLY

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

### RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to:

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

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### POLICY REPLACEMENT

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

### NOTICE

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

### COMPLETE ANSWERS ARE VERY IMPORTANT

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

### GRIEVANCE PROCEDURE

#### Complaint and Grievance Procedure -

UnitedHealthcare has established a formal procedure to respond to customer complaints and grievances. UnitedHealthcare desires to provide a fair, accessible and responsive method of evaluating and resolving complaints and grievances. If UnitedHealthcare determines that any prior action that it has taken was incorrect, corrective action will be taken. You may, at any time, submit a written complaint to the Department of Insurance in your state.

**Complaints** - If you have a complaint, you may call us at 1-800-523-5880 or write to us at UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge all complaints within 15 days and will respond to all complaints within a reasonable period of time.

**Grievances** - If you are dissatisfied with our handling of a complaint or a claim denial, or are dissatisfied for any other reason, you may submit a formal grievance. Grievances must be in writing and contain the words "this is a grievance" to ensure that we understand the purpose of the communication. You must clearly state the nature of the grievance and send it to: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge in writing all grievances within 15 days and respond to all grievances within a reasonable period of time. All grievances must be filed within 60 days or as soon as reasonably possible from the date of denial of benefits or other action giving rise to the grievance.





## PLAN A

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days  ▪ Beyond the additional 365 days	All but \$1,632  All but \$408 a day  All but \$816 a day  \$0  \$0	\$0  \$408 a day  \$816 a day  100% of Medicare eligible expenses  \$0	\$1,632 (Part A deductible) \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

# PLAN A

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$240 (Part B deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$240 of Medicare Approved Amounts*</li> <li>▪ Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0  80%	\$0  \$0  20%	\$0  \$240 (Part B deductible) \$0
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## PLAN B

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan B

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$240 (Part B deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$240 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$240 of Medicare Approved amounts*</li> <li>▪ Remainder of Medicare Approved amounts</li> </ul>	100%  \$0  80%	\$0  \$0  20%	\$0  \$240 (Part B deductible) \$0
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## PLAN C

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## PLAN C

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: ▪ First \$240 of Medicare Approved amounts*	100%	\$0	\$0
▪ Remainder of Medicare Approved amounts	\$0	\$240 (Part B deductible)	\$0
	80%	20%	\$0

### OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# PLAN F

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## PLAN F

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$240 of Medicare Approved Amounts*	\$0 \$0	All costs \$240 (Part B deductible)	\$0 \$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
▪ First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
▪ Remainder of Medicare Approved Amounts	80%	20%	\$0

### OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## PLAN G

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## PLAN G

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$240 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$240 of Medicare Approved Amounts*</li> <li>▪ Remainder of Medicare Approved Amounts</li> </ul>	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Unless Part B deductible has been met) \$0
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# PLAN G

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum





## PLAN K

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

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days	All but \$1,632  All but \$408 a day  All but \$816 a day  \$0 \$0	\$816 (50% of Part A deductible) \$408 a day \$816 a day  100% of Medicare Eligible Expenses \$0	\$816 (50% of Part A deductible) ♦ \$0 \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day  101 <sup>st</sup> day and after	All approved amounts All but \$204 a day  \$0	\$0 Up to \$102 a day (50% of Part A Coinsurance)  \$0	\$0 \$102 a day (50% of Part A Coinsurance) ♦ All costs
<b>BLOOD –</b> First 3 Pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	50% of copayment/coinsurance	50% of copayment/coinsurance ♦

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

## PLAN K

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare approved amounts Generally 80%	\$0  Remainder of Medicare approved amounts Generally 10%	\$240 (Part B deductible)**** ♦ All costs above Medicare approved amounts Generally 10% ♦
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$7060)*
<b>BLOOD</b> First 3 Pints Next \$240 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	50% \$0  Generally 10%	50% ♦ \$240 (Part B deductible)**** ♦ Generally 10% ♦
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

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

### PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$240 of Medicare Approved Amounts*****</li> <li>▪ Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0  80%	\$0  \$0  10%	\$0  \$240 (Part B deductible) ♦ 10% ♦
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\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

## PLAN L

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

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days (lifetime)</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,224 (75% of Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$408 (25% of Part A deductible) ♦ \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$153 a day (75% of Part A Coinsurance) \$0	\$0 \$51 a day (25% of Part A Coinsurance) ♦ All costs
<b>BLOOD –</b> First 3 Pints Additional amounts	\$0 100%	75% \$0	25% ♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

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

## PLAN L

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services  Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare approved amounts  Generally 80%	\$0  Remainder of Medicare approved amounts  Generally 15%	\$240 (Part B Deductible)**** ♦ All costs above Medicare approved amounts  Generally 5%♦
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$3530)*
<b>BLOOD</b> First 3 Pints Next \$240 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	75% \$0  Generally 15%	25%♦ \$240 (Part B deductible)**** ♦ Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

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

### PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> <li>First \$240 of Medicare Approved Amounts****</li> <li>Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0  80%	\$0  \$0  15%	\$0  \$240 (Part B Deductible)♦ 5%♦
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\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.



# PLAN N

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

# PLAN N

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$240 (Part B Deductible)  Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>First \$240 of Medicare Approved Amounts*</li> <li>Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0 80%	\$0  \$0 20%	\$0  \$240 (Part B deductible) \$0
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### OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# MEDICARE SELECT - PLAN G

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

\*\* Provider restrictions apply.

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN G PAYS	YOU PAY
<b>HOSPITALIZATION*</b> in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

# MEDICARE SELECT - PLAN G

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN G PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT,</b> such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
■ First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
■ Remainder of Medicare Approved Amounts	80%	20%	\$0

# MEDICARE SELECT - PLAN G

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

### OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN G PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum





# MEDICARE SELECT - PLAN N

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

\*\* Provider restrictions apply.

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN N PAYS	YOU PAY
<b>HOSPITALIZATION*</b> in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

# MEDICARE SELECT - PLAN N

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN N PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$240 of Medicare Approved Amounts*  Remainder of Medicare-approved Amounts	\$0          Generally 80%	\$0          Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$240 (Part B Deductible)          Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints  Next \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0   \$0  80%	All costs  \$0  20%	\$0  \$240 (Part B deductible)  \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

# MEDICARE SELECT - PLAN N

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

### PARTS A & B

SERVICES	MEDICARE PAYS	MEDICARE SELECT PLAN N PAYS	YOU PAY
<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b>			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment:			
▪ First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
▪ Remainder of Medicare Approved Amounts	80%	20%	\$0

### OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum



# Your Guide To AARP Medicare Supplement and Medicare Select Insurance Plans

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

## Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

## Guaranteed Acceptance

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

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

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

## Additional Information

### Exclusions

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

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

1. Individuals who are replacing prior creditable coverage within 63 days after termination; or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
3. Individuals who are entitled to Guaranteed Issue; or

**Continued...**

4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

## Medicare Select Disclosure Statement – If You Are Applying for an AARP Medicare Select Plan

Please read this information carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan.

### Medicare Select Provider Restrictions

**In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:**

(1) there is a Medical Emergency; (2) covered services are not available from any select hospital in the Service Area; or (3) covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period; and
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare.

**Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.**

### Right to Replace Your Medicare Select Plan

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare, that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

### Quality Assurance

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

## For Your Protection, Please Be Aware of the Following:

### You Cannot Be Singled Out for Cancellation

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

### The AARP Insurance Trust

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

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



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

## General Information

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

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

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

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

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan - Certificates of Insurance numbered MDA 0001 / MAA 0010 (Plan A), MDB 0002 / MAB 0011 (Plan B), MDC 0003 / MAC 0012 (Plan C), MDF 0004 / MAF 0013 (Plan F), MDG 0860 / MAG 0861 (Plan G), MDK 0005 / MAK 0014 (Plan K), MDL 0006 / MAL 0015 (Plan L), MDN 0007 / MAN 0016 (Plan N), MDSG 1030 (Medicare Select Plan G), MDSN 1031 (Medicare Select Plan N).

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

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

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



# Ohio Resident Directory

## Participating Hospitals - Effective April 2024 For AARP® Medicare Select Plans

### Ohio

#### Allen County

Institute for Orthopaedic  
Surgery\*\*  
801 Medical Center Drive Suite B  
Lima, OH 45804  
(419) 224-7586

St. Rita's Medical Center  
730 West Market Street  
Lima, OH 45801  
(419) 227-3361

#### Butler County

Mercy Health - Fairfield Hospital  
3000 Mack Road  
Fairfield, OH 45014  
(513) 870-7000

West Chester Hospital\*  
7700 University Drive  
West Chester, OH 45069  
(513) 298-3000

West Chester Hospital  
Surgical Center\*  
7750 University Court  
West Chester, OH 45069  
(513) 475-8300

#### Champaign County

Mercy Health - Urbana Hospital  
904 Scioto Street  
Urbana, OH 43078  
(937) 653-5231

#### Clark County

Mental Health Services for Clark  
and Madison Counties\*  
474 North Yellow Spring Street  
Springfield, OH 45504  
(937) 399-9500

Ohio Valley Surgical Hospital  
100 West Main Street  
Springfield, OH 45502  
(937) 521-3900

Springfield Regional  
Medical Center  
100 Medical Center Drive  
Springfield, OH 45504  
(937) 523-1000

#### Clermont County

Mercy Health - Clermont Hospital  
3000 Hospital Drive  
Batavia, OH 45103  
(513) 732-8200

#### Crawford County

Galion Community Hospital  
269 Portland Way South  
Galion, OH 44833  
(419) 468-4841

#### Cuyahoga County

St. John Medical Center  
29000 Center Ridge Road  
Westlake, OH 44145  
(440) 835-8000

#### Cuyahoga County (Continued)

University Hospitals  
Parma Medical Center  
7007 Powers Boulevard  
Parma, OH 44129  
(440) 743-3000

#### Defiance County

Community Memorial Hospital  
208 Columbus Street  
Hicksville, OH 43526  
(419) 542-6692

Mercy Health - Defiance Hospital  
1404 East Second Street  
Defiance, OH 43512  
(419) 782-8444

ProMedica Defiance  
Regional Hospital  
1200 Ralston Avenue  
Defiance, OH 43512  
(419) 783-6955

#### Erie County

Firelands Regional Medical  
Center - Main Campus  
1111 Hayes Avenue  
Sandusky, OH 44870  
(419) 557-7400

Firelands Regional Health  
System - South Campus  
1912 Hayes Avenue  
Sandusky, OH 44870  
(419) 557-7400

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

\*\*This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

## Ohio (Continued)

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### Fairfield County

Fairfield Medical Center  
401 North Ewing Street  
Lancaster, OH 43130  
(740) 687-8000

### Fayette County

Adena Fayette Medical Center  
1430 Columbus Avenue  
Washington Court House, OH  
43160  
(740) 335-1210

### Franklin County

Arthur G James Cancer  
Hospital\*\*  
300 West 10th Avenue  
Columbus, OH 43210  
(614) 293-3300

Select Specialty  
Hospital – Columbus  
1087 Dennison Avenue, 2nd Floor  
Columbus, OH 43201  
(614) 458-9000

The Woods at Parkside\*  
349 Olde Ridenour Road  
Gahanna, OH 43230  
(614) 471-2552

### Guernsey County

Cambridge Behavioral Hospital\*  
66755 State Street  
Cambridge, OH 43725  
(740) 432-4906

Southeastern Med\*  
1341 Clark Street  
Cambridge, OH 43725  
(740) 439-8000

### Hamilton County

Christ Hospital  
2139 Auburn Avenue  
Cincinnati, OH 45219  
(513) 585-2000

Daniel Drake Center\*  
151 West Galbraith Road  
Cincinnati, OH 45216  
(513) 418-2500

The Jewish Hospital -  
Mercy Health  
4777 East Galbraith Road  
Cincinnati, OH 45236  
(513) 686-3000

Mercy Health - Anderson  
Hospital  
7500 State Road  
Cincinnati, OH 45255  
(513) 624-4500

Mercy Health - West Hospital  
3300 Mercy Health Boulevard  
Cincinnati, OH 45211  
(513) 215-5000

University of Cincinnati  
Medical Center  
234 Goodman Street  
Cincinnati, OH 45219  
(513) 584-1000

### Hancock County

Promedica Fostoria Community  
Hospital\*\*  
501 Van Buren Street  
Fostoria, OH 44830  
(419) 435-7734

### Henry County

Henry County Hospital  
1600 East Riverview Avenue  
Napoleon, OH 43545  
(419) 592-4015

### Highland County

Highland District Hospital  
1275 North High Street  
Hillsboro, OH 45133  
(937) 393-6100

### Hocking County

Hocking Valley  
Community Hospital  
601 State Route 664 North  
Logan, OH 43138  
(740) 380-8000

### Huron County

Mercy Health - Willard Hospital  
1100 Neal Zick Road  
Willard, OH 44890  
(419) 964-5000

### Jefferson County

Trinity Medical Center East\*  
380 Summit Avenue  
Steubenville, OH 43952  
(740) 264-8000

Trinity Medical Center West\*  
4000 Johnson Road  
Steubenville, OH 43952  
(740) 264-8000

### Licking County

Select Specialty Hospital -  
Southeast Ohio  
2000 Tamarack Road, 2nd Floor  
Newark, OH 43055  
(220) 564-2600

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

\*\*This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

## Ohio (Continued)

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### Lorain County

Mercy Health - Allen Hospital  
200 West Lorain Street  
Oberlin, OH 44074  
(440) 775-1211

Mercy Health - Lorain Hospital  
3700 Kolbe Road  
Lorain, OH 44053  
(440) 960-4000

### Lucas County

Mercy Health - St. Anne Hospital  
3404 West Sylvania Avenue  
Toledo, OH 43623  
(419) 407-2663

Mercy Health - Saint Charles Hospital  
2600 Navarre Avenue  
Oregon, OH 43616  
(419) 696-7200

Mercy Health - Saint Vincent Medical Center  
2213 Cherry Street  
Toledo, OH 43608  
(419) 251-3232

Regency Hospital Oregon\*  
2600 Navarre Ave FL 4-5  
Oregon, OH 43616  
(419) 972-3200

The University of Toledo Medical Center  
3000 Arlington Avenue  
Toledo, OH 43614  
(419) 383-4000

### Madison County

Madison Health  
210 North Main Street  
London, OH 43140  
(740) 845-7000

### Mahoning County

Mercy Health - St. Elizabeth Youngstown Hospital  
1044 Belmont Avenue  
Youngstown, OH 44501  
(330) 746-7211

Select Specialty Hospital - Boardman\*  
8049 South Avenue  
Youngstown, OH 44512  
(330) 726-5000

Select Specialty Hospital - Youngstown\*  
1044 Belmont Avenue, 4th Floor  
Youngstown, OH 44501  
(330) 480-3488

St. Elizabeth Boardman Hospital  
8401 Market Street  
Youngstown, OH 44512  
(330) 729-2929

### Medina County

Medina Hospital  
1000 East Washington Street  
Medina, OH 44256  
(330) 725-1000

### Morrow County

Morrow County Hospital  
651 West Marion Road  
Mount Gilead, OH 43338  
(419) 946-5015

### Ottawa County

Magruder Hospital  
615 Fulton Street  
Port Clinton, OH 43452  
(419) 734-3131

### Paulding County

Paulding County Hospital  
1035 West Wayne Street  
Paulding, OH 45879  
(419) 399-4080

### Pike County

Adena Pike Medical Center  
100 Dawn Lane  
Waverly, OH 45690  
(740) 947-2186

### Portage County

University Hospitals Portage Medical Center  
6847 North Chestnut Street  
Ravenna, OH 44266  
(330) 297-0811

### Sandusky County

ProMedica Memorial Hospital  
715 South Taft Avenue  
Fremont, OH 43420  
(419) 332-7321

### Seneca County

Mercy Health - Tiffin Hospital  
45 St. Lawrence Drive  
Tiffin, OH 44883  
(419) 455-7000

### Stark County

Alliance Community Hospital  
200 East State Street  
Alliance, OH 44601  
(330) 596-6000

Mercy Medical Center - Canton  
1320 Mercy Drive NW  
Canton, OH 44708  
(330) 489-1000

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

## Ohio (Continued)

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### Summit County

Crystal Clinic Orthopaedic Center  
444 North Main Street  
Akron, OH 44310  
(330) 375-3000

Select Specialty Hospital – Akron\*  
200 East Market Street  
Akron, OH 44308  
(330) 761-7500

Western Reserve Hospital of  
Cuyahoga Falls  
1900 23rd Street  
Cuyahoga Falls, OH 44223  
(330) 971-7000

### Trumbull County

St. Joseph Warren Hospital  
667 Eastland Avenue SE  
Warren, OH 44484  
(330) 841-4000

Select Specialty Hospital  
Trumbull\*  
1350 East Market Street, Floor 9  
Warren, OH 44483  
(330) 675-5555

Steward Hillside Rehabilitation  
Hospital  
8747 Squires Lane NE  
Warren, OH 44484  
(330) 841-3700

### Trumbull County (Continued)

Steward Trumbull Memorial  
Hospital  
1350 East Market Street  
Warren, OH 44482  
(330) 841-9011

### Tuscarawas County

Trinity Hospital Twin City\*\*  
819 North 1st Street  
Dennison, OH 44621  
(740) 922-2800

### Van Wert County

Ridgeview Behavioral Hospital\*  
17872 Lincoln Highway  
Middle Point, OH 45863  
(419) 968-2950

## Indiana

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### Adams County

Adams Memorial Hospital  
1100 Mercer Avenue  
Decatur, IN 46733  
(260) 724-2145

### Allen County

Dupont Hospital\*  
2520 East Dupont Road  
Fort Wayne, IN 46825  
(260) 416-3000

### Dearborn County

Saint Elizabeth Dearborn  
600 Wilson Creek Road  
Lawrenceburg, IN 47025  
(812) 537-1010

### Madison County

Community Hospital of Anderson  
1515 North Madison Avenue  
Anderson, IN 46011  
(765) 298-4242

St. Vincent Anderson Regional  
Hospital  
2015 Jackson Street  
Anderson, IN 46016  
(765) 649-2511

St. Vincent Mercy Hospital  
1331 S A St  
Elwood, IN 46036  
(765) 552-4600

### Randolph County

St. Vincent Randolph Hospital  
473 E Greenville Avenue  
Winchester, IN 47394  
(765) 584-0004

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

\*\*This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.



# Kentucky

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## **Boone County**

Gateway Rehabilitation  
Hospital – Florence  
5940 Merchants Drive  
Florence, KY 41042  
(859) 426-2400

St. Elizabeth – Florence  
4900 Houston Road  
Florence, KY 41042  
(859) 212-5200

## **Campbell County**

St. Elizabeth – Fort Thomas  
85 North Grand Avenue  
Fort Thomas, KY 41075  
(859) 572-3100

## **Fleming County**

Fleming County Hospital  
55 Foundation Drive  
Flemingsburg, KY 41041  
(606) 849-5000

## **Grant County**

St. Elizabeth – Grant  
238 Barnes Road  
Williamstown, KY 41097  
(859) 824-8240

## **Kenton County**

St. Elizabeth – Covington  
1500 James Simpson Jr. Way  
Covington, KY 41011  
(859) 655-8800

## **Kenton County** *(Continued)*

St. Elizabeth – Edgewood  
1 Medical Village Drive  
Edgewood, KY 41017  
(859) 301-2000



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Participating Hospitals listed in this directory are subject to change. For health systems with multiple hospitals, all locations may not participate. Check with your doctor to make sure he or she has admitting privileges at a network hospital. Prior to scheduling any inpatient hospital service, it is recommended you call UnitedHealthcare Customer Service at 1-800-523-5800, TTY 711, weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m. Eastern Time for a current listing of participating hospitals in your area. You may also call this number to obtain a directory of participating hospitals for other areas when you will be traveling.

All participating hospitals are open 24 hours a day, 7 days a week.

Network changes will be communicated annually to insureds impacted by hospitals who no longer participate. Coverage will remain until insured is notified in writing.

**Your Medicare Select policy will only pay full supplemental benefits if covered services are obtained through specified participating hospitals. Medicare Select policies deny payment or pay less than the full benefit if you use a non-participating hospital for non-emergency services.**

# For AARP® Medicare Select Plans Only

## Ohio - Effective October 2023

Medicare Select Plans are available to individuals in the following zip code areas:

43001	43035	43077	43130	43202	43235	43330	43408	43458	43527	43567	43661
43002	43036	43078	43135	43203	43236	43331	43410	43460	43528	43569	43666
43003	43037	43080	43136	43204	43240	43332	43412	43462	43529	43570	43667
43004	43040	43081	43137	43205	43251	43333	43413	43463	43530	43571	43681
43005	43041	43082	43138	43206	43260	43334	43414	43464	43531	43601	43682
43006	43044	43083	43140	43207	43266	43335	43416	43465	43532	43603	43697
43007	43045	43084	43142	43209	43268	43336	43420	43466	43533	43604	43699
43008	43046	43085	43143	43210	43270	43337	43430	43467	43534	43605	43701
43009	43047	43086	43144	43211	43271	43338	43431	43468	43535	43606	43702
43010	43048	43093	43145	43212	43272	43340	43432	43469	43536	43607	43711
43011	43050	43101	43146	43213	43279	43341	43433	43501	43537	43608	43713
43013	43054	43102	43147	43214	43287	43342	43434	43502	43540	43609	43716
43014	43055	43103	43148	43215	43291	43343	43435	43504	43541	43610	43717
43015	43056	43105	43149	43216	43301	43344	43436	43505	43542	43611	43718
43016	43058	43106	43150	43217	43302	43345	43437	43506	43543	43612	43719
43017	43060	43107	43151	43218	43310	43346	43438	43510	43545	43613	43720
43018	43061	43109	43152	43219	43311	43347	43439	43511	43547	43614	43721
43019	43062	43110	43153	43220	43314	43348	43440	43512	43548	43615	43722
43021	43064	43111	43154	43221	43315	43349	43441	43515	43549	43616	43723
43022	43065	43112	43155	43222	43316	43350	43442	43516	43551	43617	43724
43023	43066	43113	43156	43223	43317	43351	43443	43517	43552	43619	43725
43025	43067	43115	43157	43224	43318	43356	43445	43518	43553	43620	43727
43026	43068	43116	43158	43226	43319	43357	43446	43519	43554	43623	43728
43027	43069	43117	43160	43227	43320	43358	43447	43520	43555	43635	43730
43028	43070	43119	43162	43228	43321	43359	43449	43521	43556	43652	43731
43029	43071	43123	43164	43229	43322	43360	43450	43522	43557	43654	43732
43030	43072	43125	43194	43230	43323	43402	43451	43523	43558	43656	43733
43031	43073	43126	43195	43231	43324	43403	43452	43524	43560	43657	43734
43032	43074	43127	43199	43232	43325	43406	43456	43525	43565	43659	43735
43033	43076	43128	43201	43234	43326	43407	43457	43526	43566	43660	43736

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43738	43802	43926	43976	44050	44099	44136	44223	44285	44405	44452	44608
43739	43803	43927	43977	44052	44101	44137	44224	44286	44406	44453	44609
43740	43804	43928	43981	44053	44102	44138	44230	44287	44408	44454	44610
43746	43805	43930	43983	44054	44103	44139	44231	44288	44410	44455	44611
43747	43811	43931	43984	44055	44104	44140	44232	44301	44411	44460	44612
43748	43812	43932	43985	44056	44105	44141	44233	44302	44412	44470	44613
43749	43821	43933	43986	44057	44106	44142	44234	44303	44413	44471	44614
43750	43822	43934	43988	44060	44107	44143	44235	44304	44415	44473	44615
43752	43824	43935	44001	44061	44108	44144	44236	44305	44416	44481	44617
43754	43828	43937	44003	44062	44109	44145	44237	44306	44417	44482	44618
43755	43830	43938	44004	44064	44110	44146	44240	44307	44418	44483	44619
43756	43832	43939	44005	44065	44111	44147	44241	44308	44420	44484	44620
43757	43836	43940	44010	44067	44112	44149	44242	44309	44422	44485	44621
43758	43837	43941	44011	44068	44113	44181	44243	44310	44423	44486	44622
43759	43840	43942	44012	44070	44114	44188	44250	44311	44424	44490	44624
43760	43842	43943	44017	44072	44115	44190	44251	44312	44425	44491	44625
43761	43843	43944	44021	44073	44116	44191	44253	44313	44427	44492	44626
43762	43844	43945	44022	44074	44117	44192	44254	44314	44428	44493	44627
43764	43845	43946	44023	44076	44118	44193	44255	44315	44429	44501	44628
43766	43901	43947	44024	44077	44119	44194	44256	44316	44430	44502	44629
43767	43902	43948	44026	44080	44120	44195	44258	44317	44431	44503	44630
43768	43903	43950	44028	44081	44121	44197	44260	44319	44432	44504	44632
43771	43905	43951	44030	44082	44122	44198	44262	44320	44436	44505	44633
43772	43906	43952	44032	44084	44123	44199	44264	44321	44437	44506	44634
43773	43907	43953	44033	44085	44124	44201	44265	44325	44438	44507	44636
43777	43908	43961	44035	44086	44125	44202	44266	44326	44439	44509	44637
43778	43909	43962	44036	44087	44126	44203	44270	44328	44440	44510	44638
43779	43910	43963	44039	44088	44127	44210	44272	44333	44441	44511	44639
43780	43912	43964	44040	44089	44128	44211	44273	44334	44442	44512	44640
43782	43913	43967	44041	44090	44129	44212	44274	44372	44443	44513	44641
43783	43914	43968	44044	44092	44130	44214	44275	44396	44444	44514	44643
43786	43915	43970	44045	44093	44131	44215	44276	44398	44445	44515	44644
43787	43916	43971	44046	44094	44132	44216	44278	44401	44446	44555	44645
43788	43917	43972	44047	44095	44133	44217	44280	44402	44449	44601	44646
43791	43920	43973	44048	44096	44134	44221	44281	44403	44450	44606	44647
43793	43925	43974	44049	44097	44135	44222	44282	44404	44451	44607	44648

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44650	44697	44824	44870	45039	45120	45201	45239	45303	45341	45384	45440
44651	44699	44825	44871	45040	45121	45202	45240	45304	45342	45385	45441
44652	44701	44826	44874	45041	45122	45203	45241	45305	45343	45387	45448
44653	44702	44827	44875	45042	45123	45204	45242	45306	45344	45388	45449
44654	44703	44828	44878	45044	45130	45205	45243	45307	45345	45389	45458
44656	44704	44830	44880	45050	45131	45206	45244	45308	45346	45390	45459
44657	44705	44833	44881	45051	45132	45207	45245	45309	45347	45401	45469
44659	44706	44836	44882	45052	45133	45208	45246	45310	45348	45402	45470
44660	44707	44837	44883	45053	45135	45209	45247	45311	45349	45403	45475
44661	44708	44838	44887	45054	45140	45211	45248	45312	45350	45404	45479
44662	44709	44839	44888	45055	45142	45212	45249	45314	45351	45405	45481
44663	44710	44840	44889	45056	45144	45213	45250	45315	45352	45406	45482
44665	44711	44841	44890	45061	45146	45214	45251	45316	45353	45409	45490
44666	44714	44842	44901	45062	45147	45215	45252	45317	45354	45410	45501
44667	44718	44843	44902	45063	45148	45216	45253	45318	45356	45412	45502
44669	44720	44844	44903	45064	45150	45217	45254	45319	45358	45413	45503
44670	44721	44845	44904	45065	45152	45218	45255	45320	45359	45414	45504
44671	44730	44846	44905	45066	45153	45219	45258	45321	45360	45415	45505
44672	44735	44847	44906	45067	45154	45220	45262	45322	45361	45416	45506
44675	44750	44848	44907	45068	45155	45221	45263	45323	45362	45417	45601
44676	44767	44849	45001	45069	45156	45222	45264	45324	45363	45419	45612
44677	44799	44850	45002	45070	45157	45223	45267	45325	45365	45420	45613
44678	44802	44851	45003	45071	45158	45224	45268	45326	45367	45422	45614
44679	44804	44853	45004	45101	45159	45225	45269	45327	45368	45423	45616
44680	44805	44854	45005	45102	45160	45226	45270	45328	45369	45424	45617
44681	44807	44855	45011	45103	45162	45227	45271	45330	45370	45426	45618
44682	44809	44856	45012	45105	45164	45229	45273	45331	45371	45428	45619
44683	44811	44857	45013	45106	45166	45230	45274	45332	45372	45429	45620
44685	44813	44859	45014	45107	45167	45231	45275	45333	45373	45430	45621
44687	44814	44860	45015	45111	45168	45232	45277	45334	45374	45431	45622
44688	44815	44861	45018	45112	45169	45233	45280	45335	45377	45432	45624
44689	44816	44862	45030	45113	45171	45234	45296	45336	45378	45433	45628
44690	44817	44864	45032	45114	45172	45235	45298	45337	45380	45434	45629
44691	44818	44865	45033	45115	45174	45236	45299	45338	45381	45435	45630
44693	44820	44866	45034	45118	45176	45237	45301	45339	45382	45437	45631
44695	44822	44867	45036	45119	45177	45238	45302	45340	45383	45439	45633

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45634	45685	45743	45810	45856	45895
45636	45686	45744	45812	45858	45896
45638	45687	45745	45813	45859	45897
45640	45688	45746	45814	45860	45898
45642	45690	45750	45815	45861	45899
45643	45692	45760	45816	45862	45999
45644	45693	45761	45817	45863	
45645	45694	45764	45819	45864	
45646	45695	45766	45820	45865	
45647	45696	45767	45821	45866	
45648	45697	45768	45822	45867	
45650	45698	45769	45826	45868	
45651	45699	45771	45827	45869	
45652	45701	45772	45828	45870	
45653	45710	45773	45830	45871	
45654	45711	45775	45831	45872	
45656	45712	45776	45832	45873	
45657	45713	45777	45833	45874	
45658	45714	45778	45835	45875	
45659	45715	45779	45836	45876	
45660	45716	45780	45837	45877	
45661	45717	45782	45838	45879	
45662	45719	45783	45839	45880	
45663	45720	45784	45840	45881	
45671	45721	45786	45841	45882	
45672	45723	45787	45843	45883	
45673	45724	45788	45844	45884	
45674	45727	45789	45845	45885	
45675	45729	45801	45846	45886	
45677	45732	45802	45848	45887	
45679	45734	45804	45849	45888	
45680	45735	45805	45850	45889	
45681	45739	45806	45851	45890	
45682	45740	45807	45853	45891	
45683	45741	45808	45854	45893	
45684	45742	45809	45855	45894	



# Forms

Forms



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

AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company



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

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

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

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

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

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

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

SA25710ST

## Enrollment Checklist

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

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



### Application Form

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



### AARP Membership Form

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

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



### Electronic Funds Transfer (EFT) Authorization Form

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

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



### Notice to Applicants Regarding Replacement of Coverage

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

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



### Insurance Solicitation Notice

Be sure to review and sign both copies of the form. Keep one copy for your records. The other signed copy must be submitted with your application.



### If Reply Envelope Is Missing

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

(Over Please)

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

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

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

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

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

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

# Application Form

## AARP® Medicare Supplement Insurance Plans

Insured by  
UnitedHealthcare Insurance Company (UnitedHealthcare),  
Hartford, CT 06103

### Instructions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2460720307 \_AGT



First Name

Last Name

## 2 Choose your Plan and start date.

### Plan Choice

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

- you are an AARP member,
- you are age 65 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time.

**Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. Please call if you have questions.**

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

### Plan Start Date

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

/ 01 /  
Month Day Year

## 3 Is your acceptance guaranteed?

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

☐ Yes ☐ No

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

**3B.** Have you lost or are losing health insurance coverage or do you have a Medicare Advantage Plan "trial right" and, if so, have you received a notice from your employer or prior insurer saying that you are eligible for guaranteed issue of a Medicare supplement plan?

☐ Yes ☐ No

**If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see "Your Guide."

- If **YES**, skip directly to **Section 9**.
- If you answered **NO** to both questions in **Section 3**, continue to **Section 4**.





First Name

Last Name

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

#### 4 Tell us about your medical providers.

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

Primary Physician ( ) -  
Phone #

Specialist Name Specialty ( ) -  
Phone #

Diagnosis/Condition

Specialist Name Specialty ( ) -  
Phone #

Diagnosis/Condition

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

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

☐ Yes ☐ No ☐ Not Sure

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

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

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

☐ Yes ☐ No ☐ Not Sure

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

☐ Yes ☐ No ☐ Not Sure

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

☐ Yes ☐ No ☐ Not Sure

**6D.** Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?

☐ Yes ☐ No ☐ Not Sure



First Name

Last Name

**6**

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

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

- Leukemia, Lymphoma or Multiple Myeloma?

☐ Yes ☐ No ☐ Not Sure

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

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

☐ Yes ☐ No ☐ Not Sure

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

- Any surgery, biopsy, further evaluation, treatment, or diagnostic testing (excluding HIV tests)?

☐ Yes ☐ No ☐ Not Sure

**6H.** Are you awaiting any diagnostic test results (excluding HIV tests)?

☐ Yes ☐ No ☐ Not Sure

**7**

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

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

- Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator
- Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems
- Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)
- Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)
- Alzheimer's Disease, Dementia, or Parkinson's Disease
- Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure



First Name

Last Name

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

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

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

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

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

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

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

☐ Yes ☐ No



## 9 Your past and current coverage

### Review the statements.

- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

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

### PLEASE ANSWER ALL QUESTIONS.

#### To the best of your knowledge,

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

### Questions about Medicaid

**9D.** Are you covered for medical assistance through the state Medicaid program?  
(Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question.

☐ Yes ☐ No

**If YES, you must answer Questions 9E and 9F.**





First Name

Last Name

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

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

**9F.** Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium? ☐ Yes ☐ No

**Questions about Medicare Advantage plans (sometimes called Medicare Part C)**

**9G.** Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)? ☐ Yes ☐ No

**If YES, you must answer Questions 9H through 9K.**

**9H.** Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.

**Start Date**

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

**End Date**

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

**9I.** If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.)

☐ Yes ☐ No

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

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

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

**Questions about Medicare supplement plans**

**9L.** Do you have another Medicare supplement policy in force? ☐ Yes ☐ No

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

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

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

**If YES, you must answer Question 9M.**

**9M.** Do you intend to replace your current Medicare supplement policy with this policy? ☐ Yes ☐ No

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

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

**9N.** Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)? ☐ Yes ☐ No

**If YES, you must answer Questions 9O through 9Q.**

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

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

**Policy:**☐ HMO/PPO☐ Major Medical☐ Employer Plan☐ Union Plan☐ Other \_\_\_\_\_



First Name

Last Name

## 9 Your past and current coverage (continued)

**9P.** What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.

Start Date

 / /  
 Month Day Year

End Date

 / /  
 Month Day Year

**9Q.** Are you replacing this health insurance?

☐ Yes ☐ No

X

Your Signature (required)

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

## 10 Authorization and Verification of Application Information

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

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, with intent to defraud or knowing that he is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.
- If you are enrolling in a Medicare Select Plan: I acknowledge that I have received an Outline of Coverage, Grievance Procedure, Provider Directory and a Medicare Select Disclosure Statement covering Provider Restrictions, Right to Replace Your Medicare Supplement Plan and Quality Assurance Program. I affirm that I understand the benefits, restrictions, limitations and other provisions of the Medicare Select Plan for which I am applying.

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

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

### Authorization for the Release of Medical Information

I authorize UnitedHealthcare and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution or person, or The Company's own information, any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage and rate. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain



First Name

Last Name

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## Authorization and Verification of Application Information (continued)

and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is not revocable. If not revoked, this authorization is valid for 24 months from the date of my signature. I understand that I or my authorized representative may obtain a copy of this form.

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

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

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

X

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

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

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

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## Authorization for Verification of Information

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

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare and its affiliates ("The Company") any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims and for analytic studies. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization, at any time, if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. If not revoked, this authorization is valid for the term of the coverage. I understand that I or my authorized representative may obtain a copy of this form.

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

X

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

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

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





First Name

Last Name

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## For Agent/Broker Use Only

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

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

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---

2. List policies issued which are still in force:

---

---

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

---

---

Agent Name (PLEASE PRINT)		
First Name	MI	Last Name
<div>X</div>		
Agent Signature (required)	Agent ID (required)	Today's Date (required) Month Day Year
Agent Email Address	( )	- Agent Phone Number



TEAR HERE

TEAR HERE



**AGENT MEDICARE SUPPLEMENT INSURANCE SOLICITATION NOTICE**

- The person making this solicitation is an Ohio-licensed insurance agent.
- You may verify that the agent is licensed by contacting The Ohio Department of Insurance, 50 West Town St., Suite 300, Columbus, Ohio 43215, toll-free at 800-686-1526; TDD (614) 644-3745, [www.insurance.ohio.gov](http://www.insurance.ohio.gov).
- The insurer issuing the Medicare supplement insurance policy is UnitedHealthcare Insurance Company. You may contact the insurance company toll-free: 1-866-408-5545, TTY: 711, 7 a.m. – 11 p.m. ET, Monday – Friday, 9 a.m. – 5 p.m. ET, Saturday, [www.aarpmedicaresupplement.com](http://www.aarpmedicaresupplement.com).
- Neither the insurance company nor the agent/broker making this solicitation have any connection or affiliation with, and are not in any way sponsored by, the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services.
- If you decide to purchase a Medicare supplement health insurance plan, you have the option of paying the premium directly to the insurance company.

This is to confirm that the undersigned agent has read this notice and provided a copy of this notice to the Medicare-eligible beneficiary whose signature appears below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature Insurance Agent/broker:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Ohio License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
street address city state zip code

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature Medicare-eligible beneficiary:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Instructions:** Agent must read and provide one copy of this notice to Medicare-eligible beneficiary at the time of solicitation for a Medicare supplement insurance policy/certificate. The second copy of this notice must be submitted with the application. The agent and beneficiary must sign both copies, acknowledging the notice was presented both orally and in writing to the Medicare beneficiary.

**COMPLETE AND SUBMIT THIS COPY WITH THE APPLICATION**





## AGENT MEDICARE SUPPLEMENT INSURANCE SOLICITATION NOTICE

- The person making this solicitation is an Ohio-licensed insurance agent.
- You may verify that the agent is licensed by contacting The Ohio Department of Insurance, 50 West Town St., Suite 300, Columbus, Ohio 43215, toll-free at 800-686-1526; TDD (614) 644-3745, [www.insurance.ohio.gov](http://www.insurance.ohio.gov).
- The insurer issuing the Medicare supplement insurance policy is UnitedHealthcare Insurance Company. You may contact the insurance company toll-free: 1-866-408-5545, TTY: 711, 7 a.m. – 11 p.m. ET, Monday – Friday, 9 a.m. – 5 p.m. ET, Saturday, [www.aarpmedicaresupplement.com](http://www.aarpmedicaresupplement.com).
- Neither the insurance company nor the agent/broker making this solicitation have any connection or affiliation with, and are not in any way sponsored by, the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services.
- If you decide to purchase a Medicare supplement health insurance plan, you have the option of paying the premium directly to the insurance company.

This is to confirm that the undersigned agent has read this notice and provided a copy of this notice to the Medicare-eligible beneficiary whose signature appears below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature Insurance Agent/broker:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Ohio License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
street address city state zip code

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature Medicare-eligible beneficiary:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Instructions:** Agent must read and provide one copy of this notice to Medicare-eligible beneficiary at the time of solicitation for a Medicare supplement insurance policy/certificate. The second copy of this notice must be submitted with the application. The agent and beneficiary must sign both copies, acknowledging the notice was presented both orally and in writing to the Medicare beneficiary.

**COMPLETE AND PROVIDE THIS COPY TO MEDICARE-ELIGIBLE BENEFICIARY**



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

## HEALTH CARE PRODUCTS & DISCOUNTS

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

## AWARD-WINNING PUBLICATIONS

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

## INSURANCE & FINANCIAL SERVICES

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



## PROTECTION OF YOUR RIGHTS

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

## TRAVEL DISCOUNTS

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

## COMMUNITY INVOLVEMENT

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

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

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

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

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

BA25584ST

AGT



## MEMBERSHIP ACTIVATION FORM

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

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

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

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

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

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

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

### For FREE Spouse/Partner Membership

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

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

FCSDUHCM

BA25584ST

**OR**

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

**SAVE 25%**



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



Or call 1-866-331-1964

### Why sign up for Automatic Renewal?

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

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

AGT

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

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



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

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

**SAVE  
25%**



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



Or call 1-866-331-1964



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

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



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

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## The Easiest Way to Pay

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

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

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

## Signing Up is Easy

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

## Your EFT Effective Date

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

**Complete Form on Reverse** ►

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

## AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

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

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

Street Address

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

City

State

Zip Code

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

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

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

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

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

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

### IMPORTANT

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

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

We look forward to continuing to serve you.

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

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## The Easiest Way to Pay

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

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

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

## Signing Up is Easy

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

## Your EFT Effective Date

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

**Complete Form on Reverse** ►

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

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

Street Address

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

City

State

Zip Code

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

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

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

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

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

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

### IMPORTANT

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

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

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

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

Labels for the check fields:

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

We look forward to continuing to serve you.

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

Horsham, Pennsylvania

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

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

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

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

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

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

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

1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to

- the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

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

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

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

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

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

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



**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
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- \_\_\_\_\_ Additional benefits.
- \_\_\_\_\_ No change in benefits, but lower premiums.
- \_\_\_\_\_ Fewer benefits and lower premiums
- \_\_\_\_\_ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

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

1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to

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

3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

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

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

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

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

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

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

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# Glossary: Prescription Drugs

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

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

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

## Partial Prescription Drug List

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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





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

## For Your Records:

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

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

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

## What's Next:

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

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



### Welcome Kit.

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



### Educational Materials.

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



### Dedicated Customer Service.

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



### Exclusive AARP Member Benefits.

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



## Let's stay connected.

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

Name

Email

Phone



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

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

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

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

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

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