



Enrollment Kit



Arizona

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



New options for your needs and budget.

AARP® Medicare Supplement Insurance Plans, insured by
UnitedHealthcare Insurance Company of America (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 of America (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, now and in the future. With more than 45 years of experience and an “A+” rating by A.M. Best,¹ UnitedHealthcare is a longstanding health insurance leader, covering more people with Medicare supplement plans nationwide than any other individual insurance carrier.³



Service

UnitedHealthcare is committed to offering personalized, quality service. 98% of AARP Medicare Supplement Plan claims are processed in 10 days or less.² And 94% of active members renew their plans from year to year.²

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about expanded rate discounts that you may be eligible for with these plans.

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.

- 1 A.M. Best affirmed UnitedHealthcare’s financial strength rating of “A+” (Superior) and maintained a stable outlook on December 9, 2022. An “A+” rating from A.M. Best is its second- highest rating. The rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. www.ambest.com.
- 2 From a report prepared for UnitedHealthcare by Human8, “Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans,” June 2023, www.uhcmcdsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- 3 From a report prepared for UnitedHealthcare by Mark Farrah Associates, “December 2022 Medigap Enrollment & Market Share,” June 2023, www.uhcmcdsupstats.com or call 1-800-523-5800 to request a copy of the full report.

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

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

Insured by UnitedHealthcare Insurance Company of America, 1600 McConnor Parkway, Floor 2, Schaumburg, IL 60173. 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 may contact you.

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

Discover the Real Possibilities of AARP Membership

Membership with AARP means:

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

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



Health Care Products & Discounts

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



Retail & Groceries

Discounts on gifts, groceries and meal delivery...groceries, and meal delivery services.



Insurance² & Financial Services

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




Travel

Get help with travel planning, including trip ideas for every budget. Save on car rental, hotel, airline tickets, vacation packages, travel protection, and more.



Caregiving

Access to resources, guides, and practical tips to assist caregivers. Discounts on in-home caregiving and medical alert services.

Please turn over to
discover more discounts. 



Technology

Discounts on cellular plans, home security systems, device protection, and identity protection.



Restaurants & Entertainment

Save money off your check at various restaurants. Get discounts on movie tickets and concessions, as well as access to free online games.



Home & Auto

Get help with real estate, home services, housing and mobility, driving, and other resources. Save on roadside assistance and car maintenance.

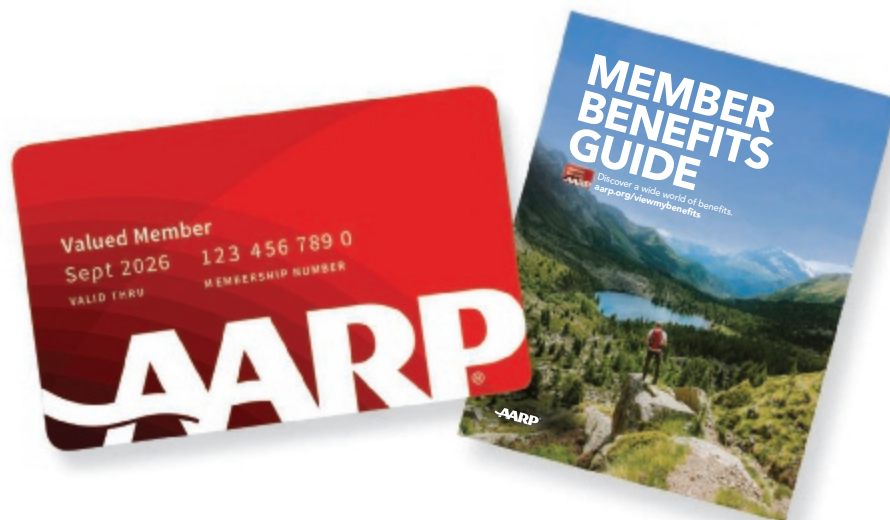


Magazine, Advocacy & Community

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 or by checking out the Member Benefits Guide.



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

² The AARP benefits described are not a benefit of an insurance program.

NEW Bright Ways To Save



Please note, not all of these discounts are incorporated in the rates on the included rate pages.

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

Choose a new AARP® Medicare Supplement Insurance Plan, insured by **UnitedHealthcare Insurance Company of America (UnitedHealthcare)**, to take advantage of the discounts shown below.

SAVE 15% with the Multi-Insured Discount

Take 15% off your monthly premium 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 from UnitedHealthcare.

SAVE 10% with the Household Discount

Take 10% off your monthly premium when another person (no more than three) in your household is also an AARP member.

Note: The Multi-Insured Discount and the Household Discount cannot be combined.

SAVE with Electronic Funds Transfer Payment

Take \$4.00 off your premium each month when you choose the Electronic Funds Transfer (EFT) payment option.

LOCK in Your Premium

Your rate is guaranteed for 12 months from your initial effective date.

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

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

Insured by UnitedHealthcare Insurance Company of America, Schaumburg, IL. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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Plans & Rates

Plans & Rates



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

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

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Overview of Available Plans

Medicare Supplement Plans A, F, G and N are currently being offered by UnitedHealthcare Insurance Company of America.

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

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

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

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

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

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

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

Monthly Plan Rates for Arizona - Area 1

Female Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Standard Rates³ for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$130.49	\$135.20	\$96.46	\$179.32	\$150.06	\$155.48	\$110.92	\$206.21
66	\$130.49	\$135.20	\$96.46	\$179.32	\$150.06	\$155.48	\$110.92	\$206.21
67	\$130.49	\$135.20	\$96.46	\$179.32	\$150.06	\$155.48	\$110.92	\$206.21
68	\$135.24	\$140.12	\$99.97	\$185.84	\$155.52	\$161.13	\$114.96	\$213.71
69	\$139.98	\$145.04	\$103.48	\$192.36	\$160.97	\$166.79	\$119.00	\$221.21
70	\$144.73	\$149.95	\$106.98	\$198.88	\$166.43	\$172.44	\$123.02	\$228.71
71	\$149.47	\$154.87	\$110.49	\$205.40	\$171.89	\$178.10	\$127.06	\$236.21
72	\$154.22	\$159.79	\$114.00	\$211.92	\$177.35	\$183.75	\$131.10	\$243.70
73	\$158.96	\$164.70	\$117.51	\$218.44	\$182.80	\$189.40	\$135.13	\$251.20
74	\$163.71	\$169.62	\$121.01	\$224.96	\$188.26	\$195.06	\$139.16	\$258.70
75	\$168.45	\$174.53	\$124.52	\$231.48	\$193.71	\$200.70	\$143.19	\$266.20
76	\$173.20	\$179.45	\$128.03	\$238.01	\$199.18	\$206.36	\$147.23	\$273.71
77	\$177.94	\$184.37	\$131.54	\$244.53	\$204.63	\$212.02	\$151.27	\$281.20
78	\$182.69	\$189.28	\$135.04	\$251.05	\$210.09	\$217.67	\$155.29	\$288.70
79	\$187.43	\$194.20	\$138.55	\$257.57	\$215.54	\$223.33	\$159.33	\$296.20
80+	\$260.98	\$270.41	\$192.92	\$358.64	\$300.12	\$310.97	\$221.85	\$412.43

Level 2 Rates³ for individuals whose acceptance is not guaranteed or who have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65+	\$346.39	\$410.51	\$371.80	\$433.63	\$398.34	\$472.09	\$427.56	\$498.67

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

Monthly Plan Rates for Arizona - Area 1

Male Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Standard Rates³ for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$147.15	\$152.46	\$108.77	\$202.21	\$169.22	\$175.32	\$125.08	\$232.54
66	\$147.15	\$152.46	\$108.77	\$202.21	\$169.22	\$175.32	\$125.08	\$232.54
67	\$147.15	\$152.46	\$108.77	\$202.21	\$169.22	\$175.32	\$125.08	\$232.54
68	\$152.50	\$158.01	\$112.73	\$209.56	\$175.37	\$181.71	\$129.63	\$240.99
69	\$157.85	\$163.55	\$116.69	\$216.92	\$181.52	\$188.08	\$134.19	\$249.45
70	\$163.20	\$169.10	\$120.64	\$224.27	\$187.68	\$194.46	\$138.73	\$257.91
71	\$168.55	\$174.64	\$124.60	\$231.62	\$193.83	\$200.83	\$143.29	\$266.36
72	\$173.90	\$180.18	\$128.55	\$238.98	\$199.98	\$207.20	\$147.83	\$274.82
73	\$179.25	\$185.73	\$132.51	\$246.33	\$206.13	\$213.58	\$152.38	\$283.27
74	\$184.61	\$191.27	\$136.46	\$253.68	\$212.30	\$219.96	\$156.92	\$291.73
75	\$189.96	\$196.82	\$140.42	\$261.04	\$218.45	\$226.34	\$161.48	\$300.19
76	\$195.31	\$202.36	\$144.37	\$268.39	\$224.60	\$232.71	\$166.02	\$308.64
77	\$200.66	\$207.90	\$148.33	\$275.74	\$230.75	\$239.08	\$170.57	\$317.10
78	\$206.01	\$213.45	\$152.28	\$283.10	\$236.91	\$245.46	\$175.12	\$325.56
79	\$211.36	\$218.99	\$156.24	\$290.45	\$243.06	\$251.83	\$179.67	\$334.01
80+	\$294.30	\$304.93	\$217.55	\$404.42	\$338.44	\$350.66	\$250.18	\$465.08

Level 2 Rates³ for individuals whose acceptance is not guaranteed or who have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65+	\$390.60	\$462.94	\$419.27	\$488.98	\$449.19	\$532.37	\$482.15	\$562.32

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

- 1 Your age as of your plan effective date.
- 2 Refer to Section 8 of the application.
- 3 Your rate will always be based on your age on your effective date.
- 4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

Arizona Area 1 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included
on the Page Headed "Cover Page – Rates"

850
855

851
857

852

853

Monthly Plan Rates for Arizona - Area 2

Female Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Standard Rates³ for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$120.21	\$124.55	\$88.86	\$165.19	\$138.24	\$143.23	\$102.18	\$189.96
66	\$120.21	\$124.55	\$88.86	\$165.19	\$138.24	\$143.23	\$102.18	\$189.96
67	\$120.21	\$124.55	\$88.86	\$165.19	\$138.24	\$143.23	\$102.18	\$189.96
68	\$124.58	\$129.08	\$92.09	\$171.19	\$143.26	\$148.44	\$105.90	\$196.86
69	\$128.95	\$133.60	\$95.32	\$177.20	\$148.29	\$153.64	\$109.61	\$203.78
70	\$133.32	\$138.13	\$98.55	\$183.21	\$153.31	\$158.84	\$113.33	\$210.69
71	\$137.69	\$142.66	\$101.78	\$189.21	\$158.34	\$164.05	\$117.04	\$217.59
72	\$142.06	\$147.19	\$105.01	\$195.22	\$163.36	\$169.26	\$120.76	\$224.50
73	\$146.43	\$151.72	\$108.24	\$201.23	\$168.39	\$174.47	\$124.47	\$231.41
74	\$150.80	\$156.25	\$111.48	\$207.23	\$173.42	\$179.68	\$128.20	\$238.31
75	\$155.17	\$160.78	\$114.71	\$213.24	\$178.44	\$184.89	\$131.91	\$245.22
76	\$159.55	\$165.31	\$117.94	\$219.25	\$183.48	\$190.10	\$135.63	\$252.13
77	\$163.92	\$169.84	\$121.17	\$225.25	\$188.50	\$195.31	\$139.34	\$259.03
78	\$168.29	\$174.37	\$124.40	\$231.26	\$193.53	\$200.52	\$143.06	\$265.94
79	\$172.66	\$178.89	\$127.63	\$237.27	\$198.55	\$205.72	\$146.77	\$272.86
80+	\$240.41	\$249.09	\$177.72	\$330.37	\$276.47	\$286.45	\$204.37	\$379.92

Level 2 Rates³ for individuals whose acceptance is not guaranteed or who have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65+	\$319.09	\$378.17	\$342.50	\$399.45	\$366.95	\$434.88	\$393.87	\$459.36

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Monthly Plan Rates for Arizona - Area 2
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
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	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$135.55	\$140.45	\$100.20	\$186.27	\$155.88	\$161.51	\$115.23	\$214.21
66	\$135.55	\$140.45	\$100.20	\$186.27	\$155.88	\$161.51	\$115.23	\$214.21
67	\$135.55	\$140.45	\$100.20	\$186.27	\$155.88	\$161.51	\$115.23	\$214.21
68	\$140.48	\$145.55	\$103.84	\$193.05	\$161.55	\$167.38	\$119.41	\$222.00
69	\$145.41	\$150.66	\$107.49	\$199.82	\$167.22	\$173.25	\$123.61	\$229.79
70	\$150.34	\$155.77	\$111.13	\$206.59	\$172.89	\$179.13	\$127.79	\$237.57
71	\$155.27	\$160.87	\$114.78	\$213.37	\$178.56	\$185.00	\$131.99	\$245.37
72	\$160.20	\$165.98	\$118.42	\$220.14	\$184.23	\$190.87	\$136.18	\$253.16
73	\$165.13	\$171.09	\$122.06	\$226.91	\$189.89	\$196.75	\$140.36	\$260.94
74	\$170.06	\$176.20	\$125.71	\$233.69	\$195.56	\$202.63	\$144.56	\$268.74
75	\$174.98	\$181.30	\$129.35	\$240.46	\$201.22	\$208.49	\$148.75	\$276.52
76	\$179.91	\$186.41	\$132.99	\$247.24	\$206.89	\$214.37	\$152.93	\$284.32
77	\$184.84	\$191.52	\$136.64	\$254.01	\$212.56	\$220.24	\$157.13	\$292.11
78	\$189.77	\$196.62	\$140.28	\$260.78	\$218.23	\$226.11	\$161.32	\$299.89
79	\$194.70	\$201.73	\$143.93	\$267.56	\$223.90	\$231.98	\$165.51	\$307.69
80+	\$271.10	\$280.89	\$200.40	\$372.55	\$311.76	\$323.02	\$230.46	\$428.43

Level 2 Rates³ for individuals whose acceptance is not guaranteed or who have any of the medical conditions on the application².

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65+	\$359.83	\$426.45	\$386.22	\$450.44	\$413.79	\$490.41	\$444.14	\$518.00

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Arizona Area 2 ZIP Codes

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on the Page Headed "Cover Page – Rates"

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Eligibility & Benefits

Eligibility & Benefits

AARP | Medicare Supplement
from  **UnitedHealthcare**

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

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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 may contact you.

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

Your Guide to AARP Medicare Supplement Insurance Plans

To help you choose the AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company of America (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. You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 6 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 6 months prior to your plan's effective date.

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

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

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

You Cannot Be Singled Out for Cancellation

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

Continued ...

The AARP Insurance Trust

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

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

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

General Information

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

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

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

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

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

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

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

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

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	\$0	Up to \$204 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

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

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

Parts A and B

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

Notes

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

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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Notes

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

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

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

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

Parts A and B

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

Other Benefits not covered by Medicare

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

Notes

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

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan G (continued)

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

Notes

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

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan N (continued)

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

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Notes

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

Plan Benefit Tables: Plan N (continued)

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

Notes

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

Rules and Disclosures about this Insurance

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

PREMIUM INFORMATION

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

The Monthly Plan Rate may be reduced when you qualify for a discount:

- **Multi-Insured Discount**
A 15% discount is applied if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company of America or an affiliate ("UnitedHealthcare") under the same AARP membership number and share a household address. Eligibility for this discount will no longer apply if only one insured remains on the account (other than in the case of death).
 - **Household Discount**
A 10% discount is applied when another person (no more than three) in the insured member's household is also a member of AARP. Eligibility for this discount will no longer apply if the other person(s) no longer resides with you (other than in the case of their death). **Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
 - **Electronic Funds Transfer (EFT) Discount**
A \$4.00 discount is applied when your monthly payments are automatically forwarded by your bank (without payment by check).
- Other Discount:
- **Annual Payer Discount**
A \$24.00 per year per household discount is applied when you pay your entire 12 months of premium (June through May) in June.
Note: The EFT Discount and the Annual Payer Discount cannot be combined.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR CERTIFICATE VERY CAREFULLY

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

RIGHT TO RETURN CERTIFICATE

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

UnitedHealthcare

PO BOX 30607

Salt Lake City, UT 84130-0607

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

POLICY REPLACEMENT

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

NOTICE

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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



Forms

Forms



AARP | Medicare Supplement
from  **UnitedHealthcare**

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

SA25827ST

MISC

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

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

Insured by UnitedHealthcare Insurance Company of America, 1600 McConnor Parkway, Floor 2, Schaumburg, IL 60173. 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 may contact you.

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

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 Insurance Plan, insured by UnitedHealthcare Insurance Company of America (UnitedHealthcare). If you are not currently an AARP member or are unsure, you may enroll, renew or verify in one of three ways:

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



Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you'll save \$4.00 off of the premium each month.

- ☐ Complete both copies of the Automatic Payment Authorization Form (signed and dated), submit one copy with the enrollment application, and keep the other copy for your records.



Notice to Applicants Regarding Replacement of Coverage

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

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



If Reply Envelope Is Missing

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

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

Insured by UnitedHealthcare Insurance Company of America, Schaumburg, IL. 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 of America
(UnitedHealthcare), Schaumburg, IL 60173

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 Arizona. 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 _____ / _____ / _____
Month Day Year

1D. Gender ☐ Male ☐ Female

1E. Medicare Number _____ (From your Medicare card.)

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

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

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: Plan F is 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.

☐ Plan A

☐ Plan F

☐ Plan G

☐ 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 Household Premium Discount Information.

You may be eligible for a discount premium rate based on your answers below.

3A. Do you currently live in a household with at least one resident (no more than three) that is currently an AARP member or will become an AARP member at the time your plan is effective?

☐ Yes ☐ No

- If **YES**, you must provide the information below.

Household Member Name: _____

Household Member Date of Birth: _____
Month Day Year

4 Is your acceptance guaranteed?

4A. 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 5, 6, 7 and 8**.
- If **NO**, you must answer **Question 4B**.



First Name

Last Name

4 Is your acceptance guaranteed? (continued)

4B. 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 your guaranteed issue rights, please see "Your Guide."

- If **YES**, skip directly to **Section 9**.
- If you answered **NO** to both questions in **Section 4**, continue to **Section 5**.

Answer the health questions in Sections 5-8 ONLY if your acceptance is not guaranteed as defined in Section 4.

5 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

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

6A. 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



First Name

Last Name

7 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.

7A. Were you hospitalized as an <u>inpatient</u> (not including overnight Outpatient observation) <ul style="list-style-type: none"> • within the past 90 days or • 3 or more times within the past 2 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7B. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7C. <u>Within the past 2 years</u> , did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7D. Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7E. <u>Within the past 5 years</u> , were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: <ul style="list-style-type: none"> • Leukemia, Lymphoma or Multiple Myeloma? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7F. <u>Within the past 3 years</u> , were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: <ul style="list-style-type: none"> • Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma) • Melanoma or Metastatic Merkel Cell (but not other skin cancers)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7G. <u>Within the past year</u> , did a medical professional tell you that you may need any of the following that has NOT been completed : <ul style="list-style-type: none"> • Any surgery, biopsy, further evaluation, treatment, or diagnostic testing? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7H. Are you awaiting any diagnostic test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure



First Name

Last Name

8

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.

8A. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

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

8B. Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

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

8C. Within the past 2 years, did you receive any of the following:

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



First Name

Last Name

9 Tell us about your tobacco usage. If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").**9A.** At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?☐ Yes ☐ No**10 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.
- 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).

PLEASE ANSWER ALL QUESTIONS.**To the best of your knowledge,****10A.** Did you turn age 65 in the last 6 months?☐ Yes ☐ No**10B.** Did you enroll in Medicare Part B in the last 6 months?☐ Yes ☐ No**10C.** If YES, what is the effective date?

/01/		
Month	Day	Year

Questions about Medicaid**10D.** 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 10E and 10F.****10E.** Will Medicaid pay your premiums for this Medicare supplement policy?☐ Yes ☐ No**10F.** 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)****10G.** 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 10H through 10K.**



First Name

Last Name

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

10H. 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

10I. 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.

10J. Was this your first time in this type of Medicare plan?

☐ Yes ☐ No

10K. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

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

10L. Do you have another Medicare supplement policy in force? If so, what insurance company and what plan do you have?

Insurance Company: _____

Policy: _____

☐ Yes ☐ No

If YES, you must answer Question 10M.

10M. 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

10N. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

If YES, you must answer Questions 10O through 10Q.

☐ Yes ☐ No

10O. If so, with what insurance company and what kind of policy?

Insurance Company: _____

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

10P. 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

10Q. Are you replacing this health insurance?

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



First Name

Last Name

11

Authorization and Verification of Application Information

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

- I declare that the answers on this Application Form are complete and true and are the basis for issuing coverage. I understand that the Application Form becomes a part of the insurance contract and that if I have made any fraudulent and material misrepresentation, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a class 2 misdemeanor.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

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

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

Authorization for the Release of Medical Information

I authorize UnitedHealthcare and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or The Company's own information, any data or records about my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage and rate. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is not revocable. If not revoked, this authorization is valid for 24 months from the date of my signature. 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 6 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 6 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. ☐



First Name

Last Name

12 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 or insurance company to give UnitedHealthcare and its affiliates ("The Company") any data or records about 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

13

For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

Agent Name (PLEASE PRINT) _____
First Name MI Last Name

X

Agent Signature (required)

Agent ID (required)

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

Agent Email Address

()

-
Agent Phone Number



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

HEALTH CARE PRODUCTS & DISCOUNTS

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

AWARD-WINNING PUBLICATIONS

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

INSURANCE & FINANCIAL SERVICES

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

PROTECTION OF YOUR RIGHTS

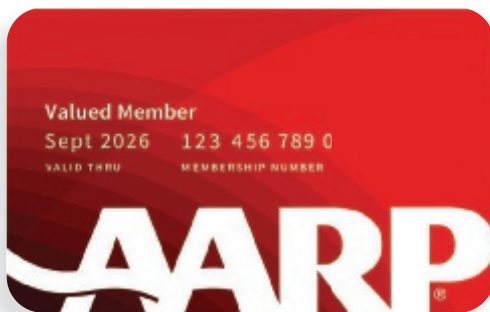
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

TRAVEL DISCOUNTS

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

COMMUNITY INVOLVEMENT

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



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

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

Visit aarp.org/ActToday
Or call 1-866-331-1964

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

BA25584ST

AGT



MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Date of Birth _____ / _____ / _____
Month Day Year

For FREE Spouse/Partner Membership

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

FCSDUHCM

BA25584ST

OR

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

SAVE 25%



Visit aarp.org/ActToday



Or call 1-866-331-1964

Why sign up for Automatic Renewal?

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

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

AGT

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

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



Act today and make the most of membership.

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

**SAVE
25%**



Visit aarp.org/ActToday



Or call 1-866-331-1964



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

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

TEAR HERE

TEAR HERE

Save at least \$4 a month with the Electronic Funds Transfer (EFT) service

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment for your AARP Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company of America will automatically be deducted from your checking or savings account. Also, you could save \$4.00 or more each month.*

In addition to saving up to \$48 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.

*Additional EFT savings may be available based on your enrollment in other plans and/or another member of your household being enrolled in eligible plans.

Complete Form on Reverse



This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

☐ I allow UnitedHealthcare Insurance Company and its affiliates, together known as “UnitedHealthcare” to take monthly withdrawals, for the then-current monthly rate, from the account named on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

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

- Account Holder Name**: John Doe, Street Address, Town, City Zip Code
- Check Number**: Check #1234
- Date**: _____
- Pay to**: _____ Dollars
- Bank Name & Address**: _____
- Memo**: _____
- Signed by**: _____
- MICR Line**: | : 1 2 3 4 5 6 7 8 9 : | 1 2 3 4 5 6 7 8 || ■ 1 2 3 4 || ■

Labels for the MICR line components:

- Bank Routing Transit Number – Must be 9 numbers**: Points to the first 9 digits (123456789).
- Bank Account Number – Include all zeros**: Points to the next 8 digits (12345678).
- Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.**: Points to the last 4 digits (1234).

We look forward to continuing to serve you.

Save at least \$4 a month with the Electronic Funds Transfer (EFT) service

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment for your AARP Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company of America will automatically be deducted from your checking or savings account. Also, you could save \$4.00 or more each month.*

In addition to saving up to \$48 a year:

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*Additional EFT savings may be available based on your enrollment in other plans and/or another member of your household being enrolled in eligible plans.

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.

Account Holder Name

Check Number

John Doe
Street Address
Town, City Zip Code

Check #1234

Date: _____

Pay to: _____

SAMPLE

Dollars

Bank Name & Address

Memo: _____

Signed by: _____

| : 1 2 3 4 5 6 7 8 9 : | 1 2 3 4 5 6 7 8 || ■ 1 2 3 4 || ■

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 OF AMERICA**

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 of America. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

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

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

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

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

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

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

_____ (Signature of Agent, Broker or Other Representative)	_____ (Date)
---	-----------------

_____ (Applicant's Signature)	_____ (Date)
----------------------------------	-----------------

(Applicant's Printed Name & Address)

Complete and submit this copy with the application

TEAR HERE

TEAR HERE



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

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 of America. 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)

Complete and keep this copy for your records



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 of America.

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

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

Partial Prescription Drug List

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

NOTES

[illegible]

NOTES

[illegible]

[illegible]

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[illegible]

NOTES

[illegible]

[illegible]

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[illegible]

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[illegible]

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[illegible]

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[illegible]

NOTES

[illegible]

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

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** 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**



Let's stay connected.

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

Name

Email

Phone



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

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

Insured by UnitedHealthcare Insurance Company of America, 1600 McConnor Parkway, Floor 2, Schaumburg, IL 60173. 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 may contact you.

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