



# Enrollment Kit



## Ohio

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



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



## Service

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

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about 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](http://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](http://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](http://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](http://www.uhcmcdsupstats.com) or call 1-800-523-5800 to request a copy of the full report.

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

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



### Health Care Products & Discounts

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



### Retail & Groceries

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



### Insurance<sup>2</sup> & 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.

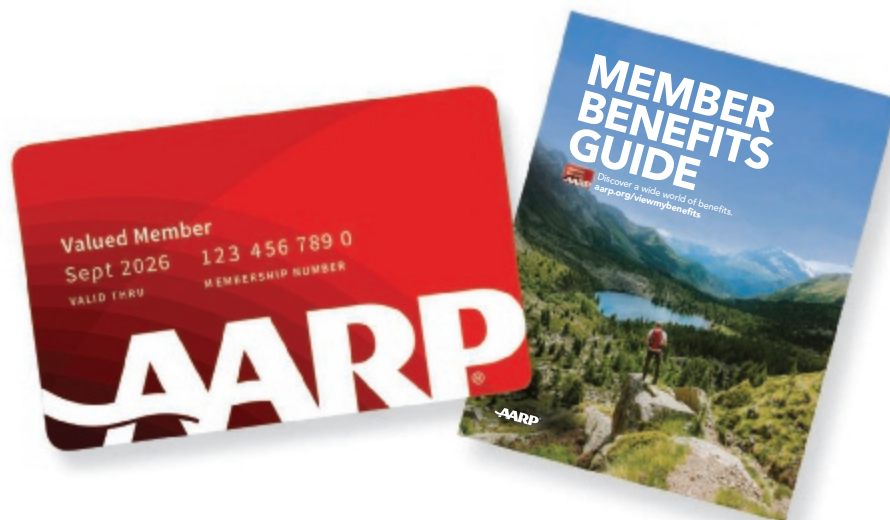


### Magazine, Advocacy & Community

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](https://aarp.org/benefits) or by checking out the Member Benefits Guide.



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

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



# NEW Bright Ways To Save



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 up to 45%\* with the Enrollment Discount**

See the “Your Plan and Rate” page in this booklet to determine your eligibility and discount.

## **SAVE 12% with the Multi-Insured Discount**

Take 12% 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 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.

**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.**

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

\*The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86. The discount is available to new applicants who are accepted to enroll in an AARP Medicare Supplement Plan for October 1, 2021 and after Plan Effective Dates.

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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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# New Offering Your Plan and Rate



## 1 Review plans

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

## 2 Discover your rate with applicable discounts

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

### Enrollment Discount

#### For Applicants Age 65 and Older:

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

If the time period between your plan effective date and your 65th birthday (or your Medicare Part B effective date – whichever is later) is:	
Number of years:	You are in:
Less than 15	Group 1
15 or more	Group 2

If you are in **Group 1** and **under age 86**, you may be eligible for the current Standard Rate with the Enrollment Discount. The Enrollment Discount applies if you are between the ages of 65 and 85 and your plan effective date is within 15 years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate. You can find information about the Enrollment Discount on the back of this page. Your answers to the medical questions on the application may also affect your monthly premium as the rate page indicates.

### Multi-Insured Discount

You may also take **12%** off the Enrollment Discounted rate, where applicable, 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.

## 3 Enroll

After you choose a plan and find your specific rate, simply fill out the application and any additional required forms in this booklet with your licensed insurance agent and send them in using the enclosed postage-paid reply envelope. Or, you can conveniently enroll online with the guidance of your licensed insurance agent.

\*You are eligible for a non-tobacco rate if you have not smoked tobacco cigarettes or used other tobacco products within the past 12 months.

# Understanding the Discounts



## How it works

The Enrollment Discount is applied to the current Standard Rate, which usually changes each year. The discount you receive in your first year of coverage depends on your age as of your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86. Please keep this in mind when budgeting for your health insurance expenses.

The **Multi-Insured Discount** is taken off of the Enrollment Discounted rate, where applicable.



### Example 1: Meet Jill\*

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

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

- Age discount will begin: 66
- Starting Enrollment Discount: **45%**
- Enrollment Discount will change to 43% on her plan anniversary date of January 1 of the year Jill is age 68
- Multi-Insured Discount off the Enrollment Discounted rate: **12%**



### Example 2: Meet Harry\*

- Plan Effective Date: June 1st
- Harry's age on his Plan Effective Date: 81
- Time since his Medicare Part B enrollment: 16 years
- No medical conditions listed on the application
- Lives with an AARP member who is not enrolled under an eligible plan.

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

Although Harry does not have a medical condition listed on the application, it has been more than 15 years since he enrolled in Medicare Part B, so he is not eligible for the Enrollment Discount. Harry is not eligible for the Multi-Insured Discount since he is not enrolled under the same AARP membership number as another eligible, insured plan member.

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





### Example 3: Meet Anne\*

- Plan Effective Date: May 1st
- Anne's age on her Plan Effective Date: 68
- Time since her Medicare Part B enrollment: 3 years
- No medical conditions listed on the application
- Lives with an AARP member who is not enrolled under an eligible plan.

#### Anne is eligible for the Enrollment Discount.

- Age discount will begin: 68
- Starting Enrollment Discount: **43%**
- Enrollment Discount will change to 41% on her plan anniversary date of May 1 of the year Anne is age 69

#### Anne is not eligible for the Multi-Insured Discount.

Anne does not live with another member under an eligible plan.

	Age on Plan Effective Date	Enrollment Discount	Multi-Insured Discount
	65	45%	12%
	<b>66</b>	<b>45%</b>	<b>12%</b>
	67	45%	12%
	<b>68</b>	<b>43%</b>	12%
	69	41%	12%
	70	39%	12%
	71	37%	12%
	72	35%	12%
	73	33%	12%
	74	31%	12%
	75	29%	12%
	76	27%	12%
	77	25%	12%
	78	23%	12%
	79	21%	12%
	80	18%	12%
	81	15%	12%
	82	12%	12%
	83	9%	12%
	84	6%	12%
	85	3%	12%
	86	0%	12%

**Jill**

**Anne**

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

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

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

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





# Monthly Plan Rates for Ohio - 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** – 12% 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.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.
- **Annual Payer Discount** – \$24.00 per year per household discount 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.

### Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

**Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.**

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$105.99	\$130.52	\$101.55	\$173.57	\$116.59	\$143.57	\$111.71	\$190.92
66	\$105.99	\$130.52	\$101.55	\$173.57	\$116.59	\$143.57	\$111.71	\$190.92
67	\$105.99	\$130.52	\$101.55	\$173.57	\$116.59	\$143.57	\$111.71	\$190.92
68	\$109.85	\$135.27	\$105.25	\$179.88	\$120.83	\$148.79	\$115.77	\$197.86
69	\$113.70	\$140.01	\$108.94	\$186.19	\$125.07	\$154.01	\$119.83	\$204.81
70	\$117.55	\$144.76	\$112.63	\$192.50	\$129.31	\$159.24	\$123.89	\$211.75
71	\$121.41	\$149.51	\$116.32	\$198.82	\$133.55	\$164.46	\$127.95	\$218.69
72	\$125.26	\$154.25	\$120.02	\$205.13	\$137.79	\$169.68	\$132.02	\$225.64
73	\$129.12	\$159.00	\$123.71	\$211.44	\$142.03	\$174.90	\$136.08	\$232.58
74	\$132.97	\$163.75	\$127.40	\$217.75	\$146.27	\$180.12	\$140.14	\$239.52
75	\$136.83	\$168.49	\$131.10	\$224.06	\$150.51	\$185.34	\$144.20	\$246.46
76	\$140.68	\$173.24	\$134.79	\$230.38	\$154.75	\$190.56	\$148.27	\$253.41
77	\$144.54	\$177.99	\$138.48	\$236.69	\$158.99	\$195.78	\$152.33	\$260.35
78	\$148.39	\$182.73	\$142.18	\$243.00	\$163.23	\$201.00	\$156.39	\$267.29
79	\$152.24	\$187.48	\$145.87	\$249.31	\$167.47	\$206.22	\$160.45	\$274.24
80	\$158.03	\$194.60	\$151.41	\$258.78	\$173.83	\$214.06	\$166.55	\$284.65
81	\$163.81	\$201.72	\$156.95	\$268.25	\$180.19	\$221.89	\$172.64	\$295.06
82	\$169.59	\$208.84	\$162.49	\$277.71	\$186.55	\$229.72	\$178.73	\$305.48
83	\$175.37	\$215.96	\$168.03	\$287.18	\$192.91	\$237.55	\$184.83	\$315.89
84	\$181.15	\$223.08	\$173.57	\$296.65	\$199.27	\$245.38	\$190.92	\$326.31
85	\$186.93	\$230.20	\$179.11	\$306.12	\$205.63	\$253.21	\$197.01	\$336.72

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

**Monthly Plan Rates for Ohio - Area 1**  
**Female Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$192.72	\$237.32	\$184.65	\$315.59	\$211.99	\$261.05	\$203.11	\$347.14
Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$383.51	\$439.04	\$398.84	\$492.32	\$421.86	\$482.94	\$438.71	\$541.53

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$211.99	\$261.05	\$203.11	\$347.14	\$233.18	\$287.15	\$223.42	\$381.85
Level 2 Rates <sup>6</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$383.51	\$439.04	\$398.84	\$492.32	\$421.86	\$482.94	\$438.71	\$541.53

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

# Monthly Plan Rates for Ohio - 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:**

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Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

**Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.**

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$119.52	\$147.19	\$114.52	\$195.73	\$131.47	\$161.90	\$125.97	\$215.30
66	\$119.52	\$147.19	\$114.52	\$195.73	\$131.47	\$161.90	\$125.97	\$215.30
67	\$119.52	\$147.19	\$114.52	\$195.73	\$131.47	\$161.90	\$125.97	\$215.30
68	\$123.87	\$152.54	\$118.68	\$202.85	\$136.25	\$167.79	\$130.55	\$223.13
69	\$128.21	\$157.89	\$122.84	\$209.96	\$141.03	\$173.68	\$135.13	\$230.96
70	\$132.56	\$163.24	\$127.01	\$217.08	\$145.82	\$179.57	\$139.71	\$238.79
71	\$136.91	\$168.60	\$131.17	\$224.20	\$150.60	\$185.45	\$144.29	\$246.61
72	\$141.25	\$173.95	\$135.34	\$231.32	\$155.38	\$191.34	\$148.87	\$254.44
73	\$145.60	\$179.30	\$139.50	\$238.43	\$160.16	\$197.23	\$153.45	\$262.27
74	\$149.95	\$184.65	\$143.67	\$245.55	\$164.94	\$203.12	\$158.03	\$270.10
75	\$154.29	\$190.01	\$147.83	\$252.67	\$169.72	\$209.00	\$162.61	\$277.93
76	\$158.64	\$195.36	\$152.00	\$259.79	\$174.50	\$214.89	\$167.19	\$285.76
77	\$162.99	\$200.71	\$156.16	\$266.91	\$179.28	\$220.78	\$171.78	\$293.59
78	\$167.33	\$206.06	\$160.32	\$274.02	\$184.06	\$226.67	\$176.36	\$301.42
79	\$171.68	\$211.41	\$164.49	\$281.14	\$188.84	\$232.56	\$180.94	\$309.25
80	\$178.20	\$219.44	\$170.74	\$291.82	\$196.02	\$241.39	\$187.81	\$320.99
81	\$184.72	\$227.47	\$176.98	\$302.49	\$203.19	\$250.22	\$194.68	\$332.74
82	\$191.24	\$235.50	\$183.23	\$313.17	\$210.36	\$259.05	\$201.55	\$344.48
83	\$197.76	\$243.53	\$189.48	\$323.85	\$217.53	\$267.88	\$208.42	\$356.22
84	\$204.28	\$251.56	\$195.72	\$334.52	\$224.70	\$276.71	\$215.29	\$367.97
85	\$210.80	\$259.59	\$201.97	\$345.20	\$231.87	\$285.54	\$222.16	\$379.71

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

**Monthly Plan Rates for Ohio - Area 1**  
**Male Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$217.32	\$267.62	\$208.22	\$355.88	\$239.05	\$294.38	\$229.04	\$391.46
Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$432.46	\$495.09	\$449.75	\$555.17	\$475.70	\$544.60	\$494.72	\$610.67

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$239.05	\$294.38	\$229.04	\$391.46	\$262.95	\$323.81	\$251.94	\$430.60
Level 2 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$432.46	\$495.09	\$449.75	\$555.17	\$475.70	\$544.60	\$494.72	\$610.67

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

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

## OHIO Area 1 ZIP Codes

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

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# Monthly Plan Rates for Ohio - 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** – 12% 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.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.
- **Annual Payer Discount** – \$24.00 per year per household discount 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.

## Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$102.87	\$126.68	\$98.56	\$168.47	\$113.16	\$139.35	\$108.42	\$185.31
66	\$102.87	\$126.68	\$98.56	\$168.47	\$113.16	\$139.35	\$108.42	\$185.31
67	\$102.87	\$126.68	\$98.56	\$168.47	\$113.16	\$139.35	\$108.42	\$185.31
68	\$106.61	\$131.29	\$102.14	\$174.59	\$117.27	\$144.42	\$112.36	\$192.05
69	\$110.35	\$135.90	\$105.73	\$180.72	\$121.39	\$149.48	\$116.30	\$198.79
70	\$114.10	\$140.50	\$109.31	\$186.84	\$125.50	\$154.55	\$120.24	\$205.53
71	\$117.84	\$145.11	\$112.90	\$192.97	\$129.62	\$159.62	\$124.19	\$212.27
72	\$121.58	\$149.72	\$116.48	\$199.10	\$133.73	\$164.69	\$128.13	\$219.01
73	\$125.32	\$154.32	\$120.07	\$205.22	\$137.85	\$169.75	\$132.07	\$225.74
74	\$129.06	\$158.93	\$123.65	\$211.35	\$141.96	\$174.82	\$136.01	\$232.48
75	\$132.80	\$163.54	\$127.23	\$217.48	\$146.08	\$179.89	\$139.96	\$239.22
76	\$136.54	\$168.14	\$130.82	\$223.60	\$150.19	\$184.96	\$143.90	\$245.96
77	\$140.28	\$172.75	\$134.40	\$229.73	\$154.31	\$190.02	\$147.84	\$252.70
78	\$144.02	\$177.36	\$137.99	\$235.85	\$158.42	\$195.09	\$151.79	\$259.44
79	\$147.76	\$181.96	\$141.57	\$241.98	\$162.54	\$200.16	\$155.73	\$266.18
80	\$153.38	\$188.87	\$146.95	\$251.17	\$168.71	\$207.76	\$161.64	\$276.29
81	\$158.99	\$195.78	\$152.32	\$260.36	\$174.88	\$215.36	\$167.56	\$286.39
82	\$164.60	\$202.69	\$157.70	\$269.55	\$181.06	\$222.96	\$173.47	\$296.50
83	\$170.21	\$209.60	\$163.08	\$278.74	\$187.23	\$230.56	\$179.38	\$306.61
84	\$175.82	\$216.51	\$168.45	\$287.93	\$193.40	\$238.16	\$185.30	\$316.72
85	\$181.43	\$223.42	\$173.83	\$297.12	\$199.57	\$245.76	\$191.21	\$326.83

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

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

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$187.05	\$230.34	\$179.21	\$306.31	\$205.75	\$253.37	\$197.13	\$336.94
Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$372.22	\$426.12	\$387.09	\$477.84	\$409.44	\$468.73	\$425.80	\$525.62

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$205.75	\$253.37	\$197.13	\$336.94	\$226.32	\$278.70	\$216.84	\$370.63
Level 2 Rates <sup>6</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$372.22	\$426.12	\$387.09	\$477.84	\$409.44	\$468.73	\$425.80	\$525.62

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

# Monthly Plan Rates for Ohio - 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** – 12% 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.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.
- **Annual Payer Discount** – \$24.00 per year per household discount 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.

### Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

**Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.**

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$116.01	\$142.86	\$111.14	\$189.97	\$127.61	\$157.14	\$122.25	\$208.97
66	\$116.01	\$142.86	\$111.14	\$189.97	\$127.61	\$157.14	\$122.25	\$208.97
67	\$116.01	\$142.86	\$111.14	\$189.97	\$127.61	\$157.14	\$122.25	\$208.97
68	\$120.23	\$148.05	\$115.19	\$196.88	\$132.25	\$162.86	\$126.70	\$216.57
69	\$124.44	\$153.25	\$119.23	\$203.79	\$136.89	\$168.57	\$131.15	\$224.17
70	\$128.66	\$158.44	\$123.27	\$210.70	\$141.53	\$174.28	\$135.59	\$231.76
71	\$132.88	\$163.64	\$127.31	\$217.60	\$146.17	\$180.00	\$140.04	\$239.36
72	\$137.10	\$168.83	\$131.35	\$224.51	\$150.81	\$185.71	\$144.48	\$246.96
73	\$141.32	\$174.03	\$135.40	\$231.42	\$155.45	\$191.43	\$148.93	\$254.56
74	\$145.54	\$179.22	\$139.44	\$238.33	\$160.09	\$197.14	\$153.38	\$262.16
75	\$149.76	\$184.42	\$143.48	\$245.24	\$164.73	\$202.86	\$157.82	\$269.76
76	\$153.97	\$189.61	\$147.52	\$252.14	\$169.37	\$208.57	\$162.27	\$277.36
77	\$158.19	\$194.81	\$151.56	\$259.05	\$174.01	\$214.29	\$166.71	\$284.96
78	\$162.41	\$200.00	\$155.60	\$265.96	\$178.65	\$220.00	\$171.16	\$292.56
79	\$166.63	\$205.20	\$159.65	\$272.87	\$183.29	\$225.71	\$175.60	\$300.16
80	\$172.96	\$212.99	\$165.71	\$283.23	\$190.25	\$234.29	\$182.27	\$311.55
81	\$179.29	\$220.78	\$171.77	\$293.59	\$197.21	\$242.86	\$188.94	\$322.95
82	\$185.61	\$228.58	\$177.83	\$303.96	\$204.17	\$251.43	\$195.61	\$334.35
83	\$191.94	\$236.37	\$183.90	\$314.32	\$211.13	\$260.00	\$202.28	\$345.75
84	\$198.27	\$244.16	\$189.96	\$324.68	\$218.09	\$268.57	\$208.95	\$357.15
85	\$204.60	\$251.95	\$196.02	\$335.04	\$225.05	\$277.14	\$215.62	\$368.55

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

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

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$210.93	\$259.75	\$202.09	\$345.41	\$232.02	\$285.72	\$222.29	\$379.95
Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$419.75	\$480.53	\$436.51	\$538.83	\$461.71	\$528.58	\$480.14	\$592.72

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$232.02	\$285.72	\$222.29	\$379.95	\$255.22	\$314.29	\$244.51	\$417.94
Level 2 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$419.75	\$480.53	\$436.51	\$538.83	\$461.71	\$528.58	\$480.14	\$592.72

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

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

## OHIO Area 2 ZIP Codes

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

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# Monthly Plan Rates for Ohio - Area 3

## 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** – 12% 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.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.
- **Annual Payer Discount** – \$24.00 per year per household discount 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.

### Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

**Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.**

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$100.79	\$124.12	\$96.57	\$165.06	\$110.87	\$136.53	\$106.22	\$181.57
66	\$100.79	\$124.12	\$96.57	\$165.06	\$110.87	\$136.53	\$106.22	\$181.57
67	\$100.79	\$124.12	\$96.57	\$165.06	\$110.87	\$136.53	\$106.22	\$181.57
68	\$104.46	\$128.64	\$100.08	\$171.06	\$114.90	\$141.50	\$110.08	\$188.17
69	\$108.12	\$133.15	\$103.59	\$177.07	\$118.93	\$146.46	\$113.95	\$194.77
70	\$111.79	\$137.67	\$107.10	\$183.07	\$122.96	\$151.43	\$117.81	\$201.37
71	\$115.46	\$142.18	\$110.62	\$189.07	\$127.00	\$156.39	\$121.67	\$207.98
72	\$119.12	\$146.69	\$114.13	\$195.07	\$131.03	\$161.36	\$125.54	\$214.58
73	\$122.79	\$151.21	\$117.64	\$201.08	\$135.06	\$166.32	\$129.40	\$221.18
74	\$126.45	\$155.72	\$121.15	\$207.08	\$139.09	\$171.29	\$133.26	\$227.78
75	\$130.12	\$160.23	\$124.66	\$213.08	\$143.12	\$176.25	\$137.12	\$234.39
76	\$133.78	\$164.75	\$128.18	\$219.08	\$147.16	\$181.22	\$140.99	\$240.99
77	\$137.45	\$169.26	\$131.69	\$225.09	\$151.19	\$186.18	\$144.85	\$247.59
78	\$141.11	\$173.78	\$135.20	\$231.09	\$155.22	\$191.15	\$148.71	\$254.20
79	\$144.78	\$178.29	\$138.71	\$237.09	\$159.25	\$196.11	\$152.58	\$260.80
80	\$150.28	\$185.06	\$143.98	\$246.09	\$165.30	\$203.56	\$158.37	\$270.70
81	\$155.77	\$191.83	\$149.25	\$255.10	\$171.35	\$211.01	\$164.16	\$280.61
82	\$161.27	\$198.60	\$154.51	\$264.10	\$177.39	\$218.46	\$169.96	\$290.51
83	\$166.77	\$205.37	\$159.78	\$273.10	\$183.44	\$225.90	\$175.75	\$300.41
84	\$172.27	\$212.14	\$165.05	\$282.11	\$189.49	\$233.35	\$181.55	\$310.32
85	\$177.77	\$218.91	\$170.32	\$291.11	\$195.54	\$240.80	\$187.34	\$320.22

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



**Monthly Plan Rates for Ohio - Area 3**  
**Female Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$183.27	\$225.69	\$175.59	\$300.12	\$201.59	\$248.25	\$193.14	\$330.13

Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$364.70	\$417.52	\$379.27	\$468.18	\$401.16	\$459.26	\$417.18	\$515.00

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$201.59	\$248.25	\$193.14	\$330.13	\$221.74	\$273.07	\$212.45	\$363.14
Level 2 Rates <sup>6</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$364.70	\$417.52	\$379.27	\$468.18	\$401.16	\$459.26	\$417.18	\$515.00

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

# Monthly Plan Rates for Ohio - Area 3

## 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** – 12% 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.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.
- **Annual Payer Discount** – \$24.00 per year per household discount 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.

### Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

**Standard Rates with Enrollment Discount<sup>3</sup> for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application<sup>2</sup>.**

	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
65	\$113.66	\$139.97	\$108.90	\$186.13	\$125.03	\$153.97	\$119.79	\$204.74
66	\$113.66	\$139.97	\$108.90	\$186.13	\$125.03	\$153.97	\$119.79	\$204.74
67	\$113.66	\$139.97	\$108.90	\$186.13	\$125.03	\$153.97	\$119.79	\$204.74
68	\$117.80	\$145.06	\$112.86	\$192.90	\$129.57	\$159.57	\$124.15	\$212.19
69	\$121.93	\$150.15	\$116.82	\$199.67	\$134.12	\$165.17	\$128.50	\$219.63
70	\$126.06	\$155.24	\$120.78	\$206.44	\$138.67	\$170.76	\$132.86	\$227.08
71	\$130.20	\$160.33	\$124.74	\$213.21	\$143.21	\$176.36	\$137.22	\$234.53
72	\$134.33	\$165.42	\$128.70	\$219.97	\$147.76	\$181.96	\$141.57	\$241.97
73	\$138.46	\$170.51	\$132.66	\$226.74	\$152.31	\$187.56	\$145.93	\$249.42
74	\$142.60	\$175.60	\$136.62	\$233.51	\$156.85	\$193.16	\$150.28	\$256.86
75	\$146.73	\$180.69	\$140.58	\$240.28	\$161.40	\$198.76	\$154.64	\$264.31
76	\$150.86	\$185.78	\$144.54	\$247.05	\$165.95	\$204.36	\$159.00	\$271.75
77	\$155.00	\$190.87	\$148.50	\$253.82	\$170.49	\$209.96	\$163.35	\$279.20
78	\$159.13	\$195.96	\$152.46	\$260.59	\$175.04	\$215.56	\$167.71	\$286.64
79	\$163.26	\$201.05	\$156.42	\$267.35	\$179.59	\$221.16	\$172.06	\$294.09
80	\$169.46	\$208.69	\$162.36	\$277.51	\$186.41	\$229.55	\$178.60	\$305.26
81	\$175.66	\$216.32	\$168.30	\$287.66	\$193.23	\$237.95	\$185.13	\$316.42
82	\$181.86	\$223.96	\$174.24	\$297.81	\$200.05	\$246.35	\$191.67	\$327.59
83	\$188.06	\$231.59	\$180.18	\$307.97	\$206.87	\$254.75	\$198.20	\$338.76
84	\$194.26	\$239.23	\$186.12	\$318.12	\$213.69	\$263.15	\$204.74	\$349.93
85	\$200.46	\$246.86	\$192.06	\$328.27	\$220.51	\$271.55	\$211.27	\$361.10

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

**Monthly Plan Rates for Ohio - Area 3**  
**Male Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
86+	\$206.67	\$254.50	\$198.01	\$338.43	\$227.33	\$279.95	\$217.81	\$372.27
Level 2 Rates <sup>6</sup> for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$411.27	\$470.82	\$427.70	\$527.95	\$452.38	\$517.90	\$470.46	\$580.74

Group 2		Applies to individuals whose plan effective date will be fifteen years or more following their 65th birthday or Medicare Part B effective date, if later.						
Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>	Plan A	Plan G	Plan N	Plan F <sup>4</sup>
Level 1 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
80+	\$227.33	\$279.95	\$217.81	\$372.27	\$250.06	\$307.94	\$239.59	\$409.49
Level 2 Rates <sup>5</sup> for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
80+	\$411.27	\$470.82	\$427.70	\$527.95	\$452.38	\$517.90	\$470.46	\$580.74

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

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

## **OHIO Area 3 ZIP Codes**

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

430	431	432	433
434	435	437	438
439	446	447	448
449	455	457	458





# 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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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.



## 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. If you qualify for an Enrollment Discount based upon your age and your Medicare Part B effective date, your premium may increase as your Enrollment Discount reduces or runs out when you age.

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

**Multi-Insured Discount:** A 12% 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 the insureds no longer share a household address or only one insured remains on the account (other than in the case of death).

## DISCLOSURES

Use this outline to compare benefits and premiums among policies.

## READ YOUR POLICY VERY CAREFULLY

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

## RIGHT TO RETURN POLICY

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

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

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

## POLICY REPLACEMENT

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

## NOTICE

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

## COMPLETE ANSWERS ARE VERY IMPORTANT

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



## PLAN A

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

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

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

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

# PLAN A

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

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

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

### PARTS A & B

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

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

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

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

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

## PLAN F

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

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

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

### PARTS A & B

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

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

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

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

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

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



## PLAN G

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

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

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

### PARTS A & B

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

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

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

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

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

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

## PLAN N

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

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

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

### PARTS A & B

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

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# 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](http://www.medicare.gov/publications). You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

## Exclusions

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

## The AARP Insurance Trust

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

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

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

## General Information

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

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

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

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

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan - Certificates of Insurance numbered MDA U136 (Plan A), MDF U137 (Plan F), MDG U138 (Plan G), MDN U139 (Plan N).

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.





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



### Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you'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.



### Insurance Solicitation Notice

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



### If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare  
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).

**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 Ohio. The information you provide on this Application Form will be used to determine your acceptance and rate.

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

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

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

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

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

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

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

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

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

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

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

**1C.** Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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 Is your acceptance guaranteed?

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

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





First Name

Last Name

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

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

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

Primary Physician ( ) -  
Phone #

Specialist Name Specialty ( ) -  
Phone #

Diagnosis/Condition

Specialist Name Specialty ( ) -  
Phone #

Diagnosis/Condition

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

**5A.** Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones? ☐ Yes ☐ No ☐ Not Sure

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

**6A.** Were you hospitalized as an inpatient (not including overnight Outpatient observation) within the past 90 days or 3 or more times within the past 2 years? ☐ Yes ☐ No ☐ Not Sure

**6B.** Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility? ☐ Yes ☐ No ☐ Not Sure

**6C.** Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome? ☐ Yes ☐ No ☐ Not Sure



First Name

Last Name

**6**

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

<b>6D.</b> 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
<b>6E.</b> Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: • Leukemia, Lymphoma or Multiple Myeloma?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>6F.</b> Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: • Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma) • Melanoma or Metastatic Merkel Cell (but not other skin cancers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>6G.</b> Within the past year, did a medical professional tell you that you may need any of the following that <b>has NOT been completed</b> : • Any surgery, biopsy, further evaluation, treatment, or diagnostic testing (excluding HIV tests)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>6H.</b> Are you awaiting any diagnostic test results (excluding HIV tests)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

**7**

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

<b>7A.</b> 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



First Name

Last Name

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

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

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

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

- |  |  |
|--|--|
| • Skin grafts, or  | <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   |  |
| • Autoimmune disorders   |  |
| • Blood disorders  |  |
| • Cognitive impairment   |  |
| • Connective tissue disorders  |  |
| • Eye disorders  |  |
| • Genetic or Hereditary disorders  |  |
| • Migraine headaches   |  |
| • Osteoarthritis   |  |

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

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

☐ Yes ☐ No





## 9 Your past and current coverage

### Review the statements.

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

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

### PLEASE ANSWER ALL QUESTIONS.

#### To the best of your knowledge,

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

### Questions about Medicaid

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

☐ Yes ☐ No

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

**9E.** Will Medicaid pay your premiums for this Medicare supplement policy?

☐ Yes ☐ No



First Name

Last Name

## 9 Your past and current coverage (continued)

**9F.** Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?

☐ Yes ☐ No

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

**9G.** Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?

☐ Yes ☐ No

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

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

**Start Date**

Month / Day / Year

**End Date**

Month / Day / Year

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

☐ Yes ☐ No

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

**9J.** Was this your first time in this type of Medicare plan?

☐ Yes ☐ No

**9K.** Did you drop a Medicare supplement policy to enroll in the Medicare plan?

☐ Yes ☐ No

### Questions about Medicare supplement plans

**9L.** Do you have another Medicare supplement policy in force?

☐ Yes ☐ No

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

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

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

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

**9M.** Do you intend to replace your current Medicare supplement policy with this policy?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

**Policy:**

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



First Name

Last Name

## 9 Your past and current coverage (continued)

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

**Start Date**/ /  
Month Day Year**End Date**/ /  
Month Day Year

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

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

## 10 Authorization and Verification of Application Information

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

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, with intent to defraud or knowing that he is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

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

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

### Authorization for the Release of Medical Information

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



First Name

Last Name

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## Authorization and Verification of Application Information (continued)

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

**I understand the plan will not pay benefits for 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. ☐

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## Authorization for Verification of Information

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

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

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

X

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

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

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





First Name

Last Name

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## For Agent/Broker Use Only

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

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

---

---

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



**AGENT MEDICARE SUPPLEMENT INSURANCE SOLICITATION NOTICE**

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

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

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

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

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

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

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

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

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

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

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



**AGENT MEDICARE SUPPLEMENT INSURANCE SOLICITATION NOTICE**

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

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

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

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

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

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

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

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

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

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

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



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

## HEALTH CARE PRODUCTS & DISCOUNTS

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

## AWARD-WINNING PUBLICATIONS

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

## INSURANCE & FINANCIAL SERVICES

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

## PROTECTION OF YOUR RIGHTS

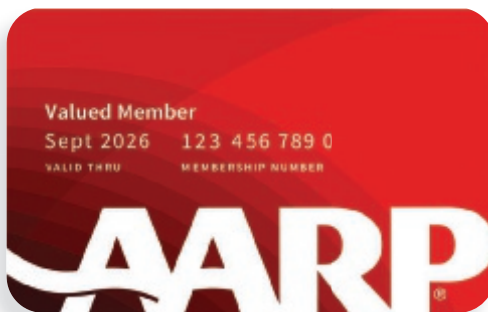
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

## TRAVEL DISCOUNTS

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

## COMMUNITY INVOLVEMENT

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



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

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

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

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

BA25584ST

AGT



## MEMBERSHIP ACTIVATION FORM

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

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

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

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

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

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

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

### For FREE Spouse/Partner Membership

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

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

FCSDUHCM

BA25584ST

**OR**

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

**SAVE 25%**



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



Or call 1-866-331-1964

### Why sign up for Automatic Renewal?

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

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

AGT

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

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



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

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

**SAVE  
25%**



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



Or call 1-866-331-1964



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

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



TEAR HERE

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

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## The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment 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.**

TEAR HERE

## 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.

TEAR HERE

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

---

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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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TEAR HERE

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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

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- 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.

**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><br><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>_____</p> <p>_____</p>   |
| <p>1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits</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)
<b>Abemaciclib</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Abiraterone Acetate</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Acamprosate Calcium</b>	Alcoholism or drug abuse
<b>Aclidinium &amp; Formoterol, Inhalation</b>	Chronic obstructive pulmonary disease (COPD), emphysema
<b>Aclidinium Bromide, Inhalation</b>	Chronic obstructive pulmonary disease (COPD), emphysema
<b>Adasuve</b>	Bipolar disorder, schizophrenia
<b>Adefovir Dipivoxil</b>	Hepatitis (other than A)
<b>Afatinib</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Afinitor</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Alecensa</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Alectinib</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Alkeran</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Ambrisentan</b>	Pulmonary heart disease
<b>Amiodarone Hydrochloride</b>	Artery blockage, heart attack, cardiomyopathy, heart failure
<b>Ampyra</b>	Multiple sclerosis
<b>Anoro</b>	Chronic obstructive pulmonary disease (COPD), emphysema
<b>Antabuse</b>	Alcoholism or drug abuse
<b>Apalutamide</b>	Cancer other than leukemia, lymphoma, or multiple myeloma
<b>Apixaban</b>	Artery blockage, atrial fibrillation

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

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

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

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

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

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

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



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

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

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

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

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

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

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





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## 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](http://www.myaarpmedicare.com)** to gain access to tools and resources to help you manage both your plan and your health.

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



### Welcome Kit.

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



### Educational Materials.

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



### Dedicated Customer Service.

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



### Exclusive AARP Member Benefits.

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



## Let's stay connected.

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

Name

Email

Phone



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

Insured by UnitedHealthcare Insurance Company of America, 1600 McConnor Parkway, Floor 2, Schaumburg, IL 60173. Policy form No. GRP 79171 GPS-1 (G-36000-4).

**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.**

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE NUMBER SHOWN. YOU MAY ALSO CONTACT THE OHIO DEPARTMENT OF INSURANCE AT 1-800-686-1526 TO VERIFY THE AGENT'S LICENSE.