UHICA
Producer
Handbook

Pennsylvania

For enrollment as of January 1, 2024 plan effective dates. Updated as of 3/1/24.

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

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

Table of Contents

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

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Introduction

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

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

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

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

Who We Are

UnitedHealthcare Medicare & Retirement

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

Insurance Solutions

AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). These plans are managed by Insurance Solutions, an administrative and operational business segment within UnitedHealthcare Medicare & Retirement dedicated to AARP Medicare Supplement Insurance Plans.

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

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

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

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

Your Go-To Online Resource: Jarvis

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

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

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

Home Page

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

Sales Tools

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

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

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

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

Application Status

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

Commissions

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

Your Go-To Online Resource: Jarvis (continued)

Book of Business

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

Knowledge Center

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

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

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

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

A Quick Look at Medicare and Medicare Supplement Plans

Medicare 101 – The Basics

What is Medicare?

Medicare is health insurance for people:

• Age 65 or older

• Under age 65 with certain disabilities

• Any age with End-Stage Renal Disease (ESRD — permanent kidney failure requiring dialysis or a kidney transplant).

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

Medicare Coverage Options

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

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

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

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

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

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

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

• Visit www.medicare.gov

• Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY users) - 7 days a week, 24 hours a day.

• Contact their State Health Insurance Assistance Program.

Medicare Supplement Plans

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

What is a Medicare Supplement Plan?

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

Medicare Supplement Plans
(continued)

Private insurance companies sell Medicare supplement plans.

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

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

• Each Medicare supplement plan must offer the same basic benefits, no matter which insurance company sells it.

• Usually the differences between Medicare supplement policies sold by different insurance companies are the cost, underwriting criteria, extra services (value-added) and customer service.

• Medicare supplement insurance companies must follow federal and state laws.

• A Medicare supplement plan only covers one person. If a married couple wants Medicare supplement coverage, they must buy separate Medicare supplement plans.

Plan Features

Medicare supplement plans offer beneficiaries:

• Help with managing out-of-pocket costs

• The freedom to choose any doctor who accepts Medicare patients

• No claim forms to file

• National coverage so beneficiaries can use benefits anywhere in the United States. If beneficiaries move, their coverage moves with them, except Medicare Select Plans which may not be available everywhere

• Foreign travel coverage for emergency services (for most plans)

• Guaranteed renewability, meaning the plan automatically renews from year to year as long as beneficiaries pay their premiums when due

• A 30-day "free look" evaluation period. Full refund of premiums (minus claims paid, if any) if policies are returned within 30 days of plan issuance

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

Medicare Supplement Plans
(continued)

Basic Medicare Supplement Benefits

- Hospitalization: Part A coinsurance plus coverage for 365 days after Medicare Benefits end

- Medical Expenses: Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured beneficiaries to pay a portion of Part B coinsurance or copayments

- Blood: First three pints of blood each year

- Hospice: Part A coinsurance and respite care expenses (including applicable prescription copayments)

Plan Benefit Chart

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

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

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

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

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

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

AARP Medicare Supplement Insurance Plan

Description

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

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

AARP Medicare Supplement Plan from UnitedHealthcare Highlights

- Choice — The following plans[2] are available in most states - A, F[3], G and N

- Stable rates — Annual average base rate increases of 4.1% nationally between 2017-2022[4]

- Value — 94% of plan holders surveyed would recommend their AARP Medicare Supplement Plan to a friend or family member[5]

- Commitment to quality — 95% insured member satisfaction rate of those surveyed with AARP Medicare Supplement Plans[5]

- Excellent claims service — 98% of claims are processed in 10 business days or less[4]

- Longevity — The average tenure of insured members is 10 years[4]

- Insured members will have access to insured member discounts and services

- Competitive pricing

- Nationwide coverage, including Washington, D.C. and some U.S. territories

- Discounts that add up to valuable savings, including Enrollment, Multi-insured, Household, Annual Payer, and Electronic Funds Transfer (EFT) (availability varies by state)

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

[2] Plans vary by state. Refer to the appropriate state-specific handbook for information specific to that state and what plans are available.

[3] Medicare supplement Plan F is only available to individuals previously eligible for Medicare, prior to January 1, 2020.

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

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

Eligibility

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

Requirements

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

- Be enrolled in Medicare Part A and Part B at the time of the plan effective date

- Be residents of the state in which they are applying for coverage

- Be AARP members or live in the same household as someone with whom they share an AARP membership number

- Be age 50 or older

Medical Underwriting

Applicants who do not qualify for Open Enrollment or Guaranteed Issue* will be underwritten and denied coverage for any of the following reasons:

- Ever told by a medical professional that they have End-Stage Renal Disease (ESRD) or that they may or will require dialysis

- Hospitalized as an inpatient within the past 90 days or 3 or more times within the past 2 years (not including overnight outpatient observation)

- Currently confined to a bed, receiving home health care or being treated or living in any type of nursing facility other than an assisted living facility

- Within the past 2 years, received IV infusions or injections for Primary Immunodeficiency Syndrome

> ### Reminder:
>
> **The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) made changes to Medicare Supplement Plans that cover the Part B deductible for newly eligible Medicare beneficiaries on or after January 1, 2020. Medicare supplement Plan F, which covers the Medicare Part B deductible, is no longer available to individuals newly eligible for Medicare as of January 1, 2020 or later. This means that anyone that turned 65 on or after January 1, 2020, will only be able to purchase Plan F if they have a Medicare Part A effective date prior to 2020.**
>
> **Medicare supplement Plan F is available for individuals eligible for Medicare prior to January 1, 2020. Therefore anyone who turned 65 before January 1, 2020 may continue to enroll or keep Plan F.**

- Within the past 5 years, diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for Leukemia, Lymphoma, or Multiple Myeloma

- Within the past 3 years, 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)

- Within the past year, told by a medical professional that they may need any of the following that has **NOT** been completed:

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

- Awaiting any diagnostic test results

***Note:** Consumers who are voluntarily switching from one Medicare supplement insurance company to another are generally **not** entitled to Guaranteed Issue.

Pre-Existing Conditions

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

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

Note: Some common examples of creditable coverage include: Employer group or individual health plan, Medicare Advantage plan and Medicaid. Medicare Parts A and B are creditable coverage. However, individuals who buy Medicare supplement insurance are *keeping*, not *replacing*, Medicare Parts A and B.

An applicant who is accepted for coverage has a pre-existing condition if any of the following happened within 6 months before their plan effective date.

1. A *Physician* gave medical advice for the condition.

2. A *Physician* recommended or gave treatment for the condition.

3. A *Physician* recommended or prescribed a prescription drug for the condition.

Hospital and Skilled Nursing Facility Stays

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

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

Open Enrollment

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

Applicants qualify for Open Enrollment during the first 6 months they are enrolled in Medicare Part B. (If their initial enrollment in Part B is before age 65, they have a second 6-month Open Enrollment period beginning the month they turn 65.)

As a reminder, applicants who will become eligible for Medicare at age 65 or older can submit their application up to 14 months in advance of their 65th birthday month or Medicare Part B effective date (for coverage to become effective in coordination with their Medicare effective date).

Enrollment applications for 65 and older individuals who meet Open Enrollment criteria will be processed up to 6 months prior to the requested plan effective date. Please see the Application Processing section of this handbook for more details. Enrollment applications for under age 65 individuals who meet Open Enrollment criteria will be processed up to 3 months prior to the requested plan effective date.

Example: John is 70 years old and is retiring at the end of June. He has been notified by Social Security that Medicare Part B will start on July 1. John is in his Open Enrollment period from July 1 through December 31. John's application can be submitted up to 14 months prior to July 1 or any time between July 1 and December 31.

Open Enrollment — Other Information	
Plan Availability*	**Plans A, B, F, G or N**
Pre-Existing Conditions Exclusion	**None**
Underwriting	**None**

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

Guaranteed Issue

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

Plans Available Without Underwriting and Pre-Existing Conditions Exclusions for Applicants Entitled to Guaranteed Issue			
Guaranteed Issue Situations:	**For Applicants Age 50-64 who are eligible for Medicare by reason of disability or End-Stage Renal Disease with:**		**Documentation Must Include:**
	• A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020.	• A Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020.	
	For Applicants Age 65 and over with:		
	• A 65th birthday <u>PRIOR</u> to 1/1/2020. **OR** • A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020.	• A 65th birthday <u>AND</u> Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020.	
1. Applicant loses, learns they have lost, or drops employer coverage.	A, B, F	A, B, G	• Applicant's name. • Proof of the employer coverage, including confirmation that the coverage is currently active OR the coverage terminated and the termination date, for example, an employer or COBRA coverage termination letter or a COBRA offer letter. • Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "any other type of health insurance coverage." Note: If employer coverage was a Medicare Advantage plan, also complete the "Medicare Advantage plans" section.

2. Applicant is enrolled in a Medicare Advantage (MA), other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan and: • The plan stops coverage in the area, or • The plan sends notice it will stop coverage, or • Applicant moves out of the service area	A, B, F	A, B, G	• Applicant's name. • Plan Type – confirmation that it's an MA, other Medicare managed care, PACE or Medicare Select plan being lost. • Coverage termination date and one of the termination reasons shown in the first column. • Answer the questions on the Application Form in the "Is your acceptance guaranteed" section and the applicable questions in the "Your past and current coverage" section about "Medicare Advantage plans," "Medicare supplement plans" or "any other type of health insurance coverage." **NOTE:** To demonstrate that an applicant meets Guaranteed Issue as a result of a move outside of their current plan's service area, applicants will need to provide a copy of their Termination Letter from the carrier. When the Termination Letter does not indicate the applicant has moved out of the service area, additional information is needed, such as: • Letter from prior insurer showing previous address • Driver's license showing prior address • Utility bill in the applicant's name showing prior address
3. Applicant is enrolled in an MA, other Medicare managed care, PACE or Medicare supplement (including Select) and the plan: • Violates the insurance contract (for example, by failing to provide necessary medical care), or • Was misrepresented in marketing to the applicant	A, B, F	A, B, G	• Applicant's name. • Plan Type – confirmation that it's a Medicare Advantage, other Medicare managed care, PACE or Medicare Supplement (including Select) being replaced. • Coverage termination date. • Termination reason. • In the case of misrepresentation – a copy of the final judgment on the filed grievance. • Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "Medicare Advantage plans" or "Medicare supplement plans."

4. Applicant is enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).	A, B, F	A, B, G	• Applicant's name. • Plan Type – confirmation that it's a Medicare supplement plan being lost. • Insurer name. • Reason for involuntary termination. • If available, documentation of bankruptcy of insurer. • Coverage termination date. • Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "Medicare supplement plans."
5. Applicant dropped Medicare supplement coverage to enroll for the **first time** in an MA, other Medicare managed care, PACE, or Select plan, and dropped that plan within **12 months.**	– If the previous Medicare supplement coverage was an AARP Medicare Supplement (including High Deductible or Select) Plan insured by **UnitedHealthcare Insurance Company of America**, then the applicant may apply for the same plan the applicant previously had. If that plan is no longer available, then the applicant can only apply for Plans A, B, F. – If the previous Medicare supplement coverage was not an AARP Medicare Supplement (including High Deductible or Select) Plan insured by **UnitedHealthcare Insurance Company of America**, and that plan is no longer available with that company, then the applicant can only apply for plans A, B, F.	– If the previous Medicare supplement coverage was an AARP Medicare Supplement (including High Deductible or Select) Plan insured by **UnitedHealthcare Insurance Company of America**, then the applicant may apply for the same plan the applicant previously had. If that plan is no longer available, then the applicant can only apply for Plans A, B, G. – If the previous Medicare supplement coverage was not an AARP Medicare Supplement (including High Deductible or Select) Plan insured by **UnitedHealthcare Insurance Company of America**, and that plan is no longer available with that company, then the applicant can only apply for Plans A, B, G.	**Notice, letter or other documentation from prior insurers[+] must include items below:** • Applicant's name. • Proof of the Medicare supplement (or High Deductible or Select) plan including: – Plan Code – Name of "Insured by" or "Underwritten by" Company Examples: A certificate of insurance, an outline of coverage, a schedule page, an ID card, etc. • Proof that the plan being replaced is an MA, other Medicare managed care, PACE or Medicare Select plan, for example, a declaration page, a billing notice, an annual notice of change, etc. • Proof of the start dates and end dates of all the plan(s) for example, disenrollment letter and ID card (for start dates). If there was coverage under more than one Medicare plan in the last 12 months with the same or different insurance companies and there has been no gap in coverage, then the start and end dates for each plan must be provided. If the most recent plan is still in effect, no end date is needed. • Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "Medicare Advantage plans." **NOTE:** [+]If UHC is the prior insurer of the Medicare Supplement/Select or MA plans, no proof is needed for the UHC plan(s). This should be clearly indicated on the application or replacement notice.

| 6. At initial eligibility for Medicare Part A and enrollment in Medicare Part B,** applicant enrolled in an MA or PACE plan at the same time, and dropped that plan within **12 months.**

The MA or PACE plan effective date must be equal to the Medicare Part A and Medicare Part B effective dates for this qualifying event to apply. If an applicant's Medicare Part A and Part B effective date are not the same, the MA or PACE plan effective date must equal the later Part A or Part B effective date. | A, B, F, G, N | A, B, G, N | **Notice, letter or other documentation from prior insurers[+] must include items below:

• Applicant's name.

• Proof that the plan being replaced is an MA or PACE, for example, a declaration page, a billing notice, an annual notice of change, etc.

• Proof of the start dates and end dates of all the plan(s) for example, disenrollment letter and ID card (for start dates). If the plan is still in effect, no end date is needed. If there was coverage under more than one Medicare plan in the last 12 months with the same or different insurance companies and there has been no gap in coverage, then the start and end dates for each plan must be provided. If the most recent plan is still in effect, no end date is needed.

• Answer questions on the Application Form in the "Is your acceptance guaranteed" section and the "Your past and current coverage" section about "Medicare Advantage plans."

NOTE: [+]If UHC is the prior insurer of the MA plans, no proof is needed for the UHC plan(s). This should be clearly indicated on the application or replacement notice. |

Guaranteed Issue - Application Requirements

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

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

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

Plan Availability

Medicare Beneficiaries Age 65 and Older	

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

What Plans Are Available?	A 65th birthday **or** Medicare Part A effective date <u>**prior to**</u> 1/1/2020 - A, B, F, G, N
	A 65th birthday **and** Medicare Part A effective date <u>**on or after**</u> 1/1/2020 - A, B, G, N
When Are Plans Available?	**Year round**
Are Plans Underwritten?	Yes, unless the beneficiary qualifies for Open Enrollment or Guaranteed Issue

Medicare Beneficiaries Age 50-64	

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

What Plans Are Available?	Medicare Part A effective date <u>**prior to**</u> 1/1/2020 - A, B, F, G, N
	Medicare Part A effective date <u>**on or after**</u> 1/1/2020 - A, B, G, N
When Are Plans Available?	When the individual qualifies for Open Enrollment or Guaranteed Issue
Are Plans Underwritten?	No, because they are only available to beneficiaries who qualify for Open Enrollment or Guaranteed Issue

Note: Plans vary by state. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state. Applicants must be at least age 50 or older in order to be eligible to enroll.

Underwriting and Rate Information

New Sales

Please refer to the appropriate state-specific handbook for information specific to a beneficiary's residence state at the time of the policy's plan effective date.* These plans are Issue State Rated; rates are based on the issue state of the policy/plan.

Medicare Beneficiaries Age 65 and Older

Underwriting and Rate Summary

Underwriting requirements and rates vary based on the length of time that has elapsed from the applicant's 65th birthday or Medicare Part B effective date (if it is later) to the AARP Medicare Supplement plan effective date. The following chart provides a summary of the underwriting requirements and applicable rates:

	Time since 65th birthday or Medicare Part B effective date, if later		
	0 to < 7 months	**7 months to < 15 years**	**15 years or more**
Underwriting[1]	No Underwriting *Open Enrollment Period*	Underwriting to determine eligibility and rate[2]	
Rate[3, 4]	Standard Rate with Enrollment Discount[5]	Standard Rate with Enrollment Discount[5, 6]	Level 1 Rate[6]
		Level 2 Rate[7]	Level 2 Rate[7]

[1] Does not apply to applicants who meet guaranteed issue requirements for certain Medicare supplement plans.

[2] Applicants must answer the health questions on the application.

[3] Rates for new sales are based upon the applicant's biological sex.

[4] All insured members (except those who meet open enrollment or guaranteed issue requirements) who respond "yes" to the tobacco use question on the application will pay the tobacco use rate shown on the Rate Page.

[5] For details about the Enrollment Discount program, refer to the next section entitled "Enrollment Discount." **Note: applicants age 86 and older are not eligible for the Enrollment Discount and will pay the Standard Rate.**

[6] Applies to applicants who **do not** have any of the ratable medical conditions listed on the application.

[7] Applies to applicants who have any of the ratable medical conditions listed on the application.

Medicare Beneficiaries Age 50 to 64

Underwriting and Rate Summary

The following chart provides a summary of the underwriting requirements and applicable rate:

	Time since Medicare Part B effective date	
	0 to < 7 months	**7 months or more**
Underwriting	No Underwriting *Open Enrollment Period*	No Underwriting *(Plans are only available to applicants who meet Guaranteed Issue requirements)*
Rate[1]	Disabled Rate	

[1]Rates for new sales are based upon the applicant's biological sex.

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

Enrollment Discount*

The Enrollment Discount is available to applicants age 65 and over only.

Enrollment Discount Eligibility

Applicants are eligible for the Enrollment Discount if their age on their plan effective date is:

- 65 to 79 **AND** they do not have any medical condition that qualifies for the Level 2 Rate, **OR**
- 80 to 85 **AND** their plan effective date is less than 15 years from their Medicare Part B effective date **AND** they do not have any medical condition that qualifies for the Level 2 Rate.

Applicants age 86 and over are not eligible for the Enrollment Discount.

Discount Percentage and Duration

- If applicants are eligible for the Enrollment Discount, the discount percentage is applied to the Standard Rate.
- The first-year discount percentage and the duration of the discount program will vary based on the applicant's age as of the plan effective date (see table below).
- The discount percentage may reduce each year on the anniversary date of the applicant's plan until the discount runs out.*
- After the eligible discount duration expires, applicants will pay the Standard Rate.

Enrollment Discount — Discount Percentages and Duration

Discount Year	Age as of Plan Effective Date																					
	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86+
1	45%	45%	45%	43%	41%	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%
2	45%	45%	43%	41%	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%	
3	45%	43%	41%	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%		
4	43%	41%	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%			
5	41%	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%				
6	39%	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%					
7	37%	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%						
8	35%	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%							
9	33%	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%								
10	31%	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%									
11	29%	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%										
12	27%	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%											
13	25%	23%	21%	18%	15%	12%	9%	6%	3%	0%												
14	23%	21%	18%	15%	12%	9%	6%	3%	0%													
15	21%	18%	15%	12%	9%	6%	3%	0%														
16	18%	15%	12%	9%	6%	3%	0%															
17	15%	12%	9%	6%	3%	0%																
18	12%	9%	6%	3%	0%																	
19	9%	6%	3%	0%																		
20	6%	3%	0%																			
21	3%	0%																				
	0%																					

Note: Rates generally change annually. If the Standard Rate changes, the discounted monthly premium will be adjusted accordingly.

Other Rate Discounts for Age 50 & Older

Multi-Insured Discount

15 percent off the monthly premium if two insured members are on the same AARP membership household account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare. (Does not apply to AARP® MedicareRx Plans or AARP® MedicareComplete® plans.)

Household Discount

For those who don't qualify for the Multi-Insured Discount, 10 percent off the monthly premium of an insured member that currently lives in a household with another person who is legally related and is currently an AARP member or will become an AARP member at the time the insured member's plan is effective. This includes legal spouse, civil union partner, or domestic partner. In order to be eligible for this discount, the applicant must answer the question in section 3 of the application, **yes,** and provide that individual's name and date of birth.

Electronic Funds Transfer (EFT) Discount

$4.00 per AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company of America each month when the member pays their premium through Electronic Funds Transfer.

Annual Payer Discount

$24.00 per household (applied at $2.00 each month) for those who pay their entire annual premium (June through May) in June.

NOTE:
- To qualify for this discount, 12-month premium must be paid by June 30.
- Members eligible for the Multi-Insured Discount are not eligible for the Household Discount.
- Members eligible for the Electronic Funds Transfer (EFT) Discount are not eligible for the Annual Payer discount.

For more detailed information on these discounts, please see the Application Checklist, Billing Options and Billing Procedures sections.

Rating Information

Community Rating with Areas

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

Gender Rating

Rates for new sales are based upon the applicant's biological sex.

Tobacco Use

Insured members who have smoked tobacco cigarettes or used any tobacco product at any time within the past 12 months will pay the tobacco rate. **Non-tobacco rates apply to all applicants who meet open enrollment or guaranteed issue requirements.**

E-Cigarettes/Vapor Cigarettes

Tobacco rates will not apply to insured members who use e-cigarettes/vapor cigarettes only. Tobacco rates will only apply if the e-cigarette user has also used a tobacco product within the past 12 months.

Nicotine Patches and Marijuana

Tobacco rates will not apply to insured members who use nicotine patches or marijuana only. Tobacco rates will only apply if the nicotine patch or marijuana user has also used a tobacco product within the past 12 months.

Rate Changes

UnitedHealthcare's monthly premium generally changes once a year on the anniversary date of the policy.

General Information

- **Who needs to be underwritten?** Applicants outside of their open enrollment period and applicants who do not qualify for guaranteed issue for certain Medicare supplement plans are underwritten to determine eligibility and rate.

- **How long will it take to process the application if underwriting is needed?** Generally, up to 5 business days. It may take longer if additional information is needed and the underwriter is unable to reach the applicant.

  In some cases, the underwriter may request additional information from the applicant's medical provider(s). A final underwriting decision cannot be made until the information is received from the applicant's medical provider(s).

- **What applications will need to be manually reviewed by an underwriter?** All applications that need to be underwritten are subject to an underwriter's review.

- **Does underwriting vary for different AARP Medicare Supplement Plans?** No.

- **If an applicant has guaranteed issue rights, but is applying for a plan that requires underwriting, is it necessary to send guaranteed issue documentation?** No, but if the applicant is rated up or denied due to underwriting and wants to choose another plan to which they have a guaranteed issue right, it would expedite processing if the documentation is submitted with the initial application.

- **What will happen if an applicant's health status changes after the enrollment application has been submitted and before it has been approved?** All information discovered during the underwriting process will be used in making the final underwriting decision. This includes:

  – responses to the health questions on the application, and

  – any additional information that is obtained by the underwriter

  Underwriters will consider all health history up to the date of their review when making the acceptance and rate decision. *This includes changes that have occurred in the applicant's health history since the date they signed the application.*

- **What will happen if an applicant's health status changes after the enrollment application has been fully processed and approved?** Once the application has been fully processed and approved, the rate and acceptance status will not change.

- **What will happen if the applicant responds "not sure" to an application question?** An underwriter may contact the applicant and ask the applicant additional questions to clarify their response. If necessary, the underwriter will request additional information from the applicant's medical provider(s).

- **Are communications sent to agents relating to the underwriting process?** Yes. E-mail communications are sent to the agents if any of the following events occur during the underwriting process:

  1. If the underwriter is unable to reach the applicant when an interview is needed

  2. When the application is being withdrawn

  3. When additional information is being requested from the applicant's medical provider(s)

  4. When the underwriting decision results in a rate-up or denial of coverage

  To ensure they receive these e-mail communications, agents should be sure to keep the most up to date e-mail address under the Knowledge Center, Account Info section within Jarvis.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

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Eligibility Underwriting

- **What will happen if the applicant had kidney problems during the past two years?** An underwriter may contact the applicant for additional information. The applicant will be denied coverage if they ever had end-stage renal (kidney) disease (ESRD) or require dialysis. If they have a chronic kidney disease (other than ESRD) that does not require dialysis, they will receive the Level 2 rate (as long as they are otherwise eligible).

- **Can applicants be denied coverage?** If applicants need to be underwritten, they will be denied coverage if any of the following applies:

  - Ever told by a medical professional that they have End-Stage Renal Disease (ESRD) or that may or will require dialysis

  - Hospitalized as an inpatient within the past 90 days or 3 or more times within the past 2 years (not including overnight outpatient observation)

  - Currently confined to a bed, receiving home health care or being treated or living in any type of nursing facility other than an assisted living facility

  - Within the past 2 years, received IV infusions or injections for Primary Immunodeficiency Syndrome

  - Within the past 5 years, diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for Leukemia, Lymphoma, or Multiple Myeloma

  - Within the past 3 years, 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)

  - Within the past year, told by a medical professional that they may need any of the following that has **NOT** been completed:

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

  - Awaiting any diagnostic test results

- **If an applicant was in the hospital overnight for "observation," is this considered "inpatient"?** The applicant should contact the hospital and ask if they were admitted as an inpatient.

- **What if the applicant is in the assisted living section of a nursing facility that has multiple types of units (for example, skilled nursing or custodial)?** The applicant is eligible for coverage (as long as all other eligibility requirements are met).

Everyone has the right to apply. Applicants can continue the application process even if they may not qualify.

Eligibility Underwriting

- **What if the applicant is not sure if they are in the main nursing home or the assisted living section?** The applicant or their family member can verify this information with the administrative office at the nursing facility. If still uncertain, the applicant should answer "NOT SURE" on the application and the underwriter may follow up to clarify the type of unit.

Underwriting to Set Rates

- **What if the applicant's medical condition isn't listed on the application?** A limited number of medical conditions (not all medical conditions) are listed on the application. Only medical conditions listed on the application are used to determine the applicant's rate. If the applicant is unsure if their condition relates to a condition on the application, they should check with their medical provider(s).

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Underwriting Information

- **What if applicants are unsure about their medical conditions?** If applicants are unsure about their medical conditions, they should discuss them with their medical provider(s). If they have not been able to get clarity from their medical provider(s), they should note their uncertainty on the application and submit any available medical information.

Additional Information Required

- **What if additional medical information is needed?** The underwriter may contact the applicant or their medical provider(s) to clarify the information before reaching a decision.

- **Do underwriters conduct phone interviews with all applicants who require underwriting?** No.

- **How will I know if an underwriter is waiting for additional information from the applicant?** The underwriter will send a status e-mail to you, the agent. To ensure you receive these e-mail communications, agents should be sure to keep the most up to date e-mail address within the **Account Info section of Jarvis** (found under Knowledge Center), and also include their e-mail address on the Agent section of Enrollment application. Agents may also reach out to the Producer Help Desk for application status.

- **What will happen if the underwriter is unable to reach the applicant?** If unable to reach the applicant, the underwriter will provide a call back number. After several phone attempts, the underwriter will send a letter to the applicant and an e-mail to the agent. If the applicant does not call the underwriter back after the phone call attempts and written requests, their application will be withdrawn.

- **Can the agent call the underwriter or the call center and provide the medical information needed?** No. The underwriter can only speak to the applicant or their medical provider(s) when there are any questions or information is needed about medical conditions. The agent can reach out to the applicant to ensure that they return the underwriter's call.

Underwriting Decisions

- **How will the underwriter communicate a denial or rate-up decision?** A letter will be sent to the applicant with the specific reason for denial. An e-mail will also be sent to the agent. No medical information will be contained in the e-mail. The agent may want to contact the applicant to obtain any further information or discuss other options.

- **What if the applicant does not agree with the underwriter's decision?** Applicants (not agents) may appeal the decision. Applicants should follow the directions in the letter.

- **What if the agent has questions about the decision?** The agent should first discuss the application with the applicant. The applicant may then contact UnitedHealthcare if they have questions by following the procedures in the letter they received.

- **If an applicant is told they qualify for the Level 2 rate, will that rate apply if they want to enroll in another plan to which they have guaranteed issue rights?** No, the Level 2 rate only applies to applicants with certain medical conditions who are underwritten. Since underwriting would not apply to the plan to which they have a guaranteed issue right, they would qualify for a lower rate.

- **If an applicant is told they qualify for the Level 2 rate or is being denied coverage, can they still enroll in another plan to which they have guaranteed issue rights?** Yes, as long as they call Customer Service within 28 days from the date of the letter they received with the underwriting decision.

- **If an applicant receives a letter indicating that they have been denied coverage or qualify for the Level 2 rate, do they need to complete another enrollment application if they want to choose another plan to which they have a guaranteed issue right?** No. The applicant can call Customer Service and the Enrollment department will process the request. If further information is needed, the Enrollment department will contact the applicant.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

How Agents Can Help

- **What can agents do to ensure that underwriters have all the information they need to make a decision?** Agents can help to ensure that the underwriting process is completed efficiently and quickly by:

  - In advance of their appointment, advising clients to be prepared to answer health questions in the event that their acceptance is not guaranteed. Applicants should:

    - understand the specific medical conditions for which they are taking medications

    - have information available about their medical conditions prior to applying and any pending treatment

    - contact their medical provider(s) to clarify any questions about their medical conditions or treatment

  - Check the Prescription Drug List for any possible drugs the applicant may have been prescribed that would indicate a rate-up or denial

  - Ensure that the information provided on the application is accurate and complete. If the applicant is not sure they should check with their medical provider(s).

  - Following up with the applicant if the underwriter needs additional information by ensuring that the applicant promptly returns phone calls or contacts their medical provider(s) when requested.

- **Is there any other information that agents can provide to assist in the underwriting review?** Any additional medical documentation (for example, medication list or other treatment information) that the applicant provides to the agent should be submitted with the application.

Please ensure that the application has been completed in full. Material mistakes or incomplete responses on applications may subject applicants to re-evaluation of their rate or loss of coverage.

Sales and Marketing Materials

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

Access

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

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

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

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

Enrollment Kits and Sales Materials

You can order and download state-specific enrollment kits, guides, and additional enrollment resources on Jarvis through the Sales Materials Portal. Simply log into Jarvis, click on the Sales Tools tab, click Sales Materials, and select Order Materials under the Sales Materials Portal subheading. This will open a new page where you can filter for the items you are looking for on the left-hand side. To find Medicare Supplement materials, under the "Plan Type" filter, select "Med Supp." You can personalize your enrollment kits to include your name, phone number and e-mail address which will be pre-printed on the back cover of your enrollment kit and on the agent section of the application. All you have to do is select ➕ PERSONALIZE within your shopping cart prior to completing your checkout process.

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

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

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

UHC Agent Toolkit

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

Sales Presentations

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

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

Lead Generation Materials

AARP Medicare Supplement approved marketing pieces can be used to:

- Generate leads

- Promote formal sales events

- Engage and educate individuals about AARP Medicare Supplement Insurance Plans

- Create awareness of the services you provide as an agent

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

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

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

1. Use the Home page for a quick, easy start or take advantage of the Shop or Search options to navigate to specific folders to find what you are looking for.

2. Customize and Proof: Information will be pre-populated based on your personal profile, including your name, address, phone, meeting information and picture. You must proof and approve your information prior to ordering.

3. Download or Checkout: For most materials, you will be prompted to either order printed materials or download an electronic version. Downloaded versions are free.

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

Did you know?

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

Promotional Items

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

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

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

Sales and Marketing Materials Rules

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

Sales and Marketing Materials Rules (continued)

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

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

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

- Use only approved pieces.

- Verify that the piece has been approved in the state(s) you would like to market in. If you do not see a state listed in the UHC Agent Toolkit or Sales Materials Portal on Jarvis, the piece is not approved for use in that state. Check back frequently, as states are added when approvals are received.

- Altering the pieces is prohibited (excluding the customizable fields). You must not remove, edit, move or add information to the pieces, beyond what is supported on the Toolkit. You may not make pieces smaller because each state's Department of Insurance requires a minimum font size.

- You may not make cold calls as highlighted in the Branded Products Addendum (Exhibit D) in your contract. And you cannot follow up with your mail recipients to see if they received your mailing or flyer.

- Attaching business cards or labels of any sort with your contact information or other messaging to approved materials is prohibited. You may add your personalized contact information only where indicated on approved marketing pieces prior to

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

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

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

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

Did you know?

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

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

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

The Authorized to Offer (A2O) Agent Program*

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

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

Quality Production Minimum Qualifications

Authorized to Offer (Level 1)

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

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

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

Status

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

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

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

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

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

AARP | Medicare Supplement
from **UnitedHealthcare**

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

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

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

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

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

A2Oh! Rewards Program

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

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

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

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

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

Marketing Materials

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

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

AARP Services, Inc. Agent Visits

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

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

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

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

Enrolling Applicants

State-Specific Enrollment Kits

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

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

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

On the Sales Materials Portal you will also find extra state and material forms, state-specific producer handbooks, free material orders, as well as other helpful tools.

The enrollment kit must be delivered in its entirety to the applicant, including when submitting an application through the AARP Medicare Supplement Online Enrollment tool, accessible through UnitedHealthcare's **L**andmark **E**lectronic **A**pplication **N**avigator (**LEAN**) tool. Please verify you have current materials. Using outdated materials may cause a paper application to be delayed or rejected, or may cause you to quote an incorrect premium rate.

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

Did you know?

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

State-Specific Application Forms

Agent Paper Applications

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

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

LEAN - Agent Online Enrollment Tool

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

State-Specific Application Forms (continued)

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

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

- Confirm the applicant is or will be enrolled in Medicare Part A and Part B as of the coverage effective date

- Confirm the applicant is an AARP member

- Review plan options with the applicant and provide guidance to the plan that best fits his or her needs

- Indicate the applicant's plan selection and desired effective date on the application. If the applicant has current health coverage, please include this information on the application in the appropriate spot.

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

Applicants Replacing Coverage

Replacement Notice

Applicants who are replacing another Medicare supplement plan or a Medicare Advantage plan must submit the **Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage (Replacement Notice).** Each state-specific enrollment kit and the AARP Medicare Supplement Online Enrollment tool include a Replacement Notice, which must be signed by the applicant and the agent.

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

Continuous Coverage

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

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

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

Replacing a Medicare Advantage Plan

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

Application Checklist

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

- ☑ **Complete all required sections of the application, including:**

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

Application Checklist (continued)

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

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

- The applicant's plan selection

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

- The conditions of eligibility and authorization

- Requested effective date (if left blank, the effective date will generally be the first day of the month after **receipt** of paper application)

- Health questions (if applicable)

- All required signatures and dates

- Applicant's current health coverage (if applicable)

- **Documentation that supports Guaranteed Issue** (if applicable). For example, carrier termination notice (must include employee name and termination date on employer letterhead) or a notification of rights that the applicant received from their prior insurer or employer. Please see the Guaranteed Issue section for more information.

☑ **Signatures:**

- Applicant(s) **must sign** and date the "Your past and current coverage" section.

- Applicant(s) **must sign** and date the Authorization and Verification of Application of Information section.

- Applicant(s) **must sign** and date the Authorization for Verification of Information section.

- Agent must complete name, agent id, and sign and date the last page of the application.

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

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

All signatures must be clear.

Invalid Signatures

Here are descriptions that help identify invalid signatures:

- Initials only on the Signature Field

- First name or last name only

- "X" or "other marks" for signature (when not notarized)

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

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

Application Checklist (continued)

Did you know?

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

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

Online enrollment signatures can be captured in different ways:

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

☑ **AARP Membership:**

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

- ☐ If submitting using the AARP Medicare Supplement Online Enrollment tool, a consumer can join, renew or verify AARP membership through the AARP membership portal.

- ☐ Applicants may call 1-866-331-1964. Representatives are available Mon. - Fri., 7am-11pm and Sat., 9am-5pm ET.

- ☐ If submitting a paper application, complete an AARP membership form (in kit) and include a separate consumer's check payable to AARP

for dues. (You must not accept money from the consumer and send your personal/agency check/money order to pay AARP membership dues.) Both check and form should be included with the application.

Note: One membership covers both the AARP member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.

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

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

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

☑ **Electronic Funds Transfer (EFT):**

- ☐ Complete and submit the Automatic Payment Authorization form in its entirety if applicants want to pay future premiums by deducting their payment from their checking or savings account.

- ☐ When using LEAN, applicants will have the option to sign up for recurring EFT withdrawals or monthly billing statements.

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

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

Application Checklist (continued)

☑ **Premium Check:**

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

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

☑ **Replacement Notice: Complete and submit, if applicable.**

- ☐ Required for applicants replacing another Medicare Supplement plan or any Medicare Plan such as a Medicare Advantage plan.
- ☐ Both the applicant and the agent must sign the same Replacement Notice.

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

Provide to Applicant

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

☑ **Electronic Funds Transfer (EFT):** Give a copy of the Automatic Payment Authorization form to applicant.

☑ **Replacement Notice:** Provide applicants with a copy of the Replacement Notice.

☑ **Guide:** Provide applicants with the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Application and Commission Processing Delays

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

Application Delays

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

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

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

Application and Commission Processing Delays (continued)

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

You may mail documents to:

UnitedHealthcare Insurance Company of America (UHICA)
Enrollment Division
P.O. Box 105331
Atlanta, GA 30348-9484

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

For EFT documents, you may mail them to:

UnitedHealthcare Insurance Company of America (UHICA)
Billing Division
P.O. Box 105332
Atlanta, GA 30348-9535

Commission Delays

• Agent ID or signature missing, illegible, or incorrect

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

Submitting an Application

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

1. Online through the AARP Medicare Supplement Online Enrollment tool **LEAN**

2. Mail a completed paper agent version (code *2460720307*) application (if you are including check or money order, this is the only option)

3. Fax a completed paper agent version (code *2460720307*) application (only with valid AARP membership and must not include check or money order)

AARP Medicare Supplement Online Enrollment

At UnitedHealthcare, we've made enrolling new insured members even easier. The AARP Medicare Supplement Online Enrollment tool is now accessible through UnitedHealthcare's **L**andmark **E**lectronic **A**pplication **N**avigator (**LEAN**). It's one more way we are working to simplify the AARP Medicare Supplement Insurance Plans sales process.

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

The tool also allows you to:

• Enroll, renew or verify AARP membership for the applicant.

• Fill out ancillary forms, such as the replacement notice, if required.

• Save/resume an AARP Medicare Supplement application (up to 90 days).

• Review submitted AARP Medicare Supplement applications (up to 90 days).

• View immediate application statuses of "accepted," "pending" or "denied" after selecting "submit" (status is shown on the confirmation page and on the view saved/submitted dashboard).

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

Submitting an Application
(continued)

- Offer consumers the option to receive their Plan Documents electronically. This allows consumers who sign up to receive their documents electronically to access a version of the Member Website.

- Easily fax any additional documents that may be needed (such as Legal or Guaranteed Issue documents). More details and fax information is included in the "Faxing Supporting Documents with Online Enrollment Submission" later within this section.

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

How to Access AARP Medicare Supplement Online Enrollment

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

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

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

Capturing Signatures

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

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

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

Express Security Code Signature Option

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

- Consumers the ability to sign the application easily and securely by entering a unique code that is sent via email.

- A streamlined application process allowing for a smooth enrollment experience where both you and your client's signatures only need to be captured once.

- Flexibility for consumers to sign remotely or in person and submission of the application will occur immediately.

Security Code Instructions

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

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

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

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

Submitting an Application
(continued)

Electronic Plan Documents

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

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

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

Consumers will also have the ability to:

- update their email and plan document delivery preference
- complete a voluntary health assessment
- access information from any device

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

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

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

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

Submitting Supporting Documents with Online Enrollment Submission

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

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

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

Need Help?

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

Submitting an Application
(continued)

Mailing Paper Applications

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

UnitedHealthcare Insurance Company of America (UHICA)
Enrollment Division
P.O. Box 105331
Atlanta, GA 30348-9484

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

UnitedHealthcare Insurance Company of America (UHICA)
Enrollment Division
4868 GA Hwy. 85, Suite 100
Forest Park, GA 30297

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

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

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

Multiple Application Cover Sheet

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

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

Larger 9 x 12 AARP Medicare Supplement application return envelopes are available for order on the Sales Materials Portal through Jarvis. This is an optional envelope that can be used for mailing multiple applications or larger applications as an alternative to the one supplied within the enrollment kit.

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

Faxing Applications

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

- **Applicant is already a member of AARP and,**

- **There is no check with the application.**

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

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

FAX Number: 1-888-836-3985

Things to remember when submitting applications:

- Do not fax AND mail applications. Use only one application submission method: If the same application is faxed and mailed, the application received second will automatically be denied.

- Do not fax an application and mail a check.

- Create a separate fax transmission for each applicant. Do not combine multiple applications in the same fax, as this can result in a potential privacy sharing issue.

- Include the fax cover sheet template which can be found on the Sales Materials Portal.

Submitting an Application
(continued)

- **Fax application pages in correct numerical order.**

- If faxing additional documents separately from the application, clearly print the applicant's name and AARP membership number on each page, and be sure to reference the original application.

- Ensure that the Electronic Funds Transfer and banking information matches the name on the application prior to submitting.

- Verify that the fax number entered is correct before submitting.

- Verify that the fax number on the confirmation page is the same fax number.

- Keep a copy of faxed applications for your records.

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

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

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

Servicing a Pending Application

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

Submit updates for:

- Missing Part A or Part B Effective Dates

- Missing AARP Membership Number

- Missing Phone Number

- Change Requested Plan Effective Date

- Missing Date of Birth

- Withdraw Pending Application

- Plan Selection Change

Simply fill out all required fields and select "Submit."

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

- Missing Tobacco Usage Indicator

- Missing Medicare Number

- Missing Gender

- Missing Household Discount Information

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

Upload additional documentation for:

- Missing Application Pages

- Missing Guaranteed Issue Documents

- Missing Replacement Notice

- Missing Legal Forms (FL, IL, KY, OH)

- Provide (Application) Health Question Responses

Servicing a Pending Application (continued)

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

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

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

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

Application Processing

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

Effective Dates

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

No Effective Date on Paper Application

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

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

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

Requested Effective Date

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

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

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

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

New to Medicare Applicants Turning Age 65 or Older

Applicants who will become eligible for Medicare at age 65 or older can submit their paper or online application up to 14 months in advance of their 65th birthday month or Medicare Part B effective date (for coverage to become effective in coordination with their Medicare effective date). If we receive the application more than 6 months before the 65th birthday month or Medicare Part B effective date, we will hold the application until the first day of the 6th month prior to their 65th birthday or Part B effective date and process the application at that time. All other applicants must wait to apply within 90 days of the requested effective date.

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

Application Status

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

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

Billing Options

AARP Medicare Supplement plan holders have the following billing options:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Billing Procedures

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

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

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

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

Separation of two insured members in the same household account:

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

Combination of two insured members in different household accounts:

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

Annual Payer Discount

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

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

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

Producer Compensation

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

Lifetime commission renewals are available in most states.

Commission Flexibility

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

- **Monthly, As-Earned:** Avoid the hassle of chargebacks by requesting to receive commissions on a monthly, as-earned basis.

- **In Advance:** Plan ahead by continuing to receive commission payments nine months in advance.

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

Commission Information — EDC and ICA agents only

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

- commission statements

- commissions calendar

- assignment of commissions form

- successor agent form

- production summaries

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

Plan	Jarvis Plan Code
A	A02
B	B02
F	F02
G	G02
N	N02

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

Insured Member and Agent Servicing

Insured Member Communications

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

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

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

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

• **Annual Rate Notification** — Informs insured members of their new rates for the coming billing cycle.

• **Targeted Plan-Specific Communications** — Communications with product/plan-specific information, retention, legal and data-triggered notices are sent to insured members, as appropriate, throughout the year.

• **myAARPMedicare.com** — This is a member website (*not to be used by agents*) where the insured member can sign up with their Member ID once they have received their card. This online tool provides the insured member with information specific to their plan information, claims, payments and more.

• **E-mail Communications** — Insured members who prefer digital communications can provide their e-mail addresses and receive eNews and other e-mail communications relevant to their plans.

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

Insured Member Claims Forms

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

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

UnitedHealthcare Insurance Company of America (UHICA)
Claim Division
P.O. Box 740819
Atlanta, GA 30374-0819

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

Servicing Existing Members

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

Servicing Existing Members (continued)

the Service Requests tab. Under the Service Requests tab you can request the following:

- Change Date of Birth

- Change Smoker Rate

- Correct How Information Is Displaying

- Change Phone Number

- Change Address

Simply fill out all required fields and select "Submit."

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

- Change Gender

- Change Current Plan Effective Date

- Initiate a Plan Change in a situation where no underwriting is needed

- Change Household Discount Information

- Change Request for FL Movers

- Change Request for NY Movers

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

You can upload documents to submit the following requests:

- Change Medicare Information

- Terminate Plan

- Change/Add EFT

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

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

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

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

Agent Servicing Forms

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

AARP Medicare Supplement Agent Change Request Forms			
AARP Medicare Supplement General Information Change (Form 1)	**AARP Medicare Supplement Insured Information Change (Form 2)**	**AARP Medicare Supplement Back Termination and Refund Request (Form 3)**	**AARP Medicare Supplement Plan Changes and Pending Applications (Form 4)**
This change request form itself does not require the signature of an insured member for a change request to be made on their behalf. However, some of the following change requests require documentation and the insured member's signature. • Terminations - Voluntary and Death • Date of Birth Updates • Medicare Information Changes • Change of Smoker Rate • EFT Additions or Changes • Update information that was submitted correctly on the application but is not displaying correctly.	An applicant, insured member or authorized representative's signature on this form is not needed unless otherwise noted as required. With this change request form, the following can be requested. • AARP Membership Number Update – Separation of Accounts – Combination of Accounts • Plan Effective Date Change • Phone Number Change • Address Change • Gender Change	With this change request form, the following can be requested **with** the insured member or authorized representative's signature: • Back-dated Termination and Refund of Premium requests related to overlapping MA, MAPD or Medicare Supplement coverage.	These change request forms may or may not require the signature of an applicant, insured member or authorized representative for a change request to be made on their behalf. Some of the following change requests require documentation. **Form 4** For PENDING Applications Only: • Gender Indication • Tobacco Usage • Missing Application Pages • Missing Legal Forms • Missing Medicare Part A/B Effective Dates • Missing Medicare ID Number • AARP Membership Number • Phone Number • Updated Plan Effective Date • Date of Birth (DOB) • Request to Withdraw Pending Application • GI Supporting Documentation • Completed Health Questions • Replacement Notice

Additional Forms

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

Agent Communications

E-mail is the Primary Communication Method

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

Add the UnitedHealthcare Sales e-mail address to your address book: uhc_med_sup_no_reply@uhc-info.com

Account Information on Jarvis

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

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

Agents Not Receiving E-mail

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

If you are not receiving our e-mails add our e-mail (uhc_med_sup_no_reply@uhc-info.com) to your address book.

If you are still having issues, you might be a global unsubscriber. This means you will need to e-mail Exact Target directly at ABUSE@exacttarget.com from the account in question and let Exact Target know you want to be removed from the Exacttarget/Salesforce Marketing Cloud Global Unsub list.

The JarvisWrap

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

JarvisWrap is sent on Mondays from the e-mail address UnitedHealthcare Medicare Solutions, No_Reply@mr.uhc.com.

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

Agent Customer Service

Producer Help Desk

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

Phone: 1-888-381-8581

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

Be prepared to enter your agent ID.

All agent calls should be routed through the PHD.

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

Agent Customer Service (continued)

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

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

General Inquiries Made on Behalf of an Existing Insured Member

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

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

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

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

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

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

Agent Servicing Program

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

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

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

Agent Servicing Program (continued)

- – Paid through date and the amount due to make the account current

- – Rate change information related to enrollment discount wear-off, end of rate guarantee, move to a new state and annual billing

- – Tier rate (level one or level two)

- – Confirm if tobacco rate or non-tobacco rate was applied

- Discounts:

- – Premium discount and information

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

- Select option 5 or say "Existing Member"

- Choose 2 for Other Plans

- Select 2 again for AARP Medicare Supplement Insurance Plans

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

- Your name and writing number

- Delegate's name and your Party ID (only required if a delegate is the requester)

- Member's first and last name

- Provide two other forms of information for the member:

- – AARP Membership ID Number

- – Full date of birth

- – Complete address

- – Last 4 digits of the Medicare Beneficiary Identifier Number

Member Customer Service

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

- Payment and billing information;

- Claim information, like claim status and claim filing instructions;

- Ordering replacement items, such as AARP Medicare supplement ID card, payment and claim envelopes, Electronic Funds Transfer forms.

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

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

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

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

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

Reference Guide

Agent Contact Information

Agent Tools/ Marketing Information	Pre-Enrollment/Enrollment

Producer Help Desk

Phone Number:	1-888-381-8581
Hours:	Monday - Friday, 8am to 10pm EST
Email:	phd@uhc.com

Jarvis

Web:	www.uhcjarvis.com

Compliance

Email:	compliance_questions@uhc.com

For questions or to report a non-compliant activity.

Multi-Language Interpreter Services

Phone Number:	1-800-555-5757

Plan Availability Search

Web:	Jarvis > Sales Tools > Plan Search

UnitedHealthcare New Application Enrollment

Fax Number:	1-888-836-3985

Medicare

Phone Number:	1-800-MEDICARE (633-4227)
Hours:	7 days a week, 24 hours a day
Web:	www.Medicare.gov

Social Security

Phone Number:	1-800-772-1213
Hours:	Monday - Friday 8am to 7pm EST
Web:	www.SSA.gov

Member Contact Information

Customer Service/Claim/Membership	Medicare Prescription Drug Plans

Customer Service

Phone Number:	1-800-523-5800 or 1-800-523-5880
Hours:	Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time

Automated Customer Express Line

Phone Number:	1-800-444-6544
Hours:	7 days a week, 24 hours a day

My Advocate

Web:	www.myadvocatehelps.com

AARP Membership

Phone Number:	1-866-331-1964
Hours:	Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time

Member Website -- *for member use only*

Web:	www.myAARPMedicare.com

AARP® MedicareRx Walgreens (PDP)

Phone Number:	1-800-850-6807

AARP® MedicareRx Preferred (PDP)

Phone Number:	1-800-850-6807

AARP® MedicareRx Saver Plus (PDP)

Phone Number:	1-800-850-6807

Note: Hours of operation for these services are 8 a.m. - 8 p.m. Eastern Time, 7 days a week.*
*Alaska and Hawaii: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 5 p.m. Saturday.

Member Benefit Contacts

Services and Wellness Extras

Phone Number:	1-888-887-5963
Hours:	Weekdays from 7:00 a.m. to 11:00 p.m. and Saturday 9:00 a.m. to 5:00 p.m. Eastern Time

Appendix I

Completing the Application: Medical Terms and Conditions Glossary

- This glossary has brief descriptions for terms and medical conditions that may be helpful in completing the Application Form for AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of America, together known as "UnitedHealthcare." It also includes other names that may be used for some medical conditions.

- Medical terms and conditions are listed alphabetically - not in the order that they appear on the application.

- Some of these medical terms or conditions don't appear on all Application Forms.

- The applicant is responsible for making sure that all answers to Application Form questions are accurate and completed in full.

- This glossary is provided for INFORMATIONAL PURPOSES ONLY. The applicant should consult his or her physician if they need help answering medical questions on the application form.

Terms found on the application	What those terms generally mean
Advice	A medical professional's opinion regarding what an individual should do to maintain or improve their health. Examples of advice may include but are not limited to: • giving a diagnosis • prescribing medication • ordering tests, lab work, surgery or follow-up visits, or • providing referrals to other medical providers
Alcoholism	Any use of alcohol which causes physical, mental, social or legal problems.
Alzheimer's Disease	The most common form of dementia. *See also Dementia*.
Amputation Due to Disease	A diseased body extremity removed by surgery.
Amyotrophic Lateral Sclerosis (ALS)	A disorder of the nerve cells in the brain or spinal cord that control voluntary muscle movements. *Also known as ALS or Lou Gehrig's disease.*
Artery Blockage	A blockage of an artery that restricts blood flow. It may be caused by a build-up of plaque, fat, cholesterol or other substances or by an embolism or blood clot. It may be treated with medication or surgery, including but not limited to artery bypass, stent or angioplasty.

SA26034STN

Terms found on the application	What those terms generally mean
Assisted Living Facility	A place where people live when they need help with everyday activities such as eating, bathing, dressing and using the bathroom. They may get some nursing or medical care there too.
Asthma	Lung disease that makes it hard to breathe.
Atrial Fibrillation	A heart rhythm disorder that causes the upper chambers of the heart (atria) to beat in an abnormal or disorganized way (often rapid and irregular). Also known as A-Fib.
Autoimmune Disorders	A condition that makes your immune system attack healthy cells. Autoimmune disorders may affect many parts of your body.
Balloon Angioplasty	A procedure that uses a thin, flexible tube and a balloon to open up a blocked artery or vein.
Bipolar Disorder	A mental disorder in which a person experiences extreme mood changes from very high energy to extreme lows of depression. Also known as manic-depressive illness.
Blood Disorders	Blood disorders affect one or more parts of the blood and prevent your blood from doing its job. They can be caused by disease, side effects of medicine or lack of certain nutrients in your diet.
Bone marrow transplant	A surgical procedure in which defective or cancerous bone marrow is replaced with healthy marrow, either from the patient or a donor. Also known as stem cell transplant.
Bypass Surgery	A type of heart surgery to improve blood flow to your heart when a heart artery is blocked.
Cancer	A malignant growth or malignant tumor caused when cells multiply uncontrollably. *Some types of cancer include carcinoma, lymphoma, leukemia, melanoma, myeloma, malignant neoplasm, or sarcoma.*
Cardiac Defibrillator	A machine that uses an electric shock to try and reset your heart or get it beating correctly. External defibrillators can be used on your body during CPR. Internal defibrillators are implanted inside you. Both types use small electric shocks that may prevent your heart from stopping. They also may prevent your heart from beating too slow, too fast, or unevenly.
Cardiomyopathy	A weakening of the heart muscle for any reason.
Carotid Artery Disease	A disease of the artery in your neck that carries blood from your heart to your brain, neck and face.

Terms found on the application	What those terms generally mean
Chronic Kidney Disease	A chronic loss of the ability of the kidneys to remove waste from the blood. *Also known as Chronic Renal Failure or Chronic Renal Insufficiency.*
Chronic Obstructive Pulmonary Disease (COPD)	A lung disease including emphysema and chronic obstructive bronchitis that makes it difficult to breathe or catch your breath. *Also known as COPD, chronic obstructive lung disease (COLD) or chronic obstructive airway disease (COAD).*
Circulation problems	A decreased blood flow or poor circulation to organs and/or arms, hands, legs or feet. Examples of conditions associated with circulation problems include but are not limited to: aneurysm, artery or vein blockage, blood clots, coronary artery disease, heart attack, peripheral vascular disease, stroke and transient ischemic attack.
Cirrhosis of the Liver	Loss of liver function due to chronic inflammation and scarring.
Cognitive Impairment	A problem with the brain that makes it difficult to think clearly and have good judgment; may be severe or mild.
Confined to a bed	The inability to walk or move about freely or get up from bed without assistance.
Congestive Heart Failure (CHF)	Weakness of the heart muscle, causing decreased blood flow and a build-up of fluid in the lungs and body tissues. *Also known as congestive heart disease, left heart failure, right heart failure or enlarged heart.*
Connective Tissue Disorders	Disorders of a type of tissue or material in your body that connects, supports, or separates your organs and other types of tissue. Some examples of connective tissue are fat and cartilage.
Cystic Fibrosis	A disease passed down from your parents that causes a thick liquid to build up in parts of the body, including the lungs. It usually starts by age 2 years.
Dementia	A brain disease that affects memory and thinking skills beyond normal aging.
Diabetes	The body does not regulate blood sugar levels properly.
Diagnose	A medical professional determines that you have a medical condition.
Dialysis	A process of cleansing your blood by passing it through a machine (hemodialysis), or putting special fluid into the abdominal cavity and draining it out (peritoneal dialysis). This is necessary when the kidneys are not able to filter blood.

Terms found on the application	What those terms generally mean
Drug Abuse	Any use of prescribed, non-prescribed or illegal drug(s) for non-therapeutic or non-medical reasons.
Emphysema	A lung disease usually caused by smoking or exposure to harmful chemicals. *See also Chronic Obstructive Pulmonary Disease (COPD).*
End-Stage Renal (Kidney) Disease	A complete or almost complete failure of the kidneys to function requiring dialysis or a kidney transplant to live.
Enlarged Heart	A heart that is bigger than usual.
Fibrosis of the Liver	Loss of liver function due to chronic inflammation and scarring. The most advanced stage of Fibrosis is Cirrhosis.
Genetic Disorder	An illness cause by changes to your genes. A genetic disorder can be inherited from your parents. It can also develop during your lifetime.
Heart Attack	Occurs when the blood supply to part of the heart is interrupted causing damage to the heart muscle. *Also known as myocardial infarction (MI).*
Heart Failure	A condition in which the heart can't adequately pump blood throughout the body. Can be associated with swelling of the ankle and legs.
Hemiplegia	Paralysis on one side of the body.
Hemophilia	A rare bleeding disorder where the blood doesn't clot normally. This causes a person to bleed a lot, even from a small cut.
Hepatitis	Liver disease that you get from someone else's infected body fluids, such as blood or semen.
Hereditary	Genetic information passed down from parents to their children.
Home Health Care	Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers or other licensed health care providers. Home health care usually does not include help with non-medical tasks, such as cooking, cleaning or driving.
Leukemia	A blood or bone marrow cancer causing abnormal blood cell production (usually white blood cells). *Also known as AML, ALL, CML or CLL.*
Liver Failure	Liver failure occurs when your liver isn't working well enough to perform its functions.
Lymphoma	An immune system cancer that often starts in the lymph nodes as a malignant tumor. *Also known as non-Hodgkin's lymphoma (NHL) or Hodgkin's (HL).*

Terms found on the application	What those terms generally mean
Macular Degeneration	An eye disorder affecting the macula, which is part of the retina responsible for central vision. *Also known as AMD or ARMD.* In the "wet" type of macular degeneration, abnormal blood vessels grow under the retina and macula. These new blood vessels may then bleed and leak fluid, causing the macula to bulge or lift up from its normally flat position, thus distorting or destroying central vision.
Melanoma	A malignant growth or malignant tumor caused by uncontrolled growth of pigment cells, usually originating in the skin or eye(s).
Merkel Cell Cancer	A rare, aggressive skin cancer that usually appears on the face, head or neck and tends to grow fast and spread quickly to other parts of the body. *Also known as Neuroendocrine Carcinoma of the skin.*
Metastatic	When cancer grows and spreads to other parts of your body.
Migraine Headaches	A very painful headache that gradually gets worse. Movement, activity, bright lights or loud noises can make it hurt more. You may feel like you have to throw up.
Multiple Myeloma	A cancer of white blood cells. Multiple Myeloma causes these cancer cells to collect in your bone marrow and force the healthy blood cells out. *Also known as Kahler's disease.*
Multiple Sclerosis (MS)	A disease affecting the brain and spinal cord, sometimes progressing to physical and mental disability. *Also known as MS.*
Myasthenia Gravis	A disease that causes weakness in your muscles and makes it hard to control them. This happens because your body's immune system blocks or changes some of the nerve signals that go to your muscles.
Nebulizer	Machine that turns liquid asthma medicine into mist.
Neuropathy	Damage to nerves in the body.
Organ transplant	A surgical procedure in which a damaged or failing organ is replaced with a healthy organ, either from a donor site or the patient's own body. *Also known as organ grafting.*
Osteoarthritis	A form of arthritis caused by the wear and tear of joints.
Osteoporosis	Brittle bones due to calcium deficiency.
Pancreatitis	An inflammation of your pancreas.

Terms found on the application	What those terms generally mean
Paraplegia	Paralysis of the lower portion of the body and of both legs.
Parkinson's Disease	A chronic brain disorder that impairs body movement through rigidity, slowing of movement and/or tremors.
Peripheral Vascular Disease (PVD)	Includes all conditions involving poor blood flow or poor circulation to the arms, hands, legs or feet. Includes peripheral artery disease (PAD).
Psoriatic Arthritis	A disorder in which the immune system attacks the body's joints and/or organs. Causes joint swelling with skin rash and pain.
Primary Immunodeficiency Syndrome	An immune deficiency disease that occurs when part of the immune system is absent or not functioning properly.
Proteinuria	When higher than average amounts of protein are found in the urine.
Pulmonary Heart Disease	A condition where you have high blood pressure in your lungs. *Also known as Pulmonary Hypertension*.
Quadriplegia	Paralysis of both arms and both legs.
Retinopathy	Damage to the retina of the eye. *Also known as wet retina or macular edema*.
Rheumatoid Arthritis	A disorder in which the immune system attacks the body's joints and/or organs. Causes joint swelling and pain. *Also known as RA*.
Schizophrenia	A mental disorder in which it is difficult for a person to tell the difference between real and unreal experiences, to think logically, to have normal emotional responses to others, and to behave normally in social situations.
Spinal Stenosis	A narrowing of the spinal canal putting pressure on the spinal cord and nerves.
Stem cell transplant	A surgical procedure in which defective or cancerous bone marrow is replaced with healthy marrow, either from the patient or a donor. Also known as bone marrow transplant.
Stent	A tiny tube that helps to keep a clogged artery open so blood can flow through.
Stroke, Transient Ischemic Attack (TIA), or mini-stroke	Loss of blood flow to an area of the brain, which may result in the sudden onset of permanent (stroke) or temporary (TIA) symptoms. Can be caused by a blood clot or hemorrhage. *Also known as cerebrovascular accident (CVA)*.
Systemic Lupus Erythematosus (SLE)	A disorder in which the immune system attacks the body's tissues and/or organs, causing inflammation and damage. *Also known as SLE*.

Terms found on the application	What those terms generally mean
Treat	A medical professional: • provides medical care or advice • orders tests • prescribes medication, or • determines that you need surgery or therapy
Ventricular Tachycardia	A rapid or "racing" heart beat that starts in one of the ventricles of the heart. *Also known as V-Tach*.

Appendix II

The enrollment applications for the AARP Medicare Supplement Plans from UnitedHealthcare include questions about medical conditions and treatments that are used to determine an applicant's eligibility to enroll and their rate level.

Prescription drugs *may* indicate the presence of a medical condition listed on the application, and if the applicant is currently taking, or has taken any of these medications within the timeframes indicated on the application for any of the medical conditions noted below, it is very likely that the applicant would need to pay the Level 2 rate, assuming they do not have any of the listed medical conditions or situations that would make them ineligible for coverage.

An applicant *may* raise questions about their prescription drugs in relation to the medical questions on the application. In these instances, the list of prescription medications may be helpful to you and the applicant in understanding medications that are often used to treat medical conditions to which underwriting applies as listed on the enrollment applications. That said, the list is informational only and is:

- *NOT* intended to be used as a tool to determine the applicant's eligibility or rate for coverage or to replace submission of an application; or

- *NOT* comprehensive - an applicant may have a deniable or ratable medical condition even if they have never used any of the drugs on the list and conversely, an applicant may not have a deniable or ratable medical condition even if they have used one or more drugs on the list.

The applicant should consult their medical provider(s) if they need help answering the medical questions on the application or if he or she is unsure about the condition(s) for which they are taking a medication or medications and be aware that they are responsible for making sure all answers to the application questions are accurate and completed in full. See also the Underwriting Section and the Enrolling Applicants Section of this handbook for more information.

Partial Prescription Drug List

Drug Name	Application Condition(s)
abemaciclib	Cancer other than leukemia, lymphoma, or multiple myeloma
abiraterone acetate	Cancer other than leukemia, lymphoma, or multiple myeloma
acamprosate calcium	Alcoholism or drug abuse
aclidinium & formoterol, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
aclidinium bromide, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
Adasuve	Bipolar disorder, schizophrenia
adefovir dipivoxil	Hepatitis (other than A)
afatinib	Cancer other than leukemia, lymphoma, or multiple myeloma
afinitor	Cancer other than leukemia, lymphoma, or multiple myeloma
Alecensa	Cancer other than leukemia, lymphoma, or multiple myeloma

Drug Name	Application Condition(s)
alectinib	Cancer other than leukemia, lymphoma, or multiple myeloma
alkeran	Cancer other than leukemia, lymphoma, or multiple myeloma
ambrisentan	Pulmonary heart disease
amiodarone hydrochloride	Artery blockage, heart attack, cardiomyopathy, heart failure
Ampyra	Multiple sclerosis
Anoro	Chronic obstructive pulmonary disease (COPD), emphysema
Antabuse	Alcoholism or drug abuse
apalutamide	Cancer other than leukemia, lymphoma, or multiple myeloma
apixaban	Artery blockage, atrial fibrillation
apomorphine hydrochloride	Parkinson's disease
Arava	Rheumatoid arthritis
Arcapta	Chronic obstructive pulmonary disease (COPD), emphysema
arformoterol tartrate, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
Aricept	Alzheimer's disease or dementia
asenapine	Bipolar disorder, schizophrenia
aubagio	Multiple sclerosis
Azilect	Parkinson's disease
aztreonam nebulizer	Cystic fibrosis
Bafiertam	Multiple sclerosis
baraclude	Hepatitis (other than A)
baricitinib	Rheumatoid arthritis
Betapace	Ventricular tachycardia
bicalutamide	Cancer other than leukemia, lymphoma, or multiple myeloma
Breztri	Chronic obstructive pulmonary disease (COPD), emphysema
Brilinta	Artery blockage, heart attack, stroke, TIA, or mini-stroke
Brovana	Chronic obstructive pulmonary disease (COPD), emphysema
budesonide & glycopyrrolate & formoterol	Chronic obstructive pulmonary disease (COPD), emphysema
Bunavail	Alcoholism or drug abuse
buprenorphine & naloxone	Alcoholism or drug abuse
buprenorphine, for opioid dependence	Alcoholism or drug abuse

Drug Name	Application Condition(s)
cabergoline	Parkinson's disease
calcium acetate	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Campral	Alcoholism or drug abuse
Caplyta	Bipolar disorder, schizophrenia
carbidopa	Parkinson's disease
cariprazine	Bipolar disorder, schizophrenia
Casodex	Cancer other than leukemia, lymphoma, or multiple myeloma
Cayston nebulizer	Cystic fibrosis
cilostazol	Artery blockage, peripheral vascular disease (PVD)
cinacalcet hydrochloride	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
cladribine (mavenclad)	Multiple sclerosis
clopidogrel	Artery blockage, heart attack, stroke, TIA, mini-stroke, balloon angioplasty, stenting, or bypass surgery
clozapine	Bipolar disorder, schizophrenia
Clozaril	Bipolar disorder, schizophrenia
Comtan	Parkinson's disease
Cordarone	Ventricular tachycardia, atrial fibrillation
Corlanor	Cardiomyopathy, heart failure
Coumadin	Artery blockage, heart attack, stroke, TIA, or mini-stroke
crizotinib	Cancer other than leukemia, lymphoma, or multiple myeloma
cyclosporine (oral)	Bone marrow, stem cell, or organ transplant
dabigatran etexilate mesylate	Artery blockage, atrial fibrillation
daclatasvir	Hepatitis (other than A)
Daklinza	Hepatitis (other than A)
dalfampridine	Multiple sclerosis
Daliresp	Chronic obstructive pulmonary disease (COPD), emphysema
dasatinib	Leukemia, lymphoma, or multiple myeloma
deferoxamine mesylate	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Desferal	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Dhivy	Parkinson's disease
Digitek	Atrial fibrillation, cardiomyopathy, heart failure

Drug Name	Application Condition(s)
Digox	Atrial fibrillation, cardiomyopathy, heart failure
digoxin	Atrial fibrillation, cardiomyopathy, heart failure
Dilatrate-sr	Artery blockage, heart attack, cardiomyopathy, heart failure
dimethyl fumarate	Multiple sclerosis
diroximel fumarate	Multiple sclerosis
disulfiram	Alcoholism or drug abuse
dofetilide	Atrial fibrillation
donepezil & memantine	Alzheimer's disease or dementia
donepezil hydrochloride	Alzheimer's disease or dementia
dornase alpha nebulizer	Cystic fibrosis
dronedarone	Atrial fibrillation
Duaklir	Chronic obstructive pulmonary disease (COPD), emphysema
edoxaban	Artery blockage, atrial fibrillation
Effient	Artery blockage, heart attack
elbasvir & grazoprevir	Hepatitis (other than A)
elexacaftor & tezacaftor & ivacaftor	Cystic fibrosis
Eliphos	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Eliquis	Artery blockage, atrial fibrillation
entacapone	Parkinson's disease
entecavir	Hepatitis (other than A)
Entresto	Cardiomyopathy, heart failure
Envarsus xr	Bone marrow, stem cell, or organ transplant
enzalutamide	Cancer other than leukemia, lymphoma, or multiple myeloma
Epclusa	Hepatitis (other than A)
Epivir hbv	Hepatitis (other than A)
epoetin alfa	Cancer, leukemia, lymphoma, or multiple myeloma, chronic kidney disease (CKD), End-stage renal kidney disease (ESRD)
Erleada	Cancer other than leukemia, lymphoma, or multiple myeloma
erlotinib	Cancer other than leukemia, lymphoma, or multiple myeloma
esbriet	Pulmonary heart disease
everolimus, (afinitor)	Cancer other than leukemia, lymphoma, or multiple myeloma

Drug Name	Application Condition(s)
everolimus, (zortress)	Bone marrow, stem cell, or organ transplant
Exelon	Alzheimer's disease or dementia
Exservan	Amyotrophic lateral sclerosis (ALS)
Fanapt	Schizophrenia
Fazaclo	Bipolar disorder, schizophrenia
fingolimod	Multiple sclerosis
flecainide acetate	Atrial fibrillation, ventricular tachycardia
galantamine hydrobromide	Alzheimer's disease or dementia
Gengraf	Bone marrow, stem cell, or organ transplant
Geodon	Bipolar disorder, schizophrenia
Gilenya	Multiple sclerosis
Gilotrif	Cancer other than leukemia, lymphoma, or multiple myeloma
glecaprevir & pibrentasvir	Hepatitis (other than A)
Gleevec	Leukemia, lymphoma, or multiple myeloma
glycopyrrolate & indacaterol, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
glycopyrrolate, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
Gonitro	Artery blockage, heart attack, cardiomyopathy, heart failure
Harvoni	Hepatitis (other than A)
Hecoria	Bone marrow, stem cell, or organ transplant
Hepsera	Hepatitis (other than A)
Ibrance	Cancer other than leukemia, lymphoma, or multiple myeloma
ibrutinib	Leukemia, lymphoma, or multiple myeloma
iloperidone	Schizophrenia
iloprost	Pulmonary heart disease
imatinib mesylate	Leukemia, lymphoma, or multiple myeloma
Imbruvica	Leukemia, lymphoma, or multiple myeloma
Imdur er	Artery blockage, heart attack, cardiomyopathy, heart failure
Inbrija	Parkinson's disease
Incruse	Chronic obstructive pulmonary disease (COPD), emphysema
indacaterol, capsules for inhalation	Chronic obstructive pulmonary disease (COPD), emphysema

Drug Name	Application Condition(s)
Invega er	Schizophrenia
Isochron	Artery blockage, heart attack, cardiomyopathy, heart failure
Isordil	Artery blockage, heart attack, cardiomyopathy, heart failure
isosorbide dinitrate	Artery blockage, heart attack, cardiomyopathy, heart failure
isosorbide mononitrate	Artery blockage, heart attack, cardiomyopathy, heart failure
istradefylline	Parkinson's disease
ivabradine	Cardiomyopathy, heart failure
ivacaftor	Cystic fibrosis
ivacaftor & lumacaftor	Cystic fibrosis
Jantoven	Artery blockage, heart attack, stroke, TIA, or mini-stroke
Kalydeco	Cystic fibrosis
Kynmobi	Parkinson's disease
lamivudine hbv	Hepatitis (other than A)
lamivudine, for hepatitis b virus	Hepatitis (other than A)
Lanoxin	Atrial fibrillation, cardiomyopathy, heart failure
Latuda	Bipolar disorder, schizophrenia
Ledipasvir-sofosbuvir	Hepatitis (other than A)
leflunomide	Rheumatoid arthritis
lenalidomide	Cancer, leukemia, lymphoma, or multiple myeloma
Letairis	Pulmonary heart disease
levodopa	Parkinson's disease
levodopa & carbidopa	Parkinson's disease
levodopa & carbidopa & entacapone	Parkinson's disease
levodopa & carbidopa, extended-release	Parkinson's disease
lithium, carbonate or citrate	Bipolar disorder
Lithobid	Bipolar disorder
Lodosyn	Parkinson's disease
Lonhala	Chronic obstructive pulmonary disease (COPD), emphysema
loxapine, succinate or hydrochloride	Bipolar disorder, schizophrenia
lumateperone	Bipolar disorder, schizophrenia

Drug Name	Application Condition(s)
Lupkynis	Systemic lupus erythematous (SLE)
lurasidone	Bipolar disorder, schizophrenia
macitentan	Pulmonary heart disease
Mavenclad	Multiple sclerosis
Mavyret	Hepatitis (other than A)
Mayzent	Multiple sclerosis
Mekinist	Melanoma, cancer other than leukemia, lymphoma, or multiple myeloma
melphalan	Leukemia, lymphoma, or multiple myeloma
memantine hydrochloride	Alzheimer's disease or dementia
Mestinon	Myasthenia gravis
methotrexate sodium	Rheumatoid arthritis, psoriatic arthritis, cancer other than leukemia, lymphoma, or multiple myeloma
Minitran	Artery blockage, heart attack, cardiomyopathy, heart failure
Monoket	Artery blockage, heart attack, cardiomyopathy, heart failure
monomethyl fumarate	Multiple sclerosis
Multaq	Atrial fibrillation
Namenda	Alzheimer's disease or dementia
Namzaric	Alzheimer's disease or dementia
Neoral	Bone marrow, stem cell, or organ transplant
neratinib	Cancer other than leukemia, lymphoma, or multiple myeloma
nerlynx	Cancer other than leukemia, lymphoma, or multiple myeloma
Nexavar	Cancer other than leukemia, lymphoma, or multiple myeloma
nilotinib	Leukemia, lymphoma, or multiple myeloma
nintedanib	Pulmonary heart disease
Nitro-dur	Artery blockage, heart attack, cardiomyopathy, heart failure
nitroglycerin, transdermal system	Artery blockage, heart attack, cardiomyopathy, heart failure
Nitrostat	Artery blockage, heart attack, cardiomyopathy, heart failure
Nourianz	Parkinson's disease
Ofev	Pulmonary heart disease
olodaterol, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
Olumiant	Rheumatoid arthritis

Drug Name	Application Condition(s)
Olysio	Hepatitis (other than A)
ombitasvir & paritaprevir & ritonavir	Hepatitis (other than A)
ombitasvir & paritaprevir & ritonavir & dasabuvir	Hepatitis (other than A)
Ongentys	Parkinson's disease
opicapone	Parkinson's disease
Opsumit	Pulmonary heart disease
Orenitram	Pulmonary heart disease
Orkambi	Cystic fibrosis
osimertinib	Cancer other than leukemia, lymphoma, or multiple myeloma
ozanimod	Multiple sclerosis
Pacerone	Artery blockage, heart attack, cardiomyopathy, heart failure
palbociclib	Cancer other than leukemia, lymphoma, or multiple myeloma
paliperidone, or as palmitate	Schizophrenia
parcopa	Parkinson's disease
Phoslo	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Phoslyra	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
pirfenidone	Pulmonary heart disease
Plavix	Artery blockage, heart attack, stroke, TIA, mini-stroke, balloon angioplasty, stenting, or bypass surgery
Pletal	Artery blockage, peripheral vascular disease (PVD)
pomalidomide	Leukemia, lymphoma, or multiple myeloma
Pomalyst	Leukemia, lymphoma, or multiple myeloma
ponesimod	Multiple sclerosis
Ponvory	Multiple sclerosis
Pradaxa	Artery blockage, atrial fibrillation
prasugrel hydrochloride	Artery blockage, heart attack
Procrit	Cancer, leukemia, lymphoma, or multiple myeloma, chronic kidney disease (CKD), End-stage renal kidney disease ESRD
Prograf	Bone marrow, stem cell, or organ transplant
propafenone hydrochloride	Ventricular tachycardia, atrial fibrillation
Pulmozyme	Cystic fibrosis

Drug Name	Application Condition(s)
pyridostigmine bromide	Myasthenia gravis
Ranexa er	Artery blockage, heart attack, cardiomyopathy, heart failure
ranolazine	Artery blockage, heart attack, cardiomyopathy, heart failure
Rapamune	Bone marrow, stem cell, or organ transplant
rasagiline	Parkinson's disease
Razadyne	Alzheimer's disease or dementia
Renagel	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Renvela	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
Retevmo	Cancer other than leukemia, lymphoma, or multiple myeloma
revefenacin	Chronic obstructive pulmonary disease (COPD), emphysema
Rheumatrex	Rheumatoid arthritis, psoriatic arthritis
Rilutek	Amyotrophic lateral sclerosis (ALS)
riluzole	Amyotrophic lateral sclerosis (ALS)
rivaroxaban	Artery blockage, atrial fibrillation
rivastigmine tartrate	Alzheimer's disease or dementia
roflumilast	Chronic obstructive pulmonary disease (COPD), emphysema
Rytary	Parkinson's disease
Rythmol	Ventricular tachycardia, atrial fibrillation
sacubitril & valsartan	Cardiomyopathy, heart failure
safinamide	Parkinson's disease
sandimmune	Bone marrow, stem cell, or organ transplant
Saphris	Bipolar disorder, schizophrenia
Savaysa	Artery blockage, atrial fibrillation
Secuado	Bipolar disorder, schizophrenia
Seebri	Chronic obstructive pulmonary disease (COPD), emphysema
selpercatinib	Cancer other than leukemia, lymphoma, or multiple myeloma
Sensipar	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
sevelamer hydrochloride or carbonate	Chronic kidney disease (CKD), end-stage renal disease (ESRD)
simeprevir	Hepatitis (other than A)
Sinemet	Parkinson's disease

Drug Name	Application Condition(s)
siponimod	Multiple sclerosis
sirolimus	Bone marrow, stem cell, or organ transplant
sofosbuvir	Hepatitis (other than A)
sofosbuvir & ledipasvir	Hepatitis (other than A)
sofosbuvir & velpatasvir	Hepatitis (other than A)
sofosbuvir & velpatasvir & voxilaprevir	Hepatitis (other than A)
sorafenib	Cancer other than leukemia, lymphoma, or multiple myeloma
Sorine	Ventricular tachycardia
sotalol hydrochloride	Ventricular tachycardia
Sotylize	Ventricular tachycardia
Sovaldi	Hepatitis (other than A)
Spiriva	Chronic obstructive pulmonary disease (COPD), emphysema
sprycel	Leukemia, lymphoma, or multiple myeloma
Stalevo	Parkinson's disease
Stiolto	Chronic obstructive pulmonary disease (COPD), emphysema
Striverdi	Chronic obstructive pulmonary disease (COPD), emphysema
Suboxone	Alcoholism or drug abuse
Subutex	Alcoholism or drug abuse
sunitinib malate	Cancer other than leukemia, lymphoma, or multiple myeloma
Sutent	Cancer other than leukemia, lymphoma, or multiple myeloma
Symdeko	Cystic fibrosis
tacrolimus	Bone marrow, stem cell, or organ transplant
Tagrisso	Cancer other than leukemia, lymphoma, or multiple myeloma
tambocor	Atrial fibrillation, ventricular tachycardia
Tarceva	Cancer other than leukemia, lymphoma, or multiple myeloma
Tasigna	Leukemia, lymphoma, or multiple myeloma
Tasmar	Parkinson's disease
Tecfidera	Multiple sclerosis
Technivie	Hepatitis (other than A)
telbivudine	Hepatitis (other than A)

Drug Name	Application Condition(s)
tenofovir alafenamide	Hepatitis (other than A)
teriflunomide	Multiple sclerosis
tezacaftor & ivacaftor	Cystic fibrosis
ticagrelor	Artery blockage, heart attack, stroke, TIA, or mini-stroke
Tiglutik	Amyotrophic lateral sclerosis (ALS)
Tikosyn	Atrial fibrillation
tiotropium & olodaterol, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
tiotropium bromide, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
tofacitinib	Rheumatoid arthritis, psoriatic arthritis
tolcapone	Parkinson's disease
trametinib	Melanoma, cancer other than leukemia, lymphoma, or multiple myeloma
treprostinil	Pulmonary heart disease
Trexall	Rheumatoid arthritis, psoriatic arthritis
Trikafta	Cystic fibrosis
Tudorza	Chronic obstructive pulmonary disease (COPD), emphysema
Tyvaso	Pulmonary heart disease
Tyzeka	Hepatitis (other than A)
umeclidinium & vilanterol, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
umeclidinium, inhalation	Chronic obstructive pulmonary disease (COPD), emphysema
Utibron	Chronic obstructive pulmonary disease (COPD), emphysema
Vemlidy	Hepatitis (other than A)
Ventavis	Pulmonary heart disease
Versacloz	Bipolar disorder, schizophrenia
Verzenio	Cancer other than leukemia, lymphoma, or multiple myeloma
Viekira pak	Hepatitis (other than A)
Viekira xr	Hepatitis (other than A)
voclosporin	Systemic lupus erythematous (SLE)
Vosevi	Hepatitis (other than A)
Vraylar	Bipolar disorder, schizophrenia
Vumerity	Multiple sclerosis

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

NOTES

NOTES

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