



Enrollment Kit



Wisconsin

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

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

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

Greetings!

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



Control

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



Longevity

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



Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 95% of surveyed members satisfied with their AARP Medicare Supplement Insurance Plan² – and 94% of those surveyed willing to recommend their plans to a friend or family member.²

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan and riders. You'll also learn about discounts and UnitedHealthcare's unique value-added services⁴ that may be available to you. Your UnitedHealthcare licensed insurance agent will review the enclosed information with you, and answer any questions you may have.

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

Warm regards,

Erica Schwartz
President, Medicare Supplemental Health Insurance Program
UnitedHealthcare

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

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

4 These are additional insured member services, apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographic availability and may be discontinued at any time.



Questions? Contact your licensed insurance agent.

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

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

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

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

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

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

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

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

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



Exclusive Services & Discounts



Exclusive Services & Discounts

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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

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Gym Membership, Discounts, and More

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



Gym Membership

Renew Active® Fitness Program:

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



Brain Health

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



Dental Discount

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

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

The Dentegra dental discount is not insurance.



Vision Discount

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

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



Hearing Discount

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

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



24/7 Nurse line

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

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



Driver Safety

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

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

AARP | Medicare Supplement
from **UnitedHealthcare**

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

Renew Active Fitness Program

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

AARP Staying Sharp

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

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

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

Dentegra Dental Discount

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

AARP Vision Discounts provided by EyeMed

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

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

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

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

AARP Hearing Solutions provided by UnitedHealthcare Hearing

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

Nurse line

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

AARP Driver Safety

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

AARP Medicare Supplement Insurance Plans

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

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

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

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

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

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

Discover the Real Possibilities of AARP Membership

Membership with AARP means:

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

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



Health Care Products & Discounts

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



Insurance² & Financial Services

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



Home & Auto

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



Retail & Dining

Discounts on gifts and groceries, in addition to restaurants.



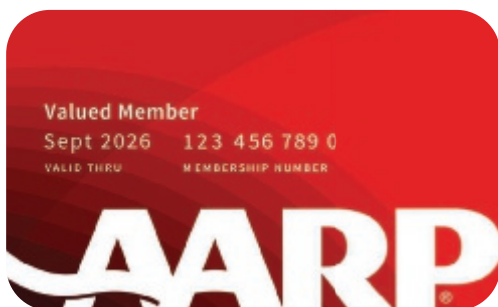
Travel & Entertainment

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



Magazine, Advocacy & Community

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



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

Explore these benefits and more by visiting aarp.org/benefits

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

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

Bright Ways To Save



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

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

SAVE up to 51%* with the Enrollment Discount

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

SAVE 7% with the Multi-Insured Discount

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

TAKE \$24 OFF with Electronic Funds Transfer

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

SAVE \$24 per year with the Annual Payer Discount

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

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

LOCK In Your Premium with the Rate Guarantee

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

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from  **UnitedHealthcare**

*The discount is 51% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 73 and then by 3% from age 74 until it reaches 0% on the anniversary date of your plan on or after age 86. This discount is available to new applicants who are accepted to enroll in an AARP Medicare Supplement Plan for June 1, 2023 and after Plan Effective Dates.

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

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



Plans & Rates

Plans & Rates



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UnitedHealthcare Insurance Company
OUTLINE OF MEDICARE SUPPLEMENT INSURANCE
MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. This plan meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all plan limitations. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this plan. Do not buy this plan if you did not get this guide.

PREMIUM INFORMATION – To keep your plan in force, pay the premium when it is due. The premium for your plan can change. Any change will apply to everyone with this plan who resides in your area at that time and who is in a situation similar to yours with respect to age, health conditions, tobacco use or other factors used to determine premiums. Your premium can only be changed with the approval of AARP and the Wisconsin insurance department. Please note, if you change your primary residence, your premium may be adjusted.

DISCLOSURES – Use this outline to compare benefits and premiums with other Medicare Supplement insurance. Benefits and exclusions paid by your plan will automatically change when Medicare’s requirements change.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.

This plan and optional riders are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

READ YOUR CERTIFICATE VERY CAREFULLY – This is only an outline describing your certificate’s most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN CERTIFICATE – If you decide you do not want this plan, within 30 days after you receive your certificate, you must do one of these two things:

1. Call UnitedHealthcare at the phone number shown on your ID card and ask to void your plan, or
2. Ask UnitedHealthcare in writing to void your plan. You can send your request to the Administrative office shown on your certificate.

When your request is received, your certificate will be treated as if no coverage was in force from the effective date. Also, any premium you paid will be refunded. If any claims are paid for you before your request is processed, UnitedHealthcare has the right to recover what was paid. The premium returned to you will be reduced by the amount of the claims paid. If the amount paid for your claims is more than the premium you paid, you will not receive a premium refund.

CERTIFICATE REPLACEMENT – If you are replacing other health insurance coverage, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

NOTICE – This plan may not fully cover all of your medical costs. For Wisconsin mandated benefits, benefits are payable for the Usual and Prevailing Charge, which may not equal the actual charge.

**Neither UnitedHealthcare Insurance Company Nor Its
Agents Are Connected With Medicare.**

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Basic Plan Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0 or <input type="checkbox"/> Optional Part A Deductible Rider 1 (OW) ² or <input type="checkbox"/> Optional 50% Part A Deductible Rider 2 (PW) ^{2,4}	\$1,632 or \$0 or \$816
	Days 61–90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses ³	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$204 a day	Up to \$204 a day	\$0
	101 st day and after	\$0	\$0	All costs
Inpatient Psychiatric Care (A Wisconsin Mandated Benefit)	In a participating psychiatric hospital	190 days per lifetime	175 days per lifetime	All charges beyond 365 days
Blood	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care		All but very limited co-payment or co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment or co-insurance	\$0

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Notes

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

² These are optional riders. You may purchase these riders for an additional premium.

³ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits."

⁴ This Optional Rider pays 50% of the Medicare Part A deductible.

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan

Medicare Part B: Medical Services per Calendar Year

Service	Each Calendar Year	Medicare Pays	Basic Plan Pays	You Pay
Medical Expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁵	\$0	\$0 or <input type="checkbox"/> Optional Part B Deductible Rider 3 (QW) ⁶	\$240 or \$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20% <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider 1 (OW) ⁷ or Rider 2 (PW) ⁷	Part B excess charges or \$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ⁵	\$0	\$0 or <input type="checkbox"/> Optional Part B Deductible Rider 3 (QW) ⁶	\$240 or \$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services Tests For Diagnostic Services		100%	\$0	\$0
Home Health Care		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider 4 (SW) ⁷	All charges beyond 40 visits per calendar year or All charges beyond 365 visits per calendar year

Notes

⁵ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

⁶ This is an optional rider. You may purchase this rider for an additional premium if your 65th birthday is prior to 1/1/2020 or your Medicare Part A effective date is prior to 1/1/2020.

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan

Other Benefits not covered by Medicare

Service	Each Calendar Year	Medicare Pays	Basic Plan Pays	You Pay
Foreign Travel Emergency Rider 1 (OW)⁷ or Rider 2 (PW)⁷	First \$250 each calendar year	\$0	\$0	\$250
NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over 50,000 lifetime maximum
Preventive Medical Care Benefit Some annual physical and preventive tests and services, administered or ordered by your doctor when not covered by Medicare.	First \$120 each calendar year	\$0	\$120	\$0
	Additional Charges	\$0	\$0	All costs

Notes

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan with Co-payments

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Basic Plan Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0 or <input type="checkbox"/> Optional Part A Deductible Rider 1 (OW) ² or <input type="checkbox"/> Optional 50% Part A Deductible Rider 2 (PW) ^{2,4}	\$1,632 or \$0 or \$816
	Days 61–90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses ³	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$204 a day	Up to \$204 a day	\$0
	101 st day and after	\$0	\$0	All costs
Inpatient Psychiatric Care (A Wisconsin Mandated Benefit)	In a participating psychiatric hospital	190 days per lifetime	175 days per lifetime	All charges beyond 365 days
Blood	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care		All but very limited co-payment or co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment or co-insurance	\$0

Continued on next page >

Notes

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

² These are optional riders. You may purchase these riders for an additional premium.

³ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits."

⁴ This Optional Rider pays 50% of the Medicare Part A deductible.

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan with Co-payments

Medicare Part B: Medical Services per Calendar Year

Service	Each Calendar Year	Medicare Pays	Basic Plan Pays	You Pay
Medical Expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
	Part B excess charges – above Medicare-approved amounts	\$0	\$0 or <input type="checkbox"/> Optional Medicare Part B Excess Charge Rider 1 (OW) ⁷ or Rider 2 (PW) ⁷	Part B excess Charges or \$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services Tests For Diagnostic Services		100%	\$0	\$0
Home Health Care		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider 4 (SW) ⁷	All charges beyond 40 visits per calendar year or All charges beyond 365 visits per calendar year

Notes

Continued on next page >

⁵ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance

Basic Medicare Supplement Plan with Co-payments

Other Benefits not covered by Medicare

Service	Each Calendar Year	Medicare Pays	Basic Plan Pays	You Pay
Foreign Travel Emergency Rider 1 (OW)⁷ or Rider 2 (PW)⁷	First \$250 each calendar year	\$0	\$0	\$250
NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum
Preventive Medical Care Benefit - Some annual physical and preventive tests and services, administered or ordered by your doctor when not covered by Medicare.	First \$120 each calendar year	\$0	\$120	\$0
	Additional Charges	\$0	\$0	All costs

Notes

⁷ These are optional riders. You may purchase these riders for an additional premium.

Outline of Medicare Supplement Insurance

Wisconsin Mandated Benefits – When Not Covered By Medicare

These Wisconsin Mandated Benefits apply to the Basic Medicare Supplement Plan and the Basic Medicare Supplement Plan with Co-payments.

Benefits will be paid only when the service is not covered by Medicare.

Service		Medicare Pays	Plan Pays	You Pay
Alcoholism, Nervous Disorders, and Drug Abuse Treatment Subject to a total maximum benefit of \$7,000 in a calendar year	Inpatient Hospital and Physician Services	0%	90% of the actual charge up to the usual and prevailing charge, subject to a \$7,000 maximum benefit in a calendar year	10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$7,000 in a calendar year
	Non-Residential Outpatient Services	0%	90% of the actual charge up to the usual and prevailing charge, subject to a \$2,000 maximum benefit in a calendar year	10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$2,000 in a calendar year
	Transitional Treatment Services	0%	90% of the actual charge up to the usual and prevailing charge, subject to a \$3,000 maximum benefit in a calendar year	10%, plus amounts in excess of the usual and prevailing charge, and all amounts above \$3,000 in a calendar year
Breast Reconstruction		0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge
Cancer Clinical Trials	Routine patient care that is administered in a cancer clinical trial	0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge

Outline of Medicare Supplement Insurance

Wisconsin Mandated Benefits – When Not Covered By Medicare

These Wisconsin Mandated Benefits apply to the Basic Medicare Supplement Plan and the Basic Medicare Supplement Plan with Co-payments.
Benefits will be paid only when the service is not covered by Medicare.

Service		Medicare Pays	Plan Pays	You Pay
Chiropractic Services		0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge
Diabetic Equipment and Supplies	Does not include outpatient prescription drugs	0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge
Hospital, Ambulatory Surgical Center and Anesthetics for Dental Care		0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge
Kidney Disease Treatment		0%	100% of the usual and prevailing charge, subject to a maximum benefit amount of \$30,000 in a calendar year	Charges in excess of the usual and prevailing charge and all charges above \$30,000 in a calendar year
Skilled Nursing Care Stays		0%	Daily rate established by the Department of Health and Social Services for up to 30 days per admission	Charges above the established daily rate and all charges beyond 30 days per admission
Colorectal Cancer Screening	Fecal occult blood test, Flexible Sigmoidoscopy and Colonoscopy	0%	100% of the usual and prevailing charge	Charges in excess of the usual and prevailing charge

COVERAGE REQUIREMENTS

- To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or over, covered by both Parts A and B of original Medicare, and not duplicating any Medicare supplement coverage.
- For Medicare Eligible Expenses: hospital stays, skilled nursing facility stays, and other care received must be approved for payment by Medicare. For Non-Medicare Eligible Expenses: covered stays or care must be medically necessary under applicable standards of medical practices.
- Stays and care must be recommended by a legally qualified physician acting within the scope of his or her license.
- Stays must begin and care must be received while you are insured under this plan.
- Stays must be in a Medicare approved facility, except for 30 days in a state licensed skilled nursing facility.

GUARANTEED ACCEPTANCE

- Your acceptance in any plan for which you are eligible to enroll is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 50 or older and enrolled in Medicare Part B. (If you enrolled in Part B before age 65, you have another 6-month open enrollment period when you turn 65.)
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a “trial right” to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage or 63 days after notice of a claim denial if you did not receive notice of the plan’s termination. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare in Wisconsin*, which can be found at <https://oci.wi.gov/Pages/Consumers/Medicare.aspx>. You may also want to contact the administrator of your prior health insurance plan or our local state department on aging. Or you may want to call UnitedHealthcare at 1-816-523-5816.

RENEWING YOUR COVERAGE AND WHEN YOUR COVERAGE STOPS

Your coverage can never be cancelled because of your age, your health or the number of claims you make. Coverage may be cancelled due to nonpayment of premium or material misrepresentation. If the Group Policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your coverage to an individual Medicare Supplement policy. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions are effective on the first day of the month following UnitedHealthcare's receipt of the request.

Any premium contribution you make after your coverage stops will not continue your coverage in force and will be returned.

USUAL AND PREVAILING CHARGE

The normal charge made by a provider (doctor; nurse, pharmacist) for a service or supply when there is no insurance. This charge cannot be more than the range of charges made in the area for a like service or supply. This charge cannot be greater than any charge limitation established by state law. UnitedHealthcare decides the area and the range. The Usual and Prevailing Charge may not equal the actual charge. This only applies to Wisconsin Mandated Benefits.

LIMITATIONS AND EXCLUSIONS

1. Skilled nursing facility care costs beyond what is covered by Medicare and the state-required 30 days skilled nursing facility benefit.
2. Home health care visits beyond the 40 visits per calendar year in addition to what Medicare pays (or, Home health care visits beyond 365 visits, less any visits paid by Medicare, per calendar year, with the purchase of the Additional Home Health Care Rider 4).
3. Charges above Medicare's approved charge, except for those additional benefits mandated by Wisconsin law.
4. Outpatient prescription drugs.
5. Most care received outside the United States.
6. Dental care (except as required by Wisconsin law), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
7. Amounts in excess of the Usual and Prevailing Charge, for benefits mandated by Wisconsin law.
8. Services deemed not medically necessary under Medicare or not meeting the Medicare program's standards.
9. Care for which you have no legal obligation to pay.
10. Sickness or injury for which you are entitled to benefits under workers' compensation or similar laws.
11. Stay, service, supply or facility provided by a government hospital, unless payment of the charge is required by law.
12. Benefits provided under Medicare or under a Medicare Advantage Plan.

Other exclusions may apply, however, in no event will your plan contain coverage limitations or exclusions for Medicare eligible expenses that are more restrictive than those of Medicare.

PRE-EXISTING CONDITIONS

A Pre-existing Condition is a condition for which one of these things happened within 3 months before your Effective Date:

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

Benefits will not be paid for any stay that starts or medical care you receive for a Pre-existing Condition during the first 3 months after your Effective Date.

The following eligible individuals, regardless of age unless otherwise specified, are entitled to waiver of this pre-existing condition limitation:

1. Individuals who are within 63 days of replacing current health insurance coverage, or
2. Individuals whose application form is received prior to or during the 6-month period beginning with the first day of the month in which the individual is age 65 or older and enrolled in Medicare Part B, or
3. Individuals who are entitled to Guaranteed Issue, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

CLAIM APPEALS

You have the right to appeal our decision if your claim is denied. Your appeal must be in writing and it must be identified as a claim appeal. You must include the following information with your appeal: your name, your membership number, the reason why you think the claim denial is in error, and any supporting material or information. We will provide a decision within 30 days of receiving your appeal.

GRIEVANCES AND EXTERNAL REVIEW

The following Grievances And External Review provisions apply only to the Wisconsin Mandated Benefits.

Grievance Procedures

If you are not satisfied with the handling of a complaint or a claim appeal, or you are not satisfied for any other reason, you have the right to submit a formal Grievance. A Grievance is any dissatisfaction with the provision of services, claims practices, or administration of your plan by us. It must be expressed in writing by you, or on your behalf. Your Grievance must be submitted in writing, and must contain the words "This is a grievance." This will make sure we understand the purpose of your communication.

You must clearly state the nature of your Grievance. You must include the following information: your name, your membership number, an explanation of your Grievance, any supporting material or information.

Send it to us at this address: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807.

We will acknowledge your Grievance within 5 business days of receiving it.

Your Grievance will be investigated promptly by a grievance panel. You may submit written questions to the person responsible for making the decision that resulted in the Grievance. You may also appear in person before the grievance panel to present written or oral information. We will provide written notice to you of the time and place at least 7 days in advance.

We will provide you a written decision within 30 days of receiving the Grievance. If a longer investigation period is required, we will notify you of the reason why, and when a decision may be expected. In such case, we will provide a written decision within 60 days of receiving the Grievance.

An Expedited Grievance is a Grievance where one of these three things is true: (1) The duration of the standard resolution process will result in serious jeopardy to your life or health or the ability for you to regain maximum function; (2) In the opinion of a Physician who has knowledge of your condition, your severe pain cannot be adequately managed without the care or treatment that is the subject of the Grievance; or (3) A Physician who has knowledge of your condition determines that the Grievance should be treated as an Expedited Grievance.

If the Grievance involves a situation that qualifies as an Expedited Grievance, you may file the Expedited Grievance via a telephone call to us. You must provide the pertinent information listed above. We will make a decision on an Expedited Grievance within 72 hours of receiving it.

External Review Procedures

If you disagree with the outcome of your Grievance, you may be eligible to have your Grievance reviewed by an Independent Review Organization ("IRO"). We will send you a list of approved IROs if your Grievance is denied. A copy can also be obtained by contacting the Office of the Commissioner of Insurance.

To qualify for external review, your claim must involve an adverse determination or a determination that a treatment is experimental or investigational. In either case, the treatment must cost more than the minimum amount specified annually by the Wisconsin Commissioner of Insurance in order to qualify for external review.

If you wish to pursue an external review, you or your authorized representative must send a written request to us at this address: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807.

We must receive your request within four months of the date that your Grievance was decided. When you send your request, you must state which IRO you want to use.

Once your request has been received, we will notify the IRO and the Commissioner of Insurance that you have requested an external review. Within 5 business days, we will send the IRO copies of the information you submitted as part of your Grievance, copies of your certificate, and copies of any other information that was relied upon in making the decision on your Grievance. The IRO will have 5 business days to review this material and request any additional information. We will respond to any requests for additional information within 5 business days or provide an explanation as to why more time is needed. Once the IRO has received all the necessary information, it will have 30 business days to make a decision.

There are special circumstances in which you may be able to skip the Grievance process and proceed directly to external review. These are those circumstances:

1. We agree with you that the matter may proceed directly to the IRO.
2. At the same time you send a request to us for external review, you submit a request to the IRO to bypass the Grievance procedure and the IRO determines that the duration of the standard Grievance process will result in serious jeopardy to your life or health or the ability for you to regain maximum function.

The AARP Insurance Trust

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

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

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

GENERAL INFORMATION

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

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

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

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

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

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

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

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

Your Plan and Rate



1 Review plans

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

2 Discover your rate with applicable discounts

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

Enrollment Discount

For Applicants Age 65 and Older:

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

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

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

If you are in Group 1 and under age 86, you may be eligible for the current Standard Rate with the Enrollment Discount. You can find information about the Enrollment Discount and the eligibility requirements on the back of this page. Your answers to the medical questions on the application will also affect your monthly premium as the rate page indicates.

Multi-Insured Discount

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

3 Apply

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

Understanding the Discounts



Eligibility

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

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

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

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

How it works

The Enrollment Discount is applied to the current Standard Rate, which usually changes each year. The discount you receive in your first year of coverage depends on your age on your coverage effective date and decreases 2% each year, after age 67, and 3% each year, after age 73, on the anniversary date of your coverage. Please note that as the discount decreases on your plan's anniversary date, your monthly premium will increase; this may happen at a time other than the Plan's annual rate change. Please keep this in mind when budgeting for your health insurance expenses.

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



Example: Meet Jill*

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

*The person and situation shown above are fictitious and for illustrative purposes only.

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

- Age discount will begin: 66
- Starting Enrollment Discount: 51%
- Enrollment Discount will change to 49% on her plan anniversary date of January 1 of the year Jill is age 68
- Multi-Insured Discount off the Standard Rate: 7%

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

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

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

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

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

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

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

	Age on Plan Effective Date	Enrollment Discount	Multi-Insured Discount
	65	51%	7%
Jill	66	51%	7%
	67	51%	7%
	68	49%	7%
	69	47%	7%
	70	45%	7%
	71	43%	7%
	72	41%	7%
	73	39%	7%
	74	36%	7%
	75	33%	7%
	76	30%	7%
	77	27%	7%
	78	24%	7%
	79	21%	7%
	80	18%	7%
	81	15%	7%
	82	12%	7%
	83	9%	7%
	84	6%	7%
	85	3%	7%
	86	0%	7%

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 (OW)	Rider 2 (PW)	Rider 3 ¹ (QW)	Rider 4 (SW)
Benefits						
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓				
Part B (Medical) co-insurance or co-payments	✓	Co-pay ²				
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓				
Hospice Care co-insurance	✓	✓				
Skilled Nursing Facility Care co-insurance	✓	✓				
Part A Deductible			✓	50%		
Part B Annual Deductible					✓	
Part B Excess Charges			✓	✓		
Foreign Travel emergency care			✓	✓		
Home Health Care 40 visits	✓	✓				
Home Health Care 365 visits, less any visits paid by Medicare						✓

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 1

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$140.63	\$96.40	\$15.43	\$7.84	\$13.72	\$1.47
65	yearly	\$1,687.56	\$1,156.80	\$185.16	\$94.08	\$164.64	\$17.64
66	monthly	\$140.63	\$96.40	\$15.43	\$7.84	\$13.72	\$1.47
66	yearly	\$1,687.56	\$1,156.80	\$185.16	\$94.08	\$164.64	\$17.64
67	monthly	\$140.63	\$96.40	\$15.43	\$7.84	\$13.72	\$1.47
67	yearly	\$1,687.56	\$1,156.80	\$185.16	\$94.08	\$164.64	\$17.64
68	monthly	\$146.37	\$100.34	\$16.06	\$8.16	\$14.28	\$1.53
68	yearly	\$1,756.44	\$1,204.08	\$192.72	\$97.92	\$171.36	\$18.36
69	monthly	\$152.11	\$104.27	\$16.69	\$8.48	\$14.84	\$1.59
69	yearly	\$1,825.32	\$1,251.24	\$200.28	\$101.76	\$178.08	\$19.08
70	monthly	\$157.85	\$108.21	\$17.32	\$8.80	\$15.40	\$1.65
70	yearly	\$1,894.20	\$1,298.52	\$207.84	\$105.60	\$184.80	\$19.80
71	monthly	\$163.59	\$112.14	\$17.95	\$9.12	\$15.96	\$1.71
71	yearly	\$1,963.08	\$1,345.68	\$215.40	\$109.44	\$191.52	\$20.52
72	monthly	\$169.33	\$116.08	\$18.58	\$9.44	\$16.52	\$1.77
72	yearly	\$2,031.96	\$1,392.96	\$222.96	\$113.28	\$198.24	\$21.24
73	monthly	\$175.07	\$120.01	\$19.21	\$9.76	\$17.08	\$1.83
73	yearly	\$2,100.84	\$1,440.12	\$230.52	\$117.12	\$204.96	\$21.96
74	monthly	\$183.68	\$125.92	\$20.16	\$10.24	\$17.92	\$1.92
74	yearly	\$2,204.16	\$1,511.04	\$241.92	\$122.88	\$215.04	\$23.04
75	monthly	\$192.29	\$131.82	\$21.10	\$10.72	\$18.76	\$2.01
75	yearly	\$2,307.48	\$1,581.84	\$253.20	\$128.64	\$225.12	\$24.12
76	monthly	\$200.90	\$137.72	\$22.05	\$11.20	\$19.60	\$2.10
76	yearly	\$2,410.80	\$1,652.64	\$264.60	\$134.40	\$235.20	\$25.20
77	monthly	\$209.51	\$143.62	\$22.99	\$11.68	\$20.44	\$2.19
77	yearly	\$2,514.12	\$1,723.44	\$275.88	\$140.16	\$245.28	\$26.28
78	monthly	\$218.12	\$149.53	\$23.94	\$12.16	\$21.28	\$2.28
78	yearly	\$2,617.44	\$1,794.36	\$287.28	\$145.92	\$255.36	\$27.36
79	monthly	\$226.73	\$155.43	\$24.88	\$12.64	\$22.12	\$2.37
79	yearly	\$2,720.76	\$1,865.16	\$298.56	\$151.68	\$265.44	\$28.44
80	monthly	\$235.34	\$161.33	\$25.83	\$13.12	\$22.96	\$2.46
80	yearly	\$2,824.08	\$1,935.96	\$309.96	\$157.44	\$275.52	\$29.52
81	monthly	\$243.95	\$167.23	\$26.77	\$13.60	\$23.80	\$2.55
81	yearly	\$2,927.40	\$2,006.76	\$321.24	\$163.20	\$285.60	\$30.60

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

Cover Page - Rates for Wisconsin - Area 1

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$252.56	\$173.14	\$27.72	\$14.08	\$24.64	\$2.64
82	yearly	\$3,030.72	\$2,077.68	\$332.64	\$168.96	\$295.68	\$31.68
83	monthly	\$261.17	\$179.04	\$28.66	\$14.56	\$25.48	\$2.73
83	yearly	\$3,134.04	\$2,148.48	\$343.92	\$174.72	\$305.76	\$32.76
84	monthly	\$269.78	\$184.94	\$29.61	\$15.04	\$26.32	\$2.82
84	yearly	\$3,237.36	\$2,219.28	\$355.32	\$180.48	\$315.84	\$33.84
85	monthly	\$278.39	\$190.84	\$30.55	\$15.52	\$27.16	\$2.91
85	yearly	\$3,340.68	\$2,290.08	\$366.60	\$186.24	\$325.92	\$34.92
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$287.00	\$196.75	\$31.50	\$16.00	\$28.00	\$3.00
86+	yearly	\$3,444.00	\$2,361.00	\$378.00	\$192.00	\$336.00	\$36.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$430.50	\$354.15	\$47.25	\$24.00	\$42.00	\$4.50
65+	yearly	\$5,166.00	\$4,249.80	\$567.00	\$288.00	\$504.00	\$54.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$315.70	\$216.42	\$34.65	\$17.60	\$30.80	\$3.30
80+	yearly	\$3,788.40	\$2,597.04	\$415.80	\$211.20	\$369.60	\$39.60
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$430.50	\$354.15	\$47.25	\$24.00	\$42.00	\$4.50
80+	yearly	\$5,166.00	\$4,249.80	\$567.00	\$288.00	\$504.00	\$54.00

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

Cover Page - Rates for Wisconsin - Area 1

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$154.69	\$106.04	\$16.97	\$8.62	\$15.09	\$1.61
65	yearly	\$1,856.28	\$1,272.48	\$203.64	\$103.44	\$181.08	\$19.32
66	monthly	\$154.69	\$106.04	\$16.97	\$8.62	\$15.09	\$1.61
66	yearly	\$1,856.28	\$1,272.48	\$203.64	\$103.44	\$181.08	\$19.32
67	monthly	\$154.69	\$106.04	\$16.97	\$8.62	\$15.09	\$1.61
67	yearly	\$1,856.28	\$1,272.48	\$203.64	\$103.44	\$181.08	\$19.32
68	monthly	\$161.00	\$110.37	\$17.67	\$8.97	\$15.70	\$1.68
68	yearly	\$1,932.00	\$1,324.44	\$212.04	\$107.64	\$188.40	\$20.16
69	monthly	\$167.32	\$114.70	\$18.36	\$9.32	\$16.32	\$1.74
69	yearly	\$2,007.84	\$1,376.40	\$220.32	\$111.84	\$195.84	\$20.88
70	monthly	\$173.63	\$119.03	\$19.05	\$9.68	\$16.94	\$1.81
70	yearly	\$2,083.56	\$1,428.36	\$228.60	\$116.16	\$203.28	\$21.72
71	monthly	\$179.94	\$123.35	\$19.75	\$10.03	\$17.55	\$1.88
71	yearly	\$2,159.28	\$1,480.20	\$237.00	\$120.36	\$210.60	\$22.56
72	monthly	\$186.26	\$127.68	\$20.44	\$10.38	\$18.17	\$1.94
72	yearly	\$2,235.12	\$1,532.16	\$245.28	\$124.56	\$218.04	\$23.28
73	monthly	\$192.57	\$132.01	\$21.13	\$10.73	\$18.78	\$2.01
73	yearly	\$2,310.84	\$1,584.12	\$253.56	\$128.76	\$225.36	\$24.12
74	monthly	\$202.04	\$138.50	\$22.17	\$11.26	\$19.71	\$2.11
74	yearly	\$2,424.48	\$1,662.00	\$266.04	\$135.12	\$236.52	\$25.32
75	monthly	\$211.51	\$145.00	\$23.21	\$11.79	\$20.63	\$2.21
75	yearly	\$2,538.12	\$1,740.00	\$278.52	\$141.48	\$247.56	\$26.52
76	monthly	\$220.99	\$151.49	\$24.25	\$12.32	\$21.56	\$2.31
76	yearly	\$2,651.88	\$1,817.88	\$291.00	\$147.84	\$258.72	\$27.72
77	monthly	\$230.46	\$157.98	\$25.29	\$12.84	\$22.48	\$2.40
77	yearly	\$2,765.52	\$1,895.76	\$303.48	\$154.08	\$269.76	\$28.80
78	monthly	\$239.93	\$164.47	\$26.33	\$13.37	\$23.40	\$2.50
78	yearly	\$2,879.16	\$1,973.64	\$315.96	\$160.44	\$280.80	\$30.00
79	monthly	\$249.40	\$170.97	\$27.37	\$13.90	\$24.33	\$2.60
79	yearly	\$2,992.80	\$2,051.64	\$328.44	\$166.80	\$291.96	\$31.20
80	monthly	\$258.87	\$177.46	\$28.41	\$14.43	\$25.25	\$2.70
80	yearly	\$3,106.44	\$2,129.52	\$340.92	\$173.16	\$303.00	\$32.40
81	monthly	\$268.34	\$183.95	\$29.45	\$14.96	\$26.18	\$2.80
81	yearly	\$3,220.08	\$2,207.40	\$353.40	\$179.52	\$314.16	\$33.60

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

Cover Page - Rates for Wisconsin - Area 1

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$277.81	\$190.44	\$30.49	\$15.48	\$27.10	\$2.90
82	yearly	\$3,333.72	\$2,285.28	\$365.88	\$185.76	\$325.20	\$34.80
83	monthly	\$287.28	\$196.94	\$31.53	\$16.01	\$28.02	\$3.00
83	yearly	\$3,447.36	\$2,363.28	\$378.36	\$192.12	\$336.24	\$36.00
84	monthly	\$296.75	\$203.43	\$32.57	\$16.54	\$28.95	\$3.10
84	yearly	\$3,561.00	\$2,441.16	\$390.84	\$198.48	\$347.40	\$37.20
85	monthly	\$306.22	\$209.92	\$33.61	\$17.07	\$29.87	\$3.20
85	yearly	\$3,674.64	\$2,519.04	\$403.32	\$204.84	\$358.44	\$38.40
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$315.70	\$216.42	\$34.65	\$17.60	\$30.80	\$3.30
86+	yearly	\$3,788.40	\$2,597.04	\$415.80	\$211.20	\$369.60	\$39.60
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$473.55	\$389.55	\$51.97	\$26.40	\$46.20	\$4.95
65+	yearly	\$5,682.60	\$4,674.60	\$623.64	\$316.80	\$554.40	\$59.40

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$347.27	\$238.06	\$38.11	\$19.36	\$33.88	\$3.63
80+	yearly	\$4,167.24	\$2,856.72	\$457.32	\$232.32	\$406.56	\$43.56
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$473.55	\$389.55	\$51.97	\$26.40	\$46.20	\$4.95
80+	yearly	\$5,682.60	\$4,674.60	\$623.64	\$316.80	\$554.40	\$59.40

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

Cover Page - Rates for Wisconsin - Area 1

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$158.51	\$108.65	\$17.39	\$8.82	\$15.43	\$1.71
65	yearly	\$1,902.12	\$1,303.80	\$208.68	\$105.84	\$185.16	\$20.52
66	monthly	\$158.51	\$108.65	\$17.39	\$8.82	\$15.43	\$1.71
66	yearly	\$1,902.12	\$1,303.80	\$208.68	\$105.84	\$185.16	\$20.52
67	monthly	\$158.51	\$108.65	\$17.39	\$8.82	\$15.43	\$1.71
67	yearly	\$1,902.12	\$1,303.80	\$208.68	\$105.84	\$185.16	\$20.52
68	monthly	\$164.98	\$113.09	\$18.10	\$9.18	\$16.06	\$1.78
68	yearly	\$1,979.76	\$1,357.08	\$217.20	\$110.16	\$192.72	\$21.36
69	monthly	\$171.45	\$117.52	\$18.81	\$9.54	\$16.69	\$1.85
69	yearly	\$2,057.40	\$1,410.24	\$225.72	\$114.48	\$200.28	\$22.20
70	monthly	\$177.92	\$121.96	\$19.52	\$9.90	\$17.32	\$1.92
70	yearly	\$2,135.04	\$1,463.52	\$234.24	\$118.80	\$207.84	\$23.04
71	monthly	\$184.39	\$126.39	\$20.23	\$10.26	\$17.95	\$1.99
71	yearly	\$2,212.68	\$1,516.68	\$242.76	\$123.12	\$215.40	\$23.88
72	monthly	\$190.86	\$130.83	\$20.94	\$10.62	\$18.58	\$2.06
72	yearly	\$2,290.32	\$1,569.96	\$251.28	\$127.44	\$222.96	\$24.72
73	monthly	\$197.33	\$135.26	\$21.65	\$10.98	\$19.21	\$2.13
73	yearly	\$2,367.96	\$1,623.12	\$259.80	\$131.76	\$230.52	\$25.56
74	monthly	\$207.04	\$141.92	\$22.72	\$11.52	\$20.16	\$2.24
74	yearly	\$2,484.48	\$1,703.04	\$272.64	\$138.24	\$241.92	\$26.88
75	monthly	\$216.74	\$148.57	\$23.78	\$12.06	\$21.10	\$2.34
75	yearly	\$2,600.88	\$1,782.84	\$285.36	\$144.72	\$253.20	\$28.08
76	monthly	\$226.45	\$155.22	\$24.85	\$12.60	\$22.05	\$2.45
76	yearly	\$2,717.40	\$1,862.64	\$298.20	\$151.20	\$264.60	\$29.40
77	monthly	\$236.15	\$161.87	\$25.91	\$13.14	\$22.99	\$2.55
77	yearly	\$2,833.80	\$1,942.44	\$310.92	\$157.68	\$275.88	\$30.60
78	monthly	\$245.86	\$168.53	\$26.98	\$13.68	\$23.94	\$2.66
78	yearly	\$2,950.32	\$2,022.36	\$323.76	\$164.16	\$287.28	\$31.92
79	monthly	\$255.56	\$175.18	\$28.04	\$14.22	\$24.88	\$2.76
79	yearly	\$3,066.72	\$2,102.16	\$336.48	\$170.64	\$298.56	\$33.12
80	monthly	\$265.27	\$181.83	\$29.11	\$14.76	\$25.83	\$2.87
80	yearly	\$3,183.24	\$2,181.96	\$349.32	\$177.12	\$309.96	\$34.44
81	monthly	\$274.97	\$188.48	\$30.17	\$15.30	\$26.77	\$2.97
81	yearly	\$3,299.64	\$2,261.76	\$362.04	\$183.60	\$321.24	\$35.64

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

Cover Page - Rates for Wisconsin - Area 1

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$284.68	\$195.14	\$31.24	\$15.84	\$27.72	\$3.08
82	yearly	\$3,416.16	\$2,341.68	\$374.88	\$190.08	\$332.64	\$36.96
83	monthly	\$294.38	\$201.79	\$32.30	\$16.38	\$28.66	\$3.18
83	yearly	\$3,532.56	\$2,421.48	\$387.60	\$196.56	\$343.92	\$38.16
84	monthly	\$304.09	\$208.44	\$33.37	\$16.92	\$29.61	\$3.29
84	yearly	\$3,649.08	\$2,501.28	\$400.44	\$203.04	\$355.32	\$39.48
85	monthly	\$313.79	\$215.09	\$34.43	\$17.46	\$30.55	\$3.39
85	yearly	\$3,765.48	\$2,581.08	\$413.16	\$209.52	\$366.60	\$40.68
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$323.50	\$221.75	\$35.50	\$18.00	\$31.50	\$3.50
86+	yearly	\$3,882.00	\$2,661.00	\$426.00	\$216.00	\$378.00	\$42.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$485.25	\$399.15	\$53.25	\$27.00	\$47.25	\$5.25
65+	yearly	\$5,823.00	\$4,789.80	\$639.00	\$324.00	\$567.00	\$63.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$355.85	\$243.92	\$39.05	\$19.80	\$34.65	\$3.85
80+	yearly	\$4,270.20	\$2,927.04	\$468.60	\$237.60	\$415.80	\$46.20
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$485.25	\$399.15	\$53.25	\$27.00	\$47.25	\$5.25
80+	yearly	\$5,823.00	\$4,789.80	\$639.00	\$324.00	\$567.00	\$63.00

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

Cover Page - Rates for Wisconsin - Area 1

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$174.36	\$119.52	\$19.13	\$9.70	\$16.97	\$1.88
65	yearly	\$2,092.32	\$1,434.24	\$229.56	\$116.40	\$203.64	\$22.56
66	monthly	\$174.36	\$119.52	\$19.13	\$9.70	\$16.97	\$1.88
66	yearly	\$2,092.32	\$1,434.24	\$229.56	\$116.40	\$203.64	\$22.56
67	monthly	\$174.36	\$119.52	\$19.13	\$9.70	\$16.97	\$1.88
67	yearly	\$2,092.32	\$1,434.24	\$229.56	\$116.40	\$203.64	\$22.56
68	monthly	\$181.48	\$124.39	\$19.91	\$10.09	\$17.67	\$1.96
68	yearly	\$2,177.76	\$1,492.68	\$238.92	\$121.08	\$212.04	\$23.52
69	monthly	\$188.60	\$129.27	\$20.69	\$10.49	\$18.36	\$2.04
69	yearly	\$2,263.20	\$1,551.24	\$248.28	\$125.88	\$220.32	\$24.48
70	monthly	\$195.71	\$134.15	\$21.47	\$10.89	\$19.05	\$2.11
70	yearly	\$2,348.52	\$1,609.80	\$257.64	\$130.68	\$228.60	\$25.32
71	monthly	\$202.83	\$139.03	\$22.25	\$11.28	\$19.75	\$2.19
71	yearly	\$2,433.96	\$1,668.36	\$267.00	\$135.36	\$237.00	\$26.28
72	monthly	\$209.95	\$143.91	\$23.03	\$11.68	\$20.44	\$2.27
72	yearly	\$2,519.40	\$1,726.92	\$276.36	\$140.16	\$245.28	\$27.24
73	monthly	\$217.06	\$148.79	\$23.82	\$12.07	\$21.13	\$2.34
73	yearly	\$2,604.72	\$1,785.48	\$285.84	\$144.84	\$253.56	\$28.08
74	monthly	\$227.74	\$156.10	\$24.99	\$12.67	\$22.17	\$2.46
74	yearly	\$2,732.88	\$1,873.20	\$299.88	\$152.04	\$266.04	\$29.52
75	monthly	\$238.41	\$163.42	\$26.16	\$13.26	\$23.21	\$2.57
75	yearly	\$2,860.92	\$1,961.04	\$313.92	\$159.12	\$278.52	\$30.84
76	monthly	\$249.09	\$170.74	\$27.33	\$13.86	\$24.25	\$2.69
76	yearly	\$2,989.08	\$2,048.88	\$327.96	\$166.32	\$291.00	\$32.28
77	monthly	\$259.77	\$178.06	\$28.50	\$14.45	\$25.29	\$2.81
77	yearly	\$3,117.24	\$2,136.72	\$342.00	\$173.40	\$303.48	\$33.72
78	monthly	\$270.44	\$185.37	\$29.67	\$15.04	\$26.33	\$2.92
78	yearly	\$3,245.28	\$2,224.44	\$356.04	\$180.48	\$315.96	\$35.04
79	monthly	\$281.12	\$192.69	\$30.84	\$15.64	\$27.37	\$3.04
79	yearly	\$3,373.44	\$2,312.28	\$370.08	\$187.68	\$328.44	\$36.48
80	monthly	\$291.79	\$200.01	\$32.02	\$16.23	\$28.41	\$3.15
80	yearly	\$3,501.48	\$2,400.12	\$384.24	\$194.76	\$340.92	\$37.80
81	monthly	\$302.47	\$207.33	\$33.19	\$16.83	\$29.45	\$3.27
81	yearly	\$3,629.64	\$2,487.96	\$398.28	\$201.96	\$353.40	\$39.24

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

Cover Page - Rates for Wisconsin - Area 1

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$313.14	\$214.64	\$34.36	\$17.42	\$30.49	\$3.38
82	yearly	\$3,757.68	\$2,575.68	\$412.32	\$209.04	\$365.88	\$40.56
83	monthly	\$323.82	\$221.96	\$35.53	\$18.01	\$31.53	\$3.50
83	yearly	\$3,885.84	\$2,663.52	\$426.36	\$216.12	\$378.36	\$42.00
84	monthly	\$334.49	\$229.28	\$36.70	\$18.61	\$32.57	\$3.61
84	yearly	\$4,013.88	\$2,751.36	\$440.40	\$223.32	\$390.84	\$43.32
85	monthly	\$345.17	\$236.60	\$37.87	\$19.20	\$33.61	\$3.73
85	yearly	\$4,142.04	\$2,839.20	\$454.44	\$230.40	\$403.32	\$44.76
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$355.85	\$243.92	\$39.05	\$19.80	\$34.65	\$3.85
86+	yearly	\$4,270.20	\$2,927.04	\$468.60	\$237.60	\$415.80	\$46.20
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$533.77	\$439.05	\$58.57	\$29.70	\$51.97	\$5.77
65+	yearly	\$6,405.24	\$5,268.60	\$702.84	\$356.40	\$623.64	\$69.24

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$391.43	\$268.31	\$42.95	\$21.78	\$38.11	\$4.23
80+	yearly	\$4,697.16	\$3,219.72	\$515.40	\$261.36	\$457.32	\$50.76
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$533.77	\$439.05	\$58.57	\$29.70	\$51.97	\$5.77
80+	yearly	\$6,405.24	\$5,268.60	\$702.84	\$356.40	\$623.64	\$69.24

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

Cover Page - Rates for Wisconsin - Area 1

Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 3			Applies to individuals age 50-64 who are eligible for Medicare.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Female Non-Tobacco Rates							
50-64	monthly	\$717.50	\$492.00	\$78.75	\$40.00	\$70.00	\$7.50
50-64	yearly	\$8,610.00	\$5,904.00	\$945.00	\$480.00	\$840.00	\$90.00
Female Tobacco Rates							
50-64	monthly	\$789.25	\$541.20	\$86.62	\$44.00	\$77.00	\$8.25
50-64	yearly	\$9,471.00	\$6,494.40	\$1,039.44	\$528.00	\$924.00	\$99.00
Male Non-Tobacco Rates							
50-64	monthly	\$808.75	\$554.50	\$88.75	\$45.00	\$78.75	\$8.75
50-64	yearly	\$9,705.00	\$6,654.00	\$1,065.00	\$540.00	\$945.00	\$105.00
Male Tobacco Rates							
50-64	monthly	\$889.62	\$609.95	\$97.62	\$49.50	\$86.62	\$9.62
50-64	yearly	\$10,675.44	\$7,319.40	\$1,171.44	\$594.00	\$1,039.44	\$115.44

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

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

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

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

53002	53076	53143	53201	53233
53004	53080	53144	53202	53234
53005	53086	53146	53203	53235
53007	53089	53149	53204	53237
53008	53090	53150	53205	53259
53012	53092	53151	53206	53263
53017	53095	53152	53207	53274
53018	53097	53153	53208	53278
53021	53101	53154	53209	53288
53022	53102	53158	53210	53290
53024	53103	53159	53211	53293
53027	53104	53167	53212	53295
53029	53105	53168	53213	53401
53033	53108	53170	53214	53402
53037	53109	53171	53215	53403
53040	53110	53172	53216	53404
53045	53118	53177	53217	53405
53046	53119	53179	53218	53406
53051	53122	53181	53219	53407
53052	53126	53182	53220	53408
53056	53127	53183	53221	
53058	53129	53185	53222	
53060	53130	53186	53223	
53064	53132	53187	53224	
53066	53139	53188	53225	
53069	53140	53189	53226	
53072	53141	53192	53227	
53074	53142	53194	53228	

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 (OW)	Rider 2 (PW)	Rider 3 ¹ (QW)	Rider 4 (SW)
Benefits						
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓				
Part B (Medical) co-insurance or co-payments	✓	Co-pay ²				
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓				
Hospice Care co-insurance	✓	✓				
Skilled Nursing Facility Care co-insurance	✓	✓				
Part A Deductible			✓	50%		
Part B Annual Deductible					✓	
Part B Excess Charges			✓	✓		
Foreign Travel emergency care			✓	✓		
Home Health Care 40 visits	✓	✓				
Home Health Care 365 visits, less any visits paid by Medicare						✓

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 2

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$119.07	\$81.58	\$12.98	\$6.61	\$11.63	\$1.22
65	yearly	\$1,428.84	\$978.96	\$155.76	\$79.32	\$139.56	\$14.64
66	monthly	\$119.07	\$81.58	\$12.98	\$6.61	\$11.63	\$1.22
66	yearly	\$1,428.84	\$978.96	\$155.76	\$79.32	\$139.56	\$14.64
67	monthly	\$119.07	\$81.58	\$12.98	\$6.61	\$11.63	\$1.22
67	yearly	\$1,428.84	\$978.96	\$155.76	\$79.32	\$139.56	\$14.64
68	monthly	\$123.93	\$84.91	\$13.51	\$6.88	\$12.11	\$1.27
68	yearly	\$1,487.16	\$1,018.92	\$162.12	\$82.56	\$145.32	\$15.24
69	monthly	\$128.79	\$88.24	\$14.04	\$7.15	\$12.58	\$1.32
69	yearly	\$1,545.48	\$1,058.88	\$168.48	\$85.80	\$150.96	\$15.84
70	monthly	\$133.65	\$91.57	\$14.57	\$7.42	\$13.06	\$1.37
70	yearly	\$1,603.80	\$1,098.84	\$174.84	\$89.04	\$156.72	\$16.44
71	monthly	\$138.51	\$94.90	\$15.10	\$7.69	\$13.53	\$1.42
71	yearly	\$1,662.12	\$1,138.80	\$181.20	\$92.28	\$162.36	\$17.04
72	monthly	\$143.37	\$98.23	\$15.63	\$7.96	\$14.01	\$1.47
72	yearly	\$1,720.44	\$1,178.76	\$187.56	\$95.52	\$168.12	\$17.64
73	monthly	\$148.23	\$101.56	\$16.16	\$8.23	\$14.48	\$1.52
73	yearly	\$1,778.76	\$1,218.72	\$193.92	\$98.76	\$173.76	\$18.24
74	monthly	\$155.52	\$106.56	\$16.96	\$8.64	\$15.20	\$1.60
74	yearly	\$1,866.24	\$1,278.72	\$203.52	\$103.68	\$182.40	\$19.20
75	monthly	\$162.81	\$111.55	\$17.75	\$9.04	\$15.91	\$1.67
75	yearly	\$1,953.72	\$1,338.60	\$213.00	\$108.48	\$190.92	\$20.04
76	monthly	\$170.10	\$116.55	\$18.55	\$9.45	\$16.62	\$1.75
76	yearly	\$2,041.20	\$1,398.60	\$222.60	\$113.40	\$199.44	\$21.00
77	monthly	\$177.39	\$121.54	\$19.34	\$9.85	\$17.33	\$1.82
77	yearly	\$2,128.68	\$1,458.48	\$232.08	\$118.20	\$207.96	\$21.84
78	monthly	\$184.68	\$126.54	\$20.14	\$10.26	\$18.05	\$1.90
78	yearly	\$2,216.16	\$1,518.48	\$241.68	\$123.12	\$216.60	\$22.80
79	monthly	\$191.97	\$131.53	\$20.93	\$10.66	\$18.76	\$1.97
79	yearly	\$2,303.64	\$1,578.36	\$251.16	\$127.92	\$225.12	\$23.64
80	monthly	\$199.26	\$136.53	\$21.73	\$11.07	\$19.47	\$2.05
80	yearly	\$2,391.12	\$1,638.36	\$260.76	\$132.84	\$233.64	\$24.60
81	monthly	\$206.55	\$141.52	\$22.52	\$11.47	\$20.18	\$2.12
81	yearly	\$2,478.60	\$1,698.24	\$270.24	\$137.64	\$242.16	\$25.44

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

Cover Page - Rates for Wisconsin - Area 2

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$213.84	\$146.52	\$23.32	\$11.88	\$20.90	\$2.20
82	yearly	\$2,566.08	\$1,758.24	\$279.84	\$142.56	\$250.80	\$26.40
83	monthly	\$221.13	\$151.51	\$24.11	\$12.28	\$21.61	\$2.27
83	yearly	\$2,653.56	\$1,818.12	\$289.32	\$147.36	\$259.32	\$27.24
84	monthly	\$228.42	\$156.51	\$24.91	\$12.69	\$22.32	\$2.35
84	yearly	\$2,741.04	\$1,878.12	\$298.92	\$152.28	\$267.84	\$28.20
85	monthly	\$235.71	\$161.50	\$25.70	\$13.09	\$23.03	\$2.42
85	yearly	\$2,828.52	\$1,938.00	\$308.40	\$157.08	\$276.36	\$29.04
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$243.00	\$166.50	\$26.50	\$13.50	\$23.75	\$2.50
86+	yearly	\$2,916.00	\$1,998.00	\$318.00	\$162.00	\$285.00	\$30.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$364.50	\$299.70	\$39.75	\$20.25	\$35.62	\$3.75
65+	yearly	\$4,374.00	\$3,596.40	\$477.00	\$243.00	\$427.44	\$45.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$267.30	\$183.15	\$29.15	\$14.85	\$26.12	\$2.75
80+	yearly	\$3,207.60	\$2,197.80	\$349.80	\$178.20	\$313.44	\$33.00
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$364.50	\$299.70	\$39.75	\$20.25	\$35.62	\$3.75
80+	yearly	\$4,374.00	\$3,596.40	\$477.00	\$243.00	\$427.44	\$45.00

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

Cover Page - Rates for Wisconsin - Area 2

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$130.97	\$89.74	\$14.28	\$7.27	\$12.79	\$1.34
65	yearly	\$1,571.64	\$1,076.88	\$171.36	\$87.24	\$153.48	\$16.08
66	monthly	\$130.97	\$89.74	\$14.28	\$7.27	\$12.79	\$1.34
66	yearly	\$1,571.64	\$1,076.88	\$171.36	\$87.24	\$153.48	\$16.08
67	monthly	\$130.97	\$89.74	\$14.28	\$7.27	\$12.79	\$1.34
67	yearly	\$1,571.64	\$1,076.88	\$171.36	\$87.24	\$153.48	\$16.08
68	monthly	\$136.32	\$93.40	\$14.86	\$7.57	\$13.32	\$1.40
68	yearly	\$1,635.84	\$1,120.80	\$178.32	\$90.84	\$159.84	\$16.80
69	monthly	\$141.66	\$97.06	\$15.44	\$7.87	\$13.84	\$1.45
69	yearly	\$1,699.92	\$1,164.72	\$185.28	\$94.44	\$166.08	\$17.40
70	monthly	\$147.01	\$100.73	\$16.03	\$8.16	\$14.36	\$1.51
70	yearly	\$1,764.12	\$1,208.76	\$192.36	\$97.92	\$172.32	\$18.12
71	monthly	\$152.36	\$104.39	\$16.61	\$8.46	\$14.88	\$1.56
71	yearly	\$1,828.32	\$1,252.68	\$199.32	\$101.52	\$178.56	\$18.72
72	monthly	\$157.70	\$108.05	\$17.19	\$8.76	\$15.41	\$1.62
72	yearly	\$1,892.40	\$1,296.60	\$206.28	\$105.12	\$184.92	\$19.44
73	monthly	\$163.05	\$111.72	\$17.78	\$9.05	\$15.93	\$1.67
73	yearly	\$1,956.60	\$1,340.64	\$213.36	\$108.60	\$191.16	\$20.04
74	monthly	\$171.07	\$117.21	\$18.65	\$9.50	\$16.71	\$1.76
74	yearly	\$2,052.84	\$1,406.52	\$223.80	\$114.00	\$200.52	\$21.12
75	monthly	\$179.09	\$122.71	\$19.53	\$9.94	\$17.50	\$1.84
75	yearly	\$2,149.08	\$1,472.52	\$234.36	\$119.28	\$210.00	\$22.08
76	monthly	\$187.11	\$128.20	\$20.40	\$10.39	\$18.28	\$1.92
76	yearly	\$2,245.32	\$1,538.40	\$244.80	\$124.68	\$219.36	\$23.04
77	monthly	\$195.12	\$133.69	\$21.27	\$10.84	\$19.06	\$2.00
77	yearly	\$2,341.44	\$1,604.28	\$255.24	\$130.08	\$228.72	\$24.00
78	monthly	\$203.14	\$139.19	\$22.15	\$11.28	\$19.85	\$2.09
78	yearly	\$2,437.68	\$1,670.28	\$265.80	\$135.36	\$238.20	\$25.08
79	monthly	\$211.16	\$144.68	\$23.02	\$11.73	\$20.63	\$2.17
79	yearly	\$2,533.92	\$1,736.16	\$276.24	\$140.76	\$247.56	\$26.04
80	monthly	\$219.18	\$150.18	\$23.90	\$12.17	\$21.41	\$2.25
80	yearly	\$2,630.16	\$1,802.16	\$286.80	\$146.04	\$256.92	\$27.00
81	monthly	\$227.20	\$155.67	\$24.77	\$12.62	\$22.20	\$2.33
81	yearly	\$2,726.40	\$1,868.04	\$297.24	\$151.44	\$266.40	\$27.96

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

Cover Page - Rates for Wisconsin - Area 2

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$235.22	\$161.17	\$25.65	\$13.06	\$22.98	\$2.42
82	yearly	\$2,822.64	\$1,934.04	\$307.80	\$156.72	\$275.76	\$29.04
83	monthly	\$243.24	\$166.66	\$26.52	\$13.51	\$23.76	\$2.50
83	yearly	\$2,918.88	\$1,999.92	\$318.24	\$162.12	\$285.12	\$30.00
84	monthly	\$251.26	\$172.16	\$27.40	\$13.95	\$24.55	\$2.58
84	yearly	\$3,015.12	\$2,065.92	\$328.80	\$167.40	\$294.60	\$30.96
85	monthly	\$259.28	\$177.65	\$28.27	\$14.40	\$25.33	\$2.66
85	yearly	\$3,111.36	\$2,131.80	\$339.24	\$172.80	\$303.96	\$31.92
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$267.30	\$183.15	\$29.15	\$14.85	\$26.12	\$2.75
86+	yearly	\$3,207.60	\$2,197.80	\$349.80	\$178.20	\$313.44	\$33.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$400.95	\$329.67	\$43.72	\$22.27	\$39.18	\$4.12
65+	yearly	\$4,811.40	\$3,956.04	\$524.64	\$267.24	\$470.16	\$49.44

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$294.03	\$201.46	\$32.06	\$16.33	\$28.73	\$3.02
80+	yearly	\$3,528.36	\$2,417.52	\$384.72	\$195.96	\$344.76	\$36.24
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$400.95	\$329.67	\$43.72	\$22.27	\$39.18	\$4.12
80+	yearly	\$4,811.40	\$3,956.04	\$524.64	\$267.24	\$470.16	\$49.44

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

Cover Page - Rates for Wisconsin - Area 2

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$134.26	\$91.87	\$14.70	\$7.35	\$13.10	\$1.47
65	yearly	\$1,611.12	\$1,102.44	\$176.40	\$88.20	\$157.20	\$17.64
66	monthly	\$134.26	\$91.87	\$14.70	\$7.35	\$13.10	\$1.47
66	yearly	\$1,611.12	\$1,102.44	\$176.40	\$88.20	\$157.20	\$17.64
67	monthly	\$134.26	\$91.87	\$14.70	\$7.35	\$13.10	\$1.47
67	yearly	\$1,611.12	\$1,102.44	\$176.40	\$88.20	\$157.20	\$17.64
68	monthly	\$139.74	\$95.62	\$15.30	\$7.65	\$13.64	\$1.53
68	yearly	\$1,676.88	\$1,147.44	\$183.60	\$91.80	\$163.68	\$18.36
69	monthly	\$145.22	\$99.37	\$15.90	\$7.95	\$14.17	\$1.59
69	yearly	\$1,742.64	\$1,192.44	\$190.80	\$95.40	\$170.04	\$19.08
70	monthly	\$150.70	\$103.12	\$16.50	\$8.25	\$14.71	\$1.65
70	yearly	\$1,808.40	\$1,237.44	\$198.00	\$99.00	\$176.52	\$19.80
71	monthly	\$156.18	\$106.87	\$17.10	\$8.55	\$15.24	\$1.71
71	yearly	\$1,874.16	\$1,282.44	\$205.20	\$102.60	\$182.88	\$20.52
72	monthly	\$161.66	\$110.62	\$17.70	\$8.85	\$15.78	\$1.77
72	yearly	\$1,939.92	\$1,327.44	\$212.40	\$106.20	\$189.36	\$21.24
73	monthly	\$167.14	\$114.37	\$18.30	\$9.15	\$16.31	\$1.83
73	yearly	\$2,005.68	\$1,372.44	\$219.60	\$109.80	\$195.72	\$21.96
74	monthly	\$175.36	\$120.00	\$19.20	\$9.60	\$17.12	\$1.92
74	yearly	\$2,104.32	\$1,440.00	\$230.40	\$115.20	\$205.44	\$23.04
75	monthly	\$183.58	\$125.62	\$20.10	\$10.05	\$17.92	\$2.01
75	yearly	\$2,202.96	\$1,507.44	\$241.20	\$120.60	\$215.04	\$24.12
76	monthly	\$191.80	\$131.25	\$21.00	\$10.50	\$18.72	\$2.10
76	yearly	\$2,301.60	\$1,575.00	\$252.00	\$126.00	\$224.64	\$25.20
77	monthly	\$200.02	\$136.87	\$21.90	\$10.95	\$19.52	\$2.19
77	yearly	\$2,400.24	\$1,642.44	\$262.80	\$131.40	\$234.24	\$26.28
78	monthly	\$208.24	\$142.50	\$22.80	\$11.40	\$20.33	\$2.28
78	yearly	\$2,498.88	\$1,710.00	\$273.60	\$136.80	\$243.96	\$27.36
79	monthly	\$216.46	\$148.12	\$23.70	\$11.85	\$21.13	\$2.37
79	yearly	\$2,597.52	\$1,777.44	\$284.40	\$142.20	\$253.56	\$28.44
80	monthly	\$224.68	\$153.75	\$24.60	\$12.30	\$21.93	\$2.46
80	yearly	\$2,696.16	\$1,845.00	\$295.20	\$147.60	\$263.16	\$29.52
81	monthly	\$232.90	\$159.37	\$25.50	\$12.75	\$22.73	\$2.55
81	yearly	\$2,794.80	\$1,912.44	\$306.00	\$153.00	\$272.76	\$30.60

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

Cover Page - Rates for Wisconsin - Area 2

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$241.12	\$165.00	\$26.40	\$13.20	\$23.54	\$2.64
82	yearly	\$2,893.44	\$1,980.00	\$316.80	\$158.40	\$282.48	\$31.68
83	monthly	\$249.34	\$170.62	\$27.30	\$13.65	\$24.34	\$2.73
83	yearly	\$2,992.08	\$2,047.44	\$327.60	\$163.80	\$292.08	\$32.76
84	monthly	\$257.56	\$176.25	\$28.20	\$14.10	\$25.14	\$2.82
84	yearly	\$3,090.72	\$2,115.00	\$338.40	\$169.20	\$301.68	\$33.84
85	monthly	\$265.78	\$181.87	\$29.10	\$14.55	\$25.94	\$2.91
85	yearly	\$3,189.36	\$2,182.44	\$349.20	\$174.60	\$311.28	\$34.92
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$274.00	\$187.50	\$30.00	\$15.00	\$26.75	\$3.00
86+	yearly	\$3,288.00	\$2,250.00	\$360.00	\$180.00	\$321.00	\$36.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$411.00	\$337.50	\$45.00	\$22.50	\$40.12	\$4.50
65+	yearly	\$4,932.00	\$4,050.00	\$540.00	\$270.00	\$481.44	\$54.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$301.40	\$206.25	\$33.00	\$16.50	\$29.42	\$3.30
80+	yearly	\$3,616.80	\$2,475.00	\$396.00	\$198.00	\$353.04	\$39.60
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$411.00	\$337.50	\$45.00	\$22.50	\$40.12	\$4.50
80+	yearly	\$4,932.00	\$4,050.00	\$540.00	\$270.00	\$481.44	\$54.00

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

Cover Page - Rates for Wisconsin - Area 2

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$147.68	\$101.06	\$16.17	\$8.08	\$14.41	\$1.61
65	yearly	\$1,772.16	\$1,212.72	\$194.04	\$96.96	\$172.92	\$19.32
66	monthly	\$147.68	\$101.06	\$16.17	\$8.08	\$14.41	\$1.61
66	yearly	\$1,772.16	\$1,212.72	\$194.04	\$96.96	\$172.92	\$19.32
67	monthly	\$147.68	\$101.06	\$16.17	\$8.08	\$14.41	\$1.61
67	yearly	\$1,772.16	\$1,212.72	\$194.04	\$96.96	\$172.92	\$19.32
68	monthly	\$153.71	\$105.18	\$16.83	\$8.41	\$15.00	\$1.68
68	yearly	\$1,844.52	\$1,262.16	\$201.96	\$100.92	\$180.00	\$20.16
69	monthly	\$159.74	\$109.31	\$17.49	\$8.74	\$15.59	\$1.74
69	yearly	\$1,916.88	\$1,311.72	\$209.88	\$104.88	\$187.08	\$20.88
70	monthly	\$165.77	\$113.43	\$18.15	\$9.07	\$16.18	\$1.81
70	yearly	\$1,989.24	\$1,361.16	\$217.80	\$108.84	\$194.16	\$21.72
71	monthly	\$171.79	\$117.56	\$18.81	\$9.40	\$16.76	\$1.88
71	yearly	\$2,061.48	\$1,410.72	\$225.72	\$112.80	\$201.12	\$22.56
72	monthly	\$177.82	\$121.68	\$19.47	\$9.73	\$17.35	\$1.94
72	yearly	\$2,133.84	\$1,460.16	\$233.64	\$116.76	\$208.20	\$23.28
73	monthly	\$183.85	\$125.81	\$20.13	\$10.06	\$17.94	\$2.01
73	yearly	\$2,206.20	\$1,509.72	\$241.56	\$120.72	\$215.28	\$24.12
74	monthly	\$192.89	\$132.00	\$21.12	\$10.56	\$18.82	\$2.11
74	yearly	\$2,314.68	\$1,584.00	\$253.44	\$126.72	\$225.84	\$25.32
75	monthly	\$201.93	\$138.18	\$22.11	\$11.05	\$19.71	\$2.21
75	yearly	\$2,423.16	\$1,658.16	\$265.32	\$132.60	\$236.52	\$26.52
76	monthly	\$210.98	\$144.37	\$23.10	\$11.55	\$20.59	\$2.31
76	yearly	\$2,531.76	\$1,732.44	\$277.20	\$138.60	\$247.08	\$27.72
77	monthly	\$220.02	\$150.56	\$24.09	\$12.04	\$21.47	\$2.40
77	yearly	\$2,640.24	\$1,806.72	\$289.08	\$144.48	\$257.64	\$28.80
78	monthly	\$229.06	\$156.75	\$25.08	\$12.54	\$22.35	\$2.50
78	yearly	\$2,748.72	\$1,881.00	\$300.96	\$150.48	\$268.20	\$30.00
79	monthly	\$238.10	\$162.93	\$26.07	\$13.03	\$23.24	\$2.60
79	yearly	\$2,857.20	\$1,955.16	\$312.84	\$156.36	\$278.88	\$31.20
80	monthly	\$247.14	\$169.12	\$27.06	\$13.53	\$24.12	\$2.70
80	yearly	\$2,965.68	\$2,029.44	\$324.72	\$162.36	\$289.44	\$32.40
81	monthly	\$256.19	\$175.31	\$28.05	\$14.02	\$25.00	\$2.80
81	yearly	\$3,074.28	\$2,103.72	\$336.60	\$168.24	\$300.00	\$33.60

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

Cover Page - Rates for Wisconsin - Area 2

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$265.23	\$181.50	\$29.04	\$14.52	\$25.88	\$2.90
82	yearly	\$3,182.76	\$2,178.00	\$348.48	\$174.24	\$310.56	\$34.80
83	monthly	\$274.27	\$187.68	\$30.03	\$15.01	\$26.77	\$3.00
83	yearly	\$3,291.24	\$2,252.16	\$360.36	\$180.12	\$321.24	\$36.00
84	monthly	\$283.31	\$193.87	\$31.02	\$15.51	\$27.65	\$3.10
84	yearly	\$3,399.72	\$2,326.44	\$372.24	\$186.12	\$331.80	\$37.20
85	monthly	\$292.35	\$200.06	\$32.01	\$16.00	\$28.53	\$3.20
85	yearly	\$3,508.20	\$2,400.72	\$384.12	\$192.00	\$342.36	\$38.40
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$301.40	\$206.25	\$33.00	\$16.50	\$29.42	\$3.30
86+	yearly	\$3,616.80	\$2,475.00	\$396.00	\$198.00	\$353.04	\$39.60
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$452.10	\$371.25	\$49.50	\$24.75	\$44.13	\$4.95
	yearly	\$5,425.20	\$4,455.00	\$594.00	\$297.00	\$529.56	\$59.40

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$331.54	\$226.87	\$36.30	\$18.15	\$32.36	\$3.63
80+	yearly	\$3,978.48	\$2,722.44	\$435.60	\$217.80	\$388.32	\$43.56
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$452.10	\$371.25	\$49.50	\$24.75	\$44.13	\$4.95
80+	yearly	\$5,425.20	\$4,455.00	\$594.00	\$297.00	\$529.56	\$59.40

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

Cover Page - Rates for Wisconsin - Area 2

Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 3			Applies to individuals age 50-64 who are eligible for Medicare.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Female Non-Tobacco Rates							
50-64	monthly	\$607.50	\$416.25	\$66.25	\$33.75	\$59.50	\$6.25
50-64	yearly	\$7,290.00	\$4,995.00	\$795.00	\$405.00	\$714.00	\$75.00
Female Tobacco Rates							
50-64	monthly	\$668.25	\$457.87	\$72.87	\$37.12	\$65.45	\$6.87
50-64	yearly	\$8,019.00	\$5,494.44	\$874.44	\$445.44	\$785.40	\$82.44
Male Non-Tobacco Rates							
50-64	monthly	\$685.00	\$468.75	\$75.00	\$37.50	\$67.00	\$7.50
50-64	yearly	\$8,220.00	\$5,625.00	\$900.00	\$450.00	\$804.00	\$90.00
Male Tobacco Rates							
50-64	monthly	\$753.50	\$515.62	\$82.50	\$41.25	\$73.70	\$8.25
50-64	yearly	\$9,042.00	\$6,187.44	\$990.00	\$495.00	\$884.40	\$99.00

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

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

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

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

53001	53505	53588	53910	53969	54155	54303	54443	54498	54720	54847	54941
53010	53508	53589	53911	54002	54156	54304	54446	54501	54721	54856	54942
53011	53510	53590	53913	54007	54157	54305	54447	54511	54722	54857	54943
53013	53511	53593	53919	54013	54159	54306	54448	54512	54724	54859	54944
53015	53512	53596	53920	54015	54161	54307	54449	54519	54726	54862	54945
53019	53515	53597	53923	54016	54162	54308	54451	54520	54727	54865	54946
53020	53516	53598	53925	54017	54165	54311	54452	54521	54728	54867	54947
53023	53517	53599	53926	54023	54170	54313	54454	54525	54729	54868	54949
53026	53523	53701	53928	54025	54171	54324	54455	54529	54732	54870	54950
53031	53525	53702	53929	54027	54173	54344	54456	54531	54733	54871	54952
53042	53527	53703	53930	54028	54174	54401	54457	54532	54736	54875	54956
53044	53528	53704	53931	54082	54175	54402	54458	54534	54741	54876	54957
53049	53529	53705	53932	54101	54177	54403	54460	54536	54742	54888	54960
53057	53530	53706	53934	54102	54180	54404	54462	54538	54745	54889	54961
53063	53531	53707	53935	54103	54202	54405	54463	54539	54746	54891	54962
53065	53532	53708	53936	54104	54204	54406	54464	54540	54748	54896	54963
53070	53534	53711	53937	54106	54207	54407	54465	54541	54757	54901	54964
53073	53536	53713	53939	54112	54208	54409	54466	54542	54759	54902	54965
53075	53537	53714	53940	54113	54209	54410	54467	54543	54762	54903	54966
53079	53541	53715	53941	54114	54210	54411	54469	54545	54768	54904	54967
53081	53542	53716	53942	54115	54211	54412	54470	54547	54769	54906	54968
53082	53545	53717	53943	54119	54212	54413	54471	54548	54771	54909	54969
53083	53546	53718	53944	54120	54213	54415	54472	54550	54774	54911	54970
53085	53547	53719	53946	54121	54214	54417	54473	54554	54801	54912	54971
53093	53548	53725	53947	54124	54215	54418	54474	54557	54805	54913	54974
53114	53555	53726	53948	54125	54220	54420	54475	54558	54812	54914	54976
53115	53558	53744	53949	54126	54221	54421	54476	54559	54813	54915	54977
53120	53559	53774	53950	54130	54226	54422	54479	54560	54814	54919	54979
53121	53560	53777	53951	54131	54227	54423	54480	54561	54816	54921	54980
53125	53561	53782	53952	54135	54228	54424	54481	54562	54817	54922	54981
53128	53562	53783	53953	54136	54229	54425	54482	54564	54821	54923	54982
53138	53563	53784	53954	54138	54230	54426	54484	54565	54822	54926	54983
53147	53571	53785	53955	54139	54232	54428	54485	54566	54826	54927	54984
53148	53572	53786	53957	54140	54234	54429	54487	54568	54827	54929	54985
53157	53575	53788	53958	54141	54235	54430	54488	54613	54828	54930	54986
53176	53576	53790	53959	54143	54240	54433	54489	54618	54829	54931	54990
53184	53577	53791	53960	54149	54241	54435	54490	54637	54832	54932	
53190	53578	53792	53961	54150	54245	54436	54491	54641	54835	54933	
53191	53583	53793	53962	54151	54246	54437	54492	54646	54839	54935	
53195	53585	53794	53964	54152	54247	54440	54493	54701	54841	54936	
53501	53586	53803	53965	54153	54301	54441	54494	54702	54843	54937	
53504	53587	53901	53968	54154	54302	54442	54495	54703	54844	54940	

Cover Page - Rates for Wisconsin Plans and Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 (OW)	Rider 2 (PW)	Rider 3 ¹ (QW)	Rider 4 (SW)
Benefits						
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end	✓	✓				
Part B (Medical) co-insurance or co-payments	✓	Co-pay ²				
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓				
Hospice Care co-insurance	✓	✓				
Skilled Nursing Facility Care co-insurance	✓	✓				
Part A Deductible			✓	50%		
Part B Annual Deductible					✓	
Part B Excess Charges			✓	✓		
Foreign Travel emergency care			✓	✓		
Home Health Care 40 visits	✓	✓				
Home Health Care 365 visits, less any visits paid by Medicare						✓

1 NOTE: Rider 3 is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

2 NOTE: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Cover Page - Rates for Wisconsin - Area 3

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$116.49	\$79.87	\$12.74	\$6.49	\$11.39	\$1.22
65	yearly	\$1,397.88	\$958.44	\$152.88	\$77.88	\$136.68	\$14.64
66	monthly	\$116.49	\$79.87	\$12.74	\$6.49	\$11.39	\$1.22
66	yearly	\$1,397.88	\$958.44	\$152.88	\$77.88	\$136.68	\$14.64
67	monthly	\$116.49	\$79.87	\$12.74	\$6.49	\$11.39	\$1.22
67	yearly	\$1,397.88	\$958.44	\$152.88	\$77.88	\$136.68	\$14.64
68	monthly	\$121.25	\$83.13	\$13.26	\$6.75	\$11.85	\$1.27
68	yearly	\$1,455.00	\$997.56	\$159.12	\$81.00	\$142.20	\$15.24
69	monthly	\$126.00	\$86.39	\$13.78	\$7.02	\$12.32	\$1.32
69	yearly	\$1,512.00	\$1,036.68	\$165.36	\$84.24	\$147.84	\$15.84
70	monthly	\$130.76	\$89.65	\$14.30	\$7.28	\$12.78	\$1.37
70	yearly	\$1,569.12	\$1,075.80	\$171.60	\$87.36	\$153.36	\$16.44
71	monthly	\$135.51	\$92.91	\$14.82	\$7.55	\$13.25	\$1.42
71	yearly	\$1,626.12	\$1,114.92	\$177.84	\$90.60	\$159.00	\$17.04
72	monthly	\$140.27	\$96.17	\$15.34	\$7.81	\$13.71	\$1.47
72	yearly	\$1,683.24	\$1,154.04	\$184.08	\$93.72	\$164.52	\$17.64
73	monthly	\$145.02	\$99.43	\$15.86	\$8.08	\$14.18	\$1.52
73	yearly	\$1,740.24	\$1,193.16	\$190.32	\$96.96	\$170.16	\$18.24
74	monthly	\$152.16	\$104.32	\$16.64	\$8.48	\$14.88	\$1.60
74	yearly	\$1,825.92	\$1,251.84	\$199.68	\$101.76	\$178.56	\$19.20
75	monthly	\$159.29	\$109.21	\$17.42	\$8.87	\$15.57	\$1.67
75	yearly	\$1,911.48	\$1,310.52	\$209.04	\$106.44	\$186.84	\$20.04
76	monthly	\$166.42	\$114.10	\$18.20	\$9.27	\$16.27	\$1.75
76	yearly	\$1,997.04	\$1,369.20	\$218.40	\$111.24	\$195.24	\$21.00
77	monthly	\$173.55	\$118.99	\$18.98	\$9.67	\$16.97	\$1.82
77	yearly	\$2,082.60	\$1,427.88	\$227.76	\$116.04	\$203.64	\$21.84
78	monthly	\$180.69	\$123.88	\$19.76	\$10.07	\$17.67	\$1.90
78	yearly	\$2,168.28	\$1,486.56	\$237.12	\$120.84	\$212.04	\$22.80
79	monthly	\$187.82	\$128.77	\$20.54	\$10.46	\$18.36	\$1.97
79	yearly	\$2,253.84	\$1,545.24	\$246.48	\$125.52	\$220.32	\$23.64
80	monthly	\$194.95	\$133.66	\$21.32	\$10.86	\$19.06	\$2.05
80	yearly	\$2,339.40	\$1,603.92	\$255.84	\$130.32	\$228.72	\$24.60
81	monthly	\$202.08	\$138.55	\$22.10	\$11.26	\$19.76	\$2.12
81	yearly	\$2,424.96	\$1,662.60	\$265.20	\$135.12	\$237.12	\$25.44

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

Cover Page - Rates for Wisconsin - Area 3

Female Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$209.22	\$143.44	\$22.88	\$11.66	\$20.46	\$2.20
82	yearly	\$2,510.64	\$1,721.28	\$274.56	\$139.92	\$245.52	\$26.40
83	monthly	\$216.35	\$148.33	\$23.66	\$12.05	\$21.15	\$2.27
83	yearly	\$2,596.20	\$1,779.96	\$283.92	\$144.60	\$253.80	\$27.24
84	monthly	\$223.48	\$153.22	\$24.44	\$12.45	\$21.85	\$2.35
84	yearly	\$2,681.76	\$1,838.64	\$293.28	\$149.40	\$262.20	\$28.20
85	monthly	\$230.61	\$158.11	\$25.22	\$12.85	\$22.55	\$2.42
85	yearly	\$2,767.32	\$1,897.32	\$302.64	\$154.20	\$270.60	\$29.04
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$237.75	\$163.00	\$26.00	\$13.25	\$23.25	\$2.50
86+	yearly	\$2,853.00	\$1,956.00	\$312.00	\$159.00	\$279.00	\$30.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$356.62	\$293.40	\$39.00	\$19.87	\$34.87	\$3.75
65+	yearly	\$4,279.44	\$3,520.80	\$468.00	\$238.44	\$418.44	\$45.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$261.52	\$179.30	\$28.60	\$14.57	\$25.57	\$2.75
80+	yearly	\$3,138.24	\$2,151.60	\$343.20	\$174.84	\$306.84	\$33.00
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$356.62	\$293.40	\$39.00	\$19.87	\$34.87	\$3.75
80+	yearly	\$4,279.44	\$3,520.80	\$468.00	\$238.44	\$418.44	\$45.00

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

Cover Page - Rates for Wisconsin - Area 3

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$128.14	\$87.85	\$14.01	\$7.13	\$12.52	\$1.34
65	yearly	\$1,537.68	\$1,054.20	\$168.12	\$85.56	\$150.24	\$16.08
66	monthly	\$128.14	\$87.85	\$14.01	\$7.13	\$12.52	\$1.34
66	yearly	\$1,537.68	\$1,054.20	\$168.12	\$85.56	\$150.24	\$16.08
67	monthly	\$128.14	\$87.85	\$14.01	\$7.13	\$12.52	\$1.34
67	yearly	\$1,537.68	\$1,054.20	\$168.12	\$85.56	\$150.24	\$16.08
68	monthly	\$133.37	\$91.44	\$14.58	\$7.43	\$13.04	\$1.40
68	yearly	\$1,600.44	\$1,097.28	\$174.96	\$89.16	\$156.48	\$16.80
69	monthly	\$138.60	\$95.02	\$15.15	\$7.72	\$13.55	\$1.45
69	yearly	\$1,663.20	\$1,140.24	\$181.80	\$92.64	\$162.60	\$17.40
70	monthly	\$143.83	\$98.61	\$15.73	\$8.01	\$14.06	\$1.51
70	yearly	\$1,725.96	\$1,183.32	\$188.76	\$96.12	\$168.72	\$18.12
71	monthly	\$149.06	\$102.20	\$16.30	\$8.30	\$14.57	\$1.56
71	yearly	\$1,788.72	\$1,226.40	\$195.60	\$99.60	\$174.84	\$18.72
72	monthly	\$154.29	\$105.78	\$16.87	\$8.59	\$15.08	\$1.62
72	yearly	\$1,851.48	\$1,269.36	\$202.44	\$103.08	\$180.96	\$19.44
73	monthly	\$159.52	\$109.37	\$17.44	\$8.88	\$15.59	\$1.67
73	yearly	\$1,914.24	\$1,312.44	\$209.28	\$106.56	\$187.08	\$20.04
74	monthly	\$167.37	\$114.75	\$18.30	\$9.32	\$16.36	\$1.76
74	yearly	\$2,008.44	\$1,377.00	\$219.60	\$111.84	\$196.32	\$21.12
75	monthly	\$175.21	\$120.13	\$19.16	\$9.76	\$17.13	\$1.84
75	yearly	\$2,102.52	\$1,441.56	\$229.92	\$117.12	\$205.56	\$22.08
76	monthly	\$183.06	\$125.51	\$20.02	\$10.19	\$17.89	\$1.92
76	yearly	\$2,196.72	\$1,506.12	\$240.24	\$122.28	\$214.68	\$23.04
77	monthly	\$190.90	\$130.88	\$20.87	\$10.63	\$18.66	\$2.00
77	yearly	\$2,290.80	\$1,570.56	\$250.44	\$127.56	\$223.92	\$24.00
78	monthly	\$198.75	\$136.26	\$21.73	\$11.07	\$19.43	\$2.09
78	yearly	\$2,385.00	\$1,635.12	\$260.76	\$132.84	\$233.16	\$25.08
79	monthly	\$206.60	\$141.64	\$22.59	\$11.51	\$20.20	\$2.17
79	yearly	\$2,479.20	\$1,699.68	\$271.08	\$138.12	\$242.40	\$26.04
80	monthly	\$214.44	\$147.02	\$23.45	\$11.94	\$20.96	\$2.25
80	yearly	\$2,573.28	\$1,764.24	\$281.40	\$143.28	\$251.52	\$27.00
81	monthly	\$222.29	\$152.40	\$24.31	\$12.38	\$21.73	\$2.33
81	yearly	\$2,667.48	\$1,828.80	\$291.72	\$148.56	\$260.76	\$27.96

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

Cover Page - Rates for Wisconsin - Area 3

Female Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$230.13	\$157.78	\$25.16	\$12.82	\$22.50	\$2.42
82	yearly	\$2,761.56	\$1,893.36	\$301.92	\$153.84	\$270.00	\$29.04
83	monthly	\$237.98	\$163.16	\$26.02	\$13.25	\$23.26	\$2.50
83	yearly	\$2,855.76	\$1,957.92	\$312.24	\$159.00	\$279.12	\$30.00
84	monthly	\$245.82	\$168.54	\$26.88	\$13.69	\$24.03	\$2.58
84	yearly	\$2,949.84	\$2,022.48	\$322.56	\$164.28	\$288.36	\$30.96
85	monthly	\$253.67	\$173.92	\$27.74	\$14.13	\$24.80	\$2.66
85	yearly	\$3,044.04	\$2,087.04	\$332.88	\$169.56	\$297.60	\$31.92
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$261.52	\$179.30	\$28.60	\$14.57	\$25.57	\$2.75
86+	yearly	\$3,138.24	\$2,151.60	\$343.20	\$174.84	\$306.84	\$33.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$392.28	\$322.74	\$42.90	\$21.85	\$38.35	\$4.12
65+	yearly	\$4,707.36	\$3,872.88	\$514.80	\$262.20	\$460.20	\$49.44

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$287.67	\$197.23	\$31.46	\$16.02	\$28.12	\$3.02
80+	yearly	\$3,452.04	\$2,366.76	\$377.52	\$192.24	\$337.44	\$36.24
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$392.28	\$322.74	\$42.90	\$21.85	\$38.35	\$4.12
80+	yearly	\$4,707.36	\$3,872.88	\$514.80	\$262.20	\$460.20	\$49.44

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

Cover Page - Rates for Wisconsin - Area 3

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$131.44	\$90.16	\$14.45	\$7.22	\$12.86	\$1.47
65	yearly	\$1,577.28	\$1,081.92	\$173.40	\$86.64	\$154.32	\$17.64
66	monthly	\$131.44	\$90.16	\$14.45	\$7.22	\$12.86	\$1.47
66	yearly	\$1,577.28	\$1,081.92	\$173.40	\$86.64	\$154.32	\$17.64
67	monthly	\$131.44	\$90.16	\$14.45	\$7.22	\$12.86	\$1.47
67	yearly	\$1,577.28	\$1,081.92	\$173.40	\$86.64	\$154.32	\$17.64
68	monthly	\$136.80	\$93.84	\$15.04	\$7.52	\$13.38	\$1.53
68	yearly	\$1,641.60	\$1,126.08	\$180.48	\$90.24	\$160.56	\$18.36
69	monthly	\$142.17	\$97.52	\$15.63	\$7.81	\$13.91	\$1.59
69	yearly	\$1,706.04	\$1,170.24	\$187.56	\$93.72	\$166.92	\$19.08
70	monthly	\$147.53	\$101.20	\$16.22	\$8.11	\$14.43	\$1.65
70	yearly	\$1,770.36	\$1,214.40	\$194.64	\$97.32	\$173.16	\$19.80
71	monthly	\$152.90	\$104.88	\$16.81	\$8.40	\$14.96	\$1.71
71	yearly	\$1,834.80	\$1,258.56	\$201.72	\$100.80	\$179.52	\$20.52
72	monthly	\$158.26	\$108.56	\$17.40	\$8.70	\$15.48	\$1.77
72	yearly	\$1,899.12	\$1,302.72	\$208.80	\$104.40	\$185.76	\$21.24
73	monthly	\$163.63	\$112.24	\$17.99	\$8.99	\$16.01	\$1.83
73	yearly	\$1,963.56	\$1,346.88	\$215.88	\$107.88	\$192.12	\$21.96
74	monthly	\$171.68	\$117.76	\$18.88	\$9.44	\$16.80	\$1.92
74	yearly	\$2,060.16	\$1,413.12	\$226.56	\$113.28	\$201.60	\$23.04
75	monthly	\$179.72	\$123.28	\$19.76	\$9.88	\$17.58	\$2.01
75	yearly	\$2,156.64	\$1,479.36	\$237.12	\$118.56	\$210.96	\$24.12
76	monthly	\$187.77	\$128.80	\$20.65	\$10.32	\$18.37	\$2.10
76	yearly	\$2,253.24	\$1,545.60	\$247.80	\$123.84	\$220.44	\$25.20
77	monthly	\$195.82	\$134.32	\$21.53	\$10.76	\$19.16	\$2.19
77	yearly	\$2,349.84	\$1,611.84	\$258.36	\$129.12	\$229.92	\$26.28
78	monthly	\$203.87	\$139.84	\$22.42	\$11.21	\$19.95	\$2.28
78	yearly	\$2,446.44	\$1,678.08	\$269.04	\$134.52	\$239.40	\$27.36
79	monthly	\$211.91	\$145.36	\$23.30	\$11.65	\$20.73	\$2.37
79	yearly	\$2,542.92	\$1,744.32	\$279.60	\$139.80	\$248.76	\$28.44
80	monthly	\$219.96	\$150.88	\$24.19	\$12.09	\$21.52	\$2.46
80	yearly	\$2,639.52	\$1,810.56	\$290.28	\$145.08	\$258.24	\$29.52
81	monthly	\$228.01	\$156.40	\$25.07	\$12.53	\$22.31	\$2.55
81	yearly	\$2,736.12	\$1,876.80	\$300.84	\$150.36	\$267.72	\$30.60

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

Cover Page - Rates for Wisconsin - Area 3

Male Non-Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$236.06	\$161.92	\$25.96	\$12.98	\$23.10	\$2.64
82	yearly	\$2,832.72	\$1,943.04	\$311.52	\$155.76	\$277.20	\$31.68
83	monthly	\$244.10	\$167.44	\$26.84	\$13.42	\$23.88	\$2.73
83	yearly	\$2,929.20	\$2,009.28	\$322.08	\$161.04	\$286.56	\$32.76
84	monthly	\$252.15	\$172.96	\$27.73	\$13.86	\$24.67	\$2.82
84	yearly	\$3,025.80	\$2,075.52	\$332.76	\$166.32	\$296.04	\$33.84
85	monthly	\$260.20	\$178.48	\$28.61	\$14.30	\$25.46	\$2.91
85	yearly	\$3,122.40	\$2,141.76	\$343.32	\$171.60	\$305.52	\$34.92
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$268.25	\$184.00	\$29.50	\$14.75	\$26.25	\$3.00
86+	yearly	\$3,219.00	\$2,208.00	\$354.00	\$177.00	\$315.00	\$36.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$402.37	\$331.20	\$44.25	\$22.12	\$39.37	\$4.50
65+	yearly	\$4,828.44	\$3,974.40	\$531.00	\$265.44	\$472.44	\$54.00

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$295.07	\$202.40	\$32.45	\$16.22	\$28.87	\$3.30
80+	yearly	\$3,540.84	\$2,428.80	\$389.40	\$194.64	\$346.44	\$39.60
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$402.37	\$331.20	\$44.25	\$22.12	\$39.37	\$4.50
80+	yearly	\$4,828.44	\$3,974.40	\$531.00	\$265.44	\$472.44	\$54.00

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

Cover Page - Rates for Wisconsin - Area 3

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
	Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³						
65	monthly	\$144.58	\$99.17	\$15.90	\$7.94	\$14.14	\$1.61
65	yearly	\$1,734.96	\$1,190.04	\$190.80	\$95.28	\$169.68	\$19.32
66	monthly	\$144.58	\$99.17	\$15.90	\$7.94	\$14.14	\$1.61
66	yearly	\$1,734.96	\$1,190.04	\$190.80	\$95.28	\$169.68	\$19.32
67	monthly	\$144.58	\$99.17	\$15.90	\$7.94	\$14.14	\$1.61
67	yearly	\$1,734.96	\$1,190.04	\$190.80	\$95.28	\$169.68	\$19.32
68	monthly	\$150.48	\$103.22	\$16.54	\$8.27	\$14.72	\$1.68
68	yearly	\$1,805.76	\$1,238.64	\$198.48	\$99.24	\$176.64	\$20.16
69	monthly	\$156.38	\$107.27	\$17.19	\$8.59	\$15.30	\$1.74
69	yearly	\$1,876.56	\$1,287.24	\$206.28	\$103.08	\$183.60	\$20.88
70	monthly	\$162.28	\$111.32	\$17.84	\$8.92	\$15.87	\$1.81
70	yearly	\$1,947.36	\$1,335.84	\$214.08	\$107.04	\$190.44	\$21.72
71	monthly	\$168.18	\$115.36	\$18.49	\$9.24	\$16.45	\$1.88
71	yearly	\$2,018.16	\$1,384.32	\$221.88	\$110.88	\$197.40	\$22.56
72	monthly	\$174.09	\$119.41	\$19.14	\$9.56	\$17.03	\$1.94
72	yearly	\$2,089.08	\$1,432.92	\$229.68	\$114.72	\$204.36	\$23.28
73	monthly	\$179.99	\$123.46	\$19.79	\$9.89	\$17.61	\$2.01
73	yearly	\$2,159.88	\$1,481.52	\$237.48	\$118.68	\$211.32	\$24.12
74	monthly	\$188.84	\$129.53	\$20.76	\$10.38	\$18.47	\$2.11
74	yearly	\$2,266.08	\$1,554.36	\$249.12	\$124.56	\$221.64	\$25.32
75	monthly	\$197.69	\$135.60	\$21.74	\$10.86	\$19.34	\$2.21
75	yearly	\$2,372.28	\$1,627.20	\$260.88	\$130.32	\$232.08	\$26.52
76	monthly	\$206.54	\$141.68	\$22.71	\$11.35	\$20.20	\$2.31
76	yearly	\$2,478.48	\$1,700.16	\$272.52	\$136.20	\$242.40	\$27.72
77	monthly	\$215.40	\$147.75	\$23.68	\$11.84	\$21.07	\$2.40
77	yearly	\$2,584.80	\$1,773.00	\$284.16	\$142.08	\$252.84	\$28.80
78	monthly	\$224.25	\$153.82	\$24.66	\$12.32	\$21.94	\$2.50
78	yearly	\$2,691.00	\$1,845.84	\$295.92	\$147.84	\$263.28	\$30.00
79	monthly	\$233.10	\$159.89	\$25.63	\$12.81	\$22.80	\$2.60
79	yearly	\$2,797.20	\$1,918.68	\$307.56	\$153.72	\$273.60	\$31.20
80	monthly	\$241.95	\$165.96	\$26.60	\$13.30	\$23.67	\$2.70
80	yearly	\$2,903.40	\$1,991.52	\$319.20	\$159.60	\$284.04	\$32.40
81	monthly	\$250.80	\$172.04	\$27.58	\$13.78	\$24.53	\$2.80
81	yearly	\$3,009.60	\$2,064.48	\$330.96	\$165.36	\$294.36	\$33.60

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

Cover Page - Rates for Wisconsin - Area 3

Male Tobacco Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1			Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Standard Rates with Enrollment Discount ² for individuals ages 65-85 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
82	monthly	\$259.66	\$178.11	\$28.55	\$14.27	\$25.40	\$2.90
82	yearly	\$3,115.92	\$2,137.32	\$342.60	\$171.24	\$304.80	\$34.80
83	monthly	\$268.51	\$184.18	\$29.52	\$14.76	\$26.27	\$3.00
83	yearly	\$3,222.12	\$2,210.16	\$354.24	\$177.12	\$315.24	\$36.00
84	monthly	\$277.36	\$190.25	\$30.50	\$15.24	\$27.13	\$3.10
84	yearly	\$3,328.32	\$2,283.00	\$366.00	\$182.88	\$325.56	\$37.20
85	monthly	\$286.21	\$196.32	\$31.47	\$15.73	\$28.00	\$3.20
85	yearly	\$3,434.52	\$2,355.84	\$377.64	\$188.76	\$336.00	\$38.40
Standard Rates for ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
86+	monthly	\$295.07	\$202.40	\$32.45	\$16.22	\$28.87	\$3.30
86+	yearly	\$3,540.84	\$2,428.80	\$389.40	\$194.64	\$346.44	\$39.60
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
65+	monthly	\$442.60	\$364.32	\$48.67	\$24.33	\$43.30	\$4.95
65+	yearly	\$5,311.20	\$4,371.84	\$584.04	\$291.96	\$519.60	\$59.40

Group 2			Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Level 1 Rates for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application. ³							
80+	monthly	\$324.57	\$222.64	\$35.69	\$17.84	\$31.75	\$3.63
80+	yearly	\$3,894.84	\$2,671.68	\$428.28	\$214.08	\$381.00	\$43.56
Level 2 Rates for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application. ³							
80+	monthly	\$442.60	\$364.32	\$48.67	\$24.33	\$43.30	\$4.95
80+	yearly	\$5,311.20	\$4,371.84	\$584.04	\$291.96	\$519.60	\$59.40

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

Cover Page - Rates for Wisconsin - Area 3

Under 65 Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 3			Applies to individuals age 50-64 who are eligible for Medicare.				
Age ¹	Plan Rates	Basic Plan (MW)	Basic Plan w/Co-Pay (NW)	Rider 1 ^A (OW)	Rider 2 ^B (PW)	Rider 3 ^C (QW)	Rider 4 ^D (SW)
Female Non-Tobacco Rates							
50-64	monthly	\$594.50	\$407.50	\$65.00	\$33.25	\$58.25	\$6.25
50-64	yearly	\$7,134.00	\$4,890.00	\$780.00	\$399.00	\$699.00	\$75.00
Female Tobacco Rates							
50-64	monthly	\$653.95	\$448.25	\$71.50	\$36.57	\$64.07	\$6.87
50-64	yearly	\$7,847.40	\$5,379.00	\$858.00	\$438.84	\$768.84	\$82.44
Male Non-Tobacco Rates							
50-64	monthly	\$670.75	\$460.00	\$73.75	\$37.00	\$65.75	\$7.50
50-64	yearly	\$8,049.00	\$5,520.00	\$885.00	\$444.00	\$789.00	\$90.00
Male Tobacco Rates							
50-64	monthly	\$737.82	\$506.00	\$81.12	\$40.70	\$72.32	\$8.25
50-64	yearly	\$8,853.84	\$6,072.00	\$973.44	\$488.40	\$867.84	\$99.00

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

A Benefits for Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

B Benefits for 50% of Part A Deductible, Part B Excess Charges, and Foreign Travel Emergency

C Benefits for Part B Deductible - This benefit is provided by Certificate Rider 3. This rider is only available with the Basic Plan and only available to applicants eligible for Medicare prior to 1/1/2020.

D Additional Benefits for Home Health Care

1 Your age as of your plan effective date.

2 **The Enrollment Discount** is available to applicants age 65 to 85. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for a Level 2 rate.

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

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 51% at ages 65 through 67. The discount percentage reduces 2% each year on the anniversary date of your plan from age 68 to age 73 and then reduces by 3% each year from age 74 until the discount reaches 0% on the anniversary date of your plan on or after age 86.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

WISCONSIN Area 3 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

53003	53553	53963	54527	54651	54767
53006	53554	54001	54530	54652	54770
53014	53556	54003	54537	54653	54772
53016	53557	54004	54546	54654	54773
53032	53565	54005	54552	54655	54806
53034	53566	54006	54555	54656	54810
53035	53569	54009	54556	54657	54819
53036	53570	54011	54563	54658	54820
53038	53573	54014	54601	54659	54824
53039	53574	54020	54602	54660	54830
53047	53579	54021	54603	54661	54836
53048	53580	54022	54610	54662	54837
53050	53581	54024	54611	54664	54838
53059	53582	54026	54612	54665	54840
53061	53584	54107	54614	54666	54842
53062	53594	54110	54615	54667	54845
53078	53595	54111	54616	54669	54846
53088	53801	54123	54619	54670	54848
53091	53802	54127	54620	54723	54849
53094	53804	54128	54621	54725	54850
53098	53805	54129	54622	54730	54853
53099	53806	54137	54623	54731	54854
53137	53807	54160	54624	54734	54855
53156	53808	54166	54625	54735	54858
53178	53809	54169	54626	54737	54861
53502	53810	54201	54627	54738	54864
53503	53811	54205	54628	54739	54872
53506	53812	54216	54629	54740	54873
53507	53813	54217	54630	54743	54874
53518	53816	54408	54631	54747	54880
53520	53817	54414	54632	54749	54890
53521	53818	54416	54634	54750	54893
53522	53820	54427	54635	54751	54895
53526	53821	54450	54636	54754	54928
53533	53824	54459	54638	54755	54948
53535	53825	54486	54639	54756	54978
53538	53826	54499	54642	54758	
53540	53827	54513	54643	54760	
53543	53916	54514	54644	54761	
53544	53922	54515	54645	54763	
53549	53924	54517	54648	54764	
53550	53933	54524	54649	54765	
53551	53956	54526	54650	54766	



Forms

Forms



AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25710ST

Enrollment Checklist

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

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



Application Form

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



AARP Membership Form

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

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



Electronic Funds Transfer (EFT) Authorization Form

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

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



If Reply Envelope Is Missing

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

(Over Please)

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

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

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

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

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

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

Application Form

AARP® Medicare Supplement Insurance Plans

Insured by
UnitedHealthcare Insurance Company (UnitedHealthcare),
Horsham, PA 19044

Instructions

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

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

AARP Membership Number (If you are already a member) _____

Applicant First Name _____ MI _____ Last Name _____

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

Permanent Home Address Line 2 _____ City _____ State _____ Zip _____

Mailing Address Line 1 (if different from permanent address) _____

Mailing Address Line 2 _____ City _____ State _____ Zip _____

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

1B. Email address (optional). Include periods (.) and symbols (@). _____

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

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

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

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

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

2460720307 _AGT



2 Choose your Plan and start date.

Plan Choice

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time

Please choose a Plan or Plan/Rider(s) combo from the right-hand column. Important: *Part B Annual Deductible Rider 3 (QW) is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or who will be age 50 or older on or after 1/1/2020 with a Medicare Part A Effective Date prior to 1/1/2020. Please call if you have questions.

Basic Plan Options

- ☐ Basic Plan (MW)
- ☐ Basic Plan (MW) with Rider 1 (OW)
- ☐ Basic Plan (MW) with Rider 2 (PW)
- ☐ Basic Plan (MW) with Rider 3 (QW)*
- ☐ Basic Plan (MW) with Rider 4 (SW)
- ☐ Basic Plan (MW) with Rider 1 (OW) and Rider 3 (QW)*
- ☐ Basic Plan (MW) with Rider 1 (OW) and Rider 4 (SW)
- ☐ Basic Plan (MW) with Rider 1 (OW) and Rider 3 (QW)* and Rider 4 (SW)
- ☐ Basic Plan (MW) with Rider 2 (PW) and Rider 3 (QW)*
- ☐ Basic Plan (MW) with Rider 2 (PW) and Rider 4 (SW)
- ☐ Basic Plan (MW) with Rider 2 (PW) and Rider 3 (QW)* and Rider 4 (SW)
- ☐ Basic Plan (MW) with Rider 3 (QW)* and Rider 4 (SW)

Basic Plan with Co-pay Options

- ☐ Basic Plan with Co-pay (NW)
- ☐ Basic Plan with Co-pay (NW) with Rider 1 (OW)
- ☐ Basic Plan with Co-pay (NW) with Rider 1 (OW) and Rider 4 (SW)
- ☐ Basic Plan with Co-pay (NW) with Rider 2 (PW)
- ☐ Basic Plan with Co-pay (NW) with Rider 2 (PW) and Rider 4 (SW)
- ☐ Basic Plan with Co-pay (NW) with Rider 4 (SW)

Plan Start Date

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

/ 01 /

Month Day Year

3 Is your acceptance guaranteed?

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

☐ Yes ☐ No

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

3B. Did you drop employer coverage that is primary or supplemental to Medicare to enroll in a Medicare Advantage Plan, then dropped the Medicare Advantage Plan within one year?

☐ Yes ☐ No

- Please proceed to **Question 3C**.



First Name

Last Name

3 Is your acceptance guaranteed? (continued)

3C. Do you have guaranteed issue rights, as listed in the Guaranteed Acceptance section of "Outline of Medicare Supplement Insurance"? **If YES, see Outline of Medicare Supplement Insurance for the documentation you will need to provide from your prior insurer or employer.**

☐ Yes ☐ No

- If **YES**, you may be guaranteed acceptance in certain AARP Medicare Supplement Plans, skip directly to **Section 9**.
- If you answered **NO** to all questions in **Section 3**, continue to **Section 4**.

4 Answer this health question only if your acceptance is not guaranteed as defined in Section 3.

4A. Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys?

☐ Yes ☐ No ☐ Not Sure

If you answered YES or NOT SURE to question 4A, we may follow up for additional information.

5 Answer these eligibility health questions only if your acceptance is not guaranteed as defined in Section 3.

5A. Within the past 90 days, were you hospitalized as an inpatient (not including overnight outpatient observation)?

☐ Yes ☐ No ☐ Not Sure

5B. Are you currently being treated or living in any type of nursing facility other than an assisted living facility?

☐ Yes ☐ No ☐ Not Sure

5C. Has a medical professional told you that you have End-Stage Renal (Kidney) Disease or that you require dialysis?

☐ Yes ☐ No ☐ Not Sure

5D. Within the past 2 years, did a medical professional tell you that you may need any of the following that **has NOT been completed**?

☐ Yes ☐ No ☐ Not Sure

- hospital admittance as an inpatient
- joint replacement
- organ transplant
- surgery for cancer
- back or spine surgery
- heart or vascular surgery

Answering YES to any question in Section 5 will result in a denial of coverage.

If your health status changes in the future, allowing you to answer NO to all of the questions in this section, please submit a new application at that time.

If you answered NOT SURE to any question in Section 5, we may follow up for additional information.

If you answered **NO** or **NOT SURE** to all of the questions in **Section 5** and you are:

- **Age 65 or over**, continue to **Section 6**.
- **Age 50 to 64**, go directly to **Section 7**. (You do not have to answer the questions in **Section 6**.)



First Name

Last Name

6**Answer these health questions to determine your rate only if your acceptance is not guaranteed as defined in Section 3 and you are age 65 or over.**

6A. Within the past 2 years, did you have (as determined by a medical professional) or were you diagnosed, treated, given medical advice or prescribed medications/refills for any of the following conditions?

• Atrial Fibrillation or Flutter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Artery or Vein Blockage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Peripheral Vascular Disease (PVD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Cardiomyopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Congestive Heart Failure (CHF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Coronary Artery Disease (CAD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Chronic Obstructive Pulmonary Disease (COPD) or Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Chronic Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Diabetes, but only if you have circulation problems or Retinopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Cancer including Melanoma (but not other skin cancers), Leukemia and Lymphoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Cirrhosis of the Liver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Macular Degeneration, but only if you have the wet form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Multiple Sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Rheumatoid Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
• Systemic Lupus Erythematosus (SLE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

6B. Within the past 2 years, did you have (as determined by a medical professional) a Heart Attack, Stroke, Transient Ischemic Attack (TIA) or Mini-Stroke?

☐Yes ☐No ☐Not Sure

If you answered YES to any question in Section 6, your rate will be the Level 2 rate.

See the enclosed "Cover Page – Rates."

If you answered NOT SURE to any question, we may follow up for additional information.



First Name

Last Name

7

Tell us about your medical providers.

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

Primary Physician

() -
Phone #

Address

City

State

ZIP Code

Specialist Name

Specialty

Diagnosis/Condition

Specialist Name

Specialty

Diagnosis/Condition

8

Tell us about your tobacco usage.

8A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product? ☐ Yes ☐ No

If you answered YES to Question 8A, your rate will be the tobacco rate. See "Cover Page - Rates."

9

Your past and current coverage

Review the statements.

- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement, Medicare cost or Medicare select policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement, Medicare cost or Medicare select policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement, Medicare cost or Medicare select policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.



9 Your past and current coverage (continued)

- If you are eligible for, and have enrolled in a Medicare supplement, Medicare cost or Medicare select policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement, Medicare cost or Medicare select policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement, Medicare cost or Medicare select policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement, Medicare cost or Medicare select policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). See the booklet "Wisconsin Guide to Health Insurance for People with Medicare" which you received at the time you were solicited to purchase this insurance.

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

Questions about Medicaid

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

☐ Yes ☐ No

If YES, you must answer Questions 9B and 9C.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

If YES, you must answer Questions 9E through 9H.

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

Start Date

____ / ____ / ____
Month Day Year

End Date

____ / ____ / ____
Month Day Year

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No



First Name

Last Name

9 Your past and current coverage (continued)**Questions about Medicare supplement plans****9I.** Do you have another Medicare supplement policy in force?

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

Insurance Company: _____

Policy: _____

☐ Yes ☐ No**If YES, you must answer Question 9J.****9J.** Do you intend to replace your current Medicare supplement policy with this policy?**If YES, please enclose a copy of the Replacement Notice.**☐ Yes ☐ No**Questions about any other type of health insurance coverage****9K.** Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?**If YES, you must answer Questions 9L through 9N.**☐ Yes ☐ No**9L.** If so, with what insurance company and what kind of policy?**Insurance Company:** _____**Policy:**☐ HMO/PPO☐ Major Medical☐ Employer Plan☐ Union Plan☐ Other _____**9M.** What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.**Start Date**_____/_____/_____
Month Day Year**End Date**_____/_____/_____
Month Day Year**9N.** Are you replacing this health insurance?☐ Yes ☐ No**X****Your Signature** (required)**Today's Date** (required)_____/_____/_____
Month Day Year



First Name

Last Name

10

Authorization and Verification of Application Information

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

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the **Wisconsin Guide to Health Insurance for People with Medicare** and the Outline of Coverage.

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

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

Authorization for the Release of Medical Information

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

Please see "Outline of Medicare Supplement Insurance" to determine if the following pre-existing condition waiting period applies to you.

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

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

X

Your Signature (required)

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

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



First Name

Last Name

11**Complete the following section only if you are replacing existing coverage.**

Prepared for address indicated on front of Application Form NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT, MEDICARE COST, MEDICARE SELECT, MEDICARE ADVANTAGE OR EXISTING ACCIDENT AND SICKNESS INSURANCE. RETURN THIS SECTION ALONG WITH YOUR COMPLETED APPLICATION FORM. THIS SECTION WILL BE RETURNED FOR YOUR RECORDS. SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to information you have furnished, you intend to terminate existing Medicare supplement, Medicare cost, Medicare select or Medicare Advantage insurance and replace it with a policy to be insured by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that the purchase of this Medicare supplement, Medicare cost, Medicare select or Medicare Advantage coverage is a wise decision, you should terminate your present Medicare supplement, Medicare cost, Medicare select or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER TO BE COMPLETED BY UNITEDHEALTHCARE INSURANCE COMPANY.

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement, Medicare cost, Medicare select or Medicare Advantage policy will not duplicate your existing Medicare supplement, Medicare cost, Medicare select or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement, Medicare cost or Medicare select coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (darken the circle next to any reason that applies):

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

- Note:** If the issuer of the Medicare supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to statement 2 below. Health conditions that you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- State law provides that your replacement policy or certificate may not contain new pre-existing condition waiting periods. The insurer will waive any time periods applicable to pre-existing condition waiting periods in the new policy (or coverage) for similar benefits to the extent such time was satisfied under the original policy.
- If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the Application Form concerning your medical and health history. Failure to include all requested material medical information on an Application Form may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the Application Form has been completed and before you sign it, review it carefully to be certain that all requested information has been properly reported.

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

My signature indicates I have read and understand the contents of this Notice.

X

Your Signature

Today's Date

Month Day Year

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



First Name

Last Name

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For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

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

X

Agent Signature (required)

Agent ID (required)

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

Agent Email Address

() -

Agent Phone Number

X

Broker Name

Broker ID

TEAR HERE

TEAR HERE



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

HEALTH CARE PRODUCTS & DISCOUNTS

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

AWARD-WINNING PUBLICATIONS

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

INSURANCE & FINANCIAL SERVICES

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

PROTECTION OF YOUR RIGHTS

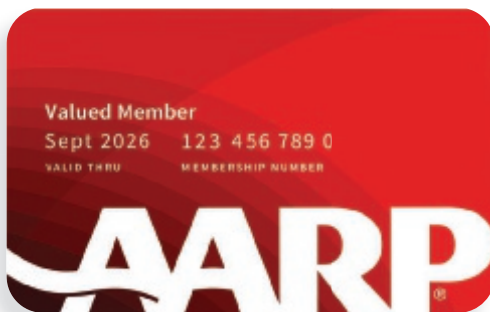
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

TRAVEL DISCOUNTS

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

COMMUNITY INVOLVEMENT

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



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

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

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

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

BA25584ST

AGT



MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Date of Birth _____ / _____ / _____
Month Day Year

For FREE Spouse/Partner Membership

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

FCSDUHCM

BA25584ST

OR

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

SAVE 25%



Visit aarp.org/ActToday



Or call 1-866-331-1964

Why sign up for Automatic Renewal?

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

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

AGT

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

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



Act today and make the most of membership.

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

**SAVE
25%**



Visit aarp.org/ActToday



Or call 1-866-331-1964



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

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

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

The Easiest Way to Pay

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

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

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

Signing Up is Easy

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

Your EFT Effective Date

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

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

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

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

The check number 1234 is shown in the bottom right corner of the check. Below the check, there are three boxes with instructions:

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

We look forward to continuing to serve you.

TEAR HERE

TEAR HERE

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

The Easiest Way to Pay

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

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

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

Signing Up is Easy

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Your EFT Effective Date

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Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

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

- Account Holder Name**: John Doe, Street Address, Town, City Zip Code
- Check Number**: Check #1234
- Date**: Date: _____
- Pay to**: Pay to: _____
- Amount**: _____ Dollars
- Bank Name & Address**: Bank Name & Address
- Memo**: Memo: _____
- Signed by**: Signed by: _____
- Routing Information**: | :123456789 : | 12345678 || 1234 ||

Below the check, three boxes provide additional information:

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

We look forward to continuing to serve you.

Glossary: Prescription Drugs

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

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

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

Partial Prescription Drug List

Drug Name	Medical Condition(s)
Abemaciclib	Cancer other than skin cancer
Abiraterone Acetate	Cancer other than skin cancer
Acclidinium & Formoterol, Inhalation	Chronic obstructive pulmonary disease, emphysema
Acclidinium Bromide, Inhalation	Chronic obstructive pulmonary disease, emphysema
Afatinib	Cancer other than skin cancer
Afinitor	Cancer other than skin cancer
Alecensa	Cancer other than skin cancer
Alectinib	Cancer other than skin cancer
Alkeran	Cancer other than skin cancer
Ampyra	Multiple Sclerosis
Anoro Ellipta	Chronic obstructive pulmonary disease, emphysema
Apalutamide	Cancer other than skin cancer
Apixaban	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Arava	Rheumatoid arthritis
Aubagio	Multiple Sclerosis
Baricitinib	Rheumatoid arthritis
Bicalutamide	Cancer other than skin cancer
Brilinta	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)

Drug Name	Medical Condition(s)
Calcitriol	Chronic kidney disease, end-stage renal disease (ESRD)
Calcium Acetate	Chronic kidney disease, end-stage renal disease (ESRD)
Casodex	Cancer other than skin cancer
Cilostazol	Artery or vein blockage, Peripheral vascular disease (PVD)
Cinacalcet Hydrochloride	Chronic kidney disease, end-stage renal disease (ESRD)
Cladribine	Multiple Sclerosis
Clopidogrel	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Corlanor	Congestive heart failure, cardiomyopathy
Coumadin	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Crizotinib	Cancer other than skin cancer
Dabigatran Etexilate Mesylate	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Dalfampridine	Multiple Sclerosis
Dasatinib	Leukemia or lymphoma
Digoxin	Atrial fibrillation or flutter, congestive heart failure, cardiomyopathy
Dimethyl Fumarate	Multiple Sclerosis
Diroximel Fumarate	Multiple Sclerosis
Dofetilide	Atrial fibrillation or flutter
Doxercalciferol	Chronic kidney disease, end-stage renal disease (ESRD)
Dronedarone	Atrial fibrillation or flutter
Duaklir Pressair	Chronic obstructive pulmonary disease, emphysema
Edoxaban	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke

Drug Name	Medical Condition(s)
Effient	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Eliquis	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Entresto	Congestive heart failure, cardiomyopathy
Enzalutamide	Cancer other than skin cancer
Epoetin Alfa	Chronic kidney disease, end-stage renal disease (ESRD)
Erleada	Cancer other than skin cancer
Erlotinib	Cancer other than skin cancer
Everolimus	Cancer other than skin cancer
Fingolimod	Multiple Sclerosis
Gilenya	Multiple Sclerosis
Gilotrif	Cancer other than skin cancer
Gleevec	Leukemia or lymphoma
Hectorol	Chronic kidney disease, end-stage renal disease (ESRD)
Ibrance	Cancer other than skin cancer
Ibrutinib	Leukemia or lymphoma
Imatinib Mesylate	Leukemia or lymphoma
Imbruvica	Leukemia or lymphoma
Incruse Ellipta	Chronic obstructive pulmonary disease, emphysema
Isordil	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Isosorbide Dinitrate	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Ivabradine	Congestive heart failure, cardiomyopathy
Kionex	Chronic kidney disease, end-stage renal disease (ESRD)

Drug Name	Medical Condition(s)
Lanoxin	Atrial fibrillation or flutter, congestive heart failure, cardiomyopathy
Leflunomide	Rheumatoid arthritis
Lenalidomide	Cancer other than skin cancer
Mavenclad	Multiple Sclerosis
Mayzent	Multiple Sclerosis
Mekinist	Cancer other than skin cancer
Melphalan	Cancer other than skin cancer
Metolazone	Chronic kidney disease
Minitran	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Multaq	Atrial fibrillation or flutter
Neratinib	Cancer other than skin cancer
Nerlynx	Cancer other than skin cancer
Nexavar	Cancer other than skin cancer
Nilotinib	Leukemia or lymphoma
Nitrodur	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Nitroglycerin	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Nitrostat	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Olodaterol, Inhalation	Chronic obstructive pulmonary disease, emphysema
Olumiant	Rheumatoid arthritis
Osimertinib	Cancer other than skin cancer
Palbociclib	Cancer other than skin cancer
Paricalcitol	Chronic kidney disease, end-stage renal disease (ESRD)

Drug Name	Medical Condition(s)
PhosLo	Chronic kidney disease, end-stage renal disease (ESRD)
Plavix	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Pletal	Artery or vein blockage, Peripheral vascular disease (PVD)
Pomalidomide	Cancer other than skin cancer
Pomalyst	Cancer other than skin cancer
Pradaxa	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Prasugrel Hydrochloride	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Procrit	Chronic kidney disease, end-stage renal disease (ESRD)
Ranexa	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Ranolazine	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Renvela	Chronic kidney disease, end-stage renal disease (ESRD)
Revlimid	Cancer other than skin cancer
Rinvoq	Rheumatoid arthritis
Rivaroxaban	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Rocaltrol	Chronic kidney disease, end-stage renal disease (ESRD)
Sacubitril & Valsartan	Congestive heart failure, cardiomyopathy
Savaysa	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Sensipar	Chronic kidney disease, end-stage renal disease (ESRD)
Sevelamer Hydrochloride or Carbonate	Chronic kidney disease, end-stage renal disease (ESRD)
Siponimod	Multiple Sclerosis

Drug Name	Medical Condition(s)
Sodium Polystyrene Sulfonate	Chronic kidney disease, end-stage renal disease (ESRD)
Sorafenib	Cancer other than skin cancer
Sprycel	Leukemia or lymphoma
Stiolto Respimat	Chronic obstructive pulmonary disease, emphysema
Striverdi Respimat	Chronic obstructive pulmonary disease, emphysema
Sunitinib Malate	Cancer other than skin cancer
Sutent	Cancer other than skin cancer
Tagrisso	Cancer other than skin cancer
Tarceva	Cancer other than skin cancer
Tasigna	Leukemia or lymphoma
Tecfidera	Multiple Sclerosis
Teriflunomide	Multiple Sclerosis
Ticagrelor	Artery or vein blockage, heart attack, stroke, TIA or mini-stroke, coronary artery disease (CAD)
Tikosyn	Atrial fibrillation or flutter
Tiotropium & Olodaterol, Inhalation	Chronic obstructive pulmonary disease, emphysema
Trametinib	Cancer other than skin cancer
Tudorza	Chronic obstructive pulmonary disease, emphysema
Umeclidinium & Vilanterol, Inhalation	Chronic obstructive pulmonary disease, emphysema
Umeclidinium, Inhalation	Chronic obstructive pulmonary disease, emphysema
Upadacitinib	Rheumatoid arthritis
Verzenio	Cancer other than skin cancer

Drug Name	Medical Condition(s)
Vumerity	Multiple Sclerosis
Warfarin Sodium	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Xalkori	Cancer other than skin cancer
Xarelto	Artery or vein blockage, atrial fibrillation or flutter, heart attack, stroke, TIA or mini-stroke
Xtandi	Cancer other than skin cancer
Zaroxolyn	Chronic kidney disease
Zemplar	Chronic kidney disease, end-stage renal disease (ESRD)
Zemplar	Chronic kidney disease, end-stage renal disease (ESRD)
Zytiga	Cancer other than skin cancer

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[illegible]

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[illegible]

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[illegible]

[illegible]

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[illegible]

[illegible]

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

For Your Records:

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

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

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

What's Next:

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

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



Welcome Kit.

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



Educational Materials.

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



Dedicated Customer Service.

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



Exclusive AARP Member Benefits.

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



Let's stay connected.

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

Name

Email

Phone



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

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

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

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

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

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

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