



Enrollment Kit



Minnesota

Enrollment materials are for February 1, 2024 – 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. 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.



Questions? Contact your licensed insurance agent.

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

- ¹ A.M. Best affirmed UnitedHealthcare 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, www.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, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- 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.**

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).

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



Exclusive Services & Discounts



Exclusive Services & Discounts

AARP | Medicare Supplement
from  **UnitedHealthcare**

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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

Discounts for a range of dental services, including cleanings, exams, fillings and crowns.



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

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 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 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 dental discount does not make payments to the providers of dental services. Individuals who utilize the 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 the dental discount organization. Call for more information.

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).

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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



Questions? Contact your
licensed insurance agent/producer.

When you choose an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, you may be able to take advantage of the discounts shown below.

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.

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.

SAVE 5% with the Multi-Insured Discount

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

SAVE \$24 per year with the Annual Payer Discount

Take \$24 off your total household premium when you pay your entire 12-month premium in June.

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

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Plans & Rates

Plans & Rates



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Overview of Available Plans

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

The Minnesota Commissioner of Insurance has established two types of Medicare Supplement plans and minimum standards for each. The Extended Basic Medicare Supplement is the most comprehensive and the Basic Medicare Supplement is the least comprehensive. The Extended Basic Plan is a qualified Medicare supplement plan; the Basic plan is not qualified.

Minnesota law also permits the purchase of additional riders with the Basic Plan.

Basic Benefits:

- **Hospitalization:** Part A co-insurance
- **Medical Expenses:** Part B co-insurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance

See Plan Benefit Tables for details about both Plans and available Riders

| Extended Basic Plan | Basic Plan | Rider 1: Part A Deductible, Preventive Care, Part B Excess Charges | Rider 2: Part B Deductible ² | Rider 3: Part A Deductible | Rider 4: Part B Excess Charges | Rider 5: Preventive Care |
|--|--|---|--|-------------------------------|-----------------------------------|-----------------------------|
| Basic, including 100% Part B co-insurance | Basic, including 100% Part B co-insurance | | | | | |
| Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | | | | | |
| Home Health Care Services and Medical Supplies | Home Health Care Services and Medical Supplies | | | | | |
| Part A Deductible | | Part A Deductible | | Part A Deductible | | |
| Part B Deductible ¹ | | | Part B Deductible ² | | | |
| Preventive Care | | Preventive Care | | | | Preventive Care |
| Care received outside the U.S. | | | | | | |
| | Foreign Travel Emergency | | | | | |
| Part B Excess Charges | | Part B Excess Charges | | | Part B Excess Charges | |

¹ **IMPORTANT!** Coverage for the Part B Deductible is **not** available to persons “newly eligible” for Medicare on or after 1/1/2020.

² **IMPORTANT!** Rider 2 (Part B Deductible) is **not** available to persons “newly eligible” for Medicare on or after 1/1/2020.

Cover Page - Rates for Minnesota Monthly Plan Rates¹

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

| Extended Basic Plan (UW) ² | Extended Basic Plan (RW) ³ |
|---|---------------------------------------|
| Standard Rates | |
| \$285.50 | \$265.75 |
| Standard Rates for Tobacco Users | |
| \$314.05 | \$292.32 |

| Basic Plan (TW) |
|---|
| Standard Rates |
| \$213.75 |
| Standard Rates for Tobacco Users |
| \$235.12 |

| Rider 1 (XW) ⁴ Part A Deductible and Part B Excess Charges and Preventive Care | Rider 2 (YW) ⁵ Part B Annual Deductible |
|--|---|
| Standard Rates | |
| \$41.00 | \$20.25 |
| Standard Rates for Tobacco Users | |
| \$45.10 | \$20.25 |

| Rider 3 (VW) ⁴ Part A Deductible | Rider 4 (WW) ⁴ Part B Excess Charges | Rider 5 (ZW) ⁴ Preventive Care |
|--|--|--|
| Standard Rates | | |
| \$35.00 | \$6.25 | \$5.25 |
| Standard Rates for Tobacco Users | | |
| \$38.50 | \$6.87 | \$5.77 |

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

2 This Extended Basic Medicare Supplement Plan is only available to persons eligible for Medicare prior to January 1, 2020.

3 This Extended Basic Medicare Supplement Plan does not include coverage for the Medicare Part B Deductible.

4 The Riders are only available with the Basic Plan.

If you want all the benefits of Riders 3, 4 and 5 select Rider 1.

5 This Rider is only available with the Basic Plan and only available to persons eligible for Medicare prior to January 1, 2020.



Eligibility & Benefits

Eligibility & Benefits



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Your Guide to AARP Medicare Supplement Plans

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are not yet age 65 and are eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you are eligible only if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.)

Guaranteed Acceptance

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

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

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

Exclusions

- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage plan.
- Care not meeting Medicare's standards. For Medicare eligible expenses, no benefit will be paid for stays, care or services that do not meet Medicare's standards.
- Stays, care or services for which you would not be charged if you did not have insurance.
- Stays or care which is covered under a prior Medicare supplement plan.
- Charges that are greater than the Medicare Eligible Expenses.
- Cosmetic surgery performed mainly to change a person's appearance. (This exclusion does not apply when coverage is provided for reconstructive surgery.)
- Eyeglasses or exams, hearing aids or the adjustment of hearing aids.
- Physician's dental services, x-rays and exams involving the teeth, the tissue or structure around them, the alveolar process, or gums.
- Charges that are more than the usual and customary charge.
- Services or supplies that are not medically necessary for medical care or treatment of a diagnosed sickness or injury.

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

You Cannot Be Singled Out for Cancellation

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

Continued ...

The AARP Insurance Trust

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

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

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

General Information

The Minnesota Commissioner of Insurance has established two types of Medicare supplement insurance and minimum standards for each, with Extended Basic Medicare Supplement being the most comprehensive and Basic Medicare Supplement being the least comprehensive.

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

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

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

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

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

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

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

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

Plan Benefit Tables: Basic Plan

UnitedHealthcare is required to disclose the following information to you. The Minnesota Commissioner of Insurance has established two types of Medicare Supplement insurance and minimum standards for each. The Extended Basic Medicare Supplement is the most comprehensive and the Basic Medicare Supplement is the least comprehensive. This Basic Plan is approved for use in Minnesota. This is a Non-Qualified Medicare Supplement Plan.

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|--|--------------------------------------|---|
| 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 | \$1,632 (Part A deductible) ² |
| | 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 | \$0 | 100% of Medicare eligible expenses | \$0 |
| Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | All approved amounts | \$0 | \$0 |
| | Days 21–100 | All but \$204 per day | \$204 per day | \$0 |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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 Rider 1 and Rider 3 are optional riders that cover the Part A deductible. Rider 1 covers the Part A deductible as well as Preventive Medical Care and Part B Excess Charges. Rider 3 covers the Part A deductible only. You may purchase Rider 1 or Rider 3 for an additional premium.

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

| Service | | Medicare Pays | Basic Plan Pays | You Pay |
|---|---|----------------------|------------------------|--|
| Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | First \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) ⁴ |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs ⁵ |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) ⁴ |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Most Outpatient Mental Health Services (Medicare-approved amount) | | 80% | 20% | \$0 |
| Independent Outpatient Therapy (Physical, occupational, speech) | | 80% | 20% | \$0 |

Parts A and B

| Service | | Medicare Pays | Basic Plan Pays | You Pay |
|--|--|----------------------|------------------------|--|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ³ | \$0 | \$0 | \$240 (Part B deductible) ⁴ |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Notes

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

4 Rider 2 is an optional rider that covers the Part B deductible. You may purchase Rider 2 for an additional premium.

5 Rider 1 and Rider 4 are optional riders that cover Part B excess charges. Rider 1 covers Part B excess charges as well as the Part A deductible and Preventive Medical Care not covered by Medicare. Rider 4 covers Part B excess charges only. You may purchase Rider 1 or Rider 4 for an additional premium.

Plan Benefit Tables: Basic Plan (continued)

| Other Benefits not covered by Medicare | | | |
|---|---------------|--|--|
| Service | Medicare Pays | Basic Plan Pays | You Pay |
| Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services during a trip outside the USA. | \$0 | 80% of the usual and prevailing charge | 20% and amounts over the usual and prevailing charge |
| Preventive Medical Care NOT COVERED BY MEDICARE | \$0 | \$0 | All costs ⁶ |
| Immunizations and Cancer Screening Routine immunizations and cancer screening tests including mammograms, surveillance tests for women who are at risk for ovarian cancer, pap smears, colorectal screening tests, and prostate cancer screening. | \$0 | 100% of the costs | \$0 |
| Diabetic Equipment and Supplies | \$0 | 80% of the usual and prevailing charge up to the maximum charge allowed by law | 20% and amounts over the usual and prevailing charge |
| Scalp Hair Prosthesis | \$0 | 80% of the usual and prevailing charge (limited to one each calendar year) | 20% and amounts over the usual and prevailing charge |
| Additional Benefits Reconstructive surgery, surgical and non-surgical treatment of temporomandibular joint disorders and craniomandibular disorders, and care provided in an ambulatory surgical center. | \$0 | The usual and prevailing charge | Any charge above the usual and prevailing charge |

6 Rider 1 and Rider 5 are optional riders that cover Preventive Medical Care not covered by Medicare. Rider 1 covers Preventive Medical Care not covered by Medicare as well as the Part A deductible and Part B excess charges. Rider 5 covers Preventive Medical Care not covered by Medicare only. You may purchase Rider 1 or Rider 5 for an additional premium.

Plan Benefit Tables: Extended Basic Plan

UnitedHealthcare is required to disclose the following information to you. The Minnesota Commissioner of Insurance has established two types of Medicare Supplement insurance and minimum standards for each. The Extended Basic Medicare Supplement is the most comprehensive and the Basic Medicare Supplement is the least comprehensive. This Extended Basic Plan is approved for use in Minnesota. This is a Qualified Medicare Supplement Plan.

Medicare Part A: Hospital Services per Benefit Period¹

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

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Notes

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

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

| Service | | Medicare Pays | Extended Basic Plan Pays | You Pay |
|---|---|---------------|---|---|
| Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | First \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) or \$0 ³ | \$0 or \$240 (Part B deductible) ³ |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | 100% of Part B Excess Charges | Any costs not paid by Medicare or this Plan* |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) or \$0 ³ | \$0 or \$240 (Part B deductible) ³ |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Most Outpatient Mental Health Services (Medicare-approved amount) | | 80% | 20% | \$0 |
| Independent Outpatient Therapy (Physical, occupational, speech) | | 80% | 20% | \$0 |

Continued on next page ►

Notes

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

3 Coverage for the Part B Deductible is only available to persons eligible for Medicare prior to January 1, 2020.

*Billing for excess charges is prohibited in Minnesota except for Ambulance Services and Durable Medical Equipment. For these charges, the maximum benefit is 80% of Usual and Customary charges before the \$1,000 out of pocket limit is met; the maximum benefit is 100% of Usual and Customary charges after the limit is met.

Plan Benefit Tables: Extended Basic Plan (continued)**Parts A and B**

| Service | | Medicare Pays | Extended Basic Plan Pays | You Pay |
|--|--|----------------------|---|---|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) or \$0 ³ | \$0 or \$240 (Part B deductible) ³ |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Notes

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

3 Coverage for the Part B Deductible is only available to persons eligible for Medicare prior to January 1, 2020.

DESCRIPTION OF BENEFITS FOR EXPENSES NOT COVERED BY MEDICARE

These benefits are for expenses that are not covered by Medicare. These benefits are payable only if the charge for the stay, care, service or supply is not a Medicare Eligible Expense.

We will not pay benefits under this Plan that duplicate benefits provided by Medicare. We will not pay benefits for stays, care or services for which Medicare would have paid benefits if a claim had been submitted. There is no benefit for any item or service eligible for Part D coverage, whether or not you have such coverage. Payment of benefits will not exceed any charge limitation established by the Medicare program or state law.

1. Hospital Stays

This Plan will pay 80% of the Usual and Customary Charge if you are confined for inpatient care in a Hospital and the stay is not covered by Medicare. This Plan will pay for Hospital room and board, and other services and supplies furnished by the Hospital for medical care.

This benefit has these added requirements

Benefits will be paid up to the maximum charge amount allowed by law.

This Plan will not pay benefits for a private room if the charge is more than the Hospital's charge for its most common semi-private room, unless a private room is prescribed as Medically Necessary by your Physician.

2. Medical Care

This Plan will pay 80% of the Usual and Customary Charge for the following Covered Expenses when the charges are not paid by Medicare or otherwise covered under this Plan.

This benefit has these added requirements

Benefits will be paid up to the maximum charge amount allowed by law.

Payment of benefits will not duplicate benefits payable under Medicare or any other coverage provided by this Plan.

These Covered Expenses include the following:

- A. **Physician Services** – Physician services for the diagnosis and treatment of Sickness or Injury. This includes a second opinion from a Physician on any surgical procedure expected to cost at least \$500 in Physician, laboratory and Hospital fees.
- B. **Nursing Home Services** – Nursing Home services for the following:
 - a. Nursing Home room and board for regular daily services and supplies furnished by the Nursing Home. This Plan will not pay benefits for a private room if the charge is more than the Nursing Home's charge for its most common semi-private room, unless a private room is prescribed as Medically Necessary by your Physician. If the Nursing Home does not have semi-private rooms, its most common semi-private room charge will be 90% of its lowest private room charge.
 - b. All other services and supplies furnished by the Nursing Home for medical care. Benefits will not be paid for more than 120 days in a calendar year. Your Nursing Home stay must start within 30 days after you are Hospital confined for at least three days in a row for the same or related Sickness or Injury. You must need nursing care 24 hours a day to treat your Sickness or Injury.
- C. **Therapy** – Treatment by a physical therapist or occupational therapist at the direction of your Physician.
- D. **Oral Surgery** – Oral surgery for partially or completely unerupted impacted teeth, a tooth root without extraction of the entire tooth, or the gums and tissue of your mouth. Benefits will not be paid for oral surgery performed in connection with the extraction or repair of teeth. Benefits will not be paid for root canal, gingivitis or periodontal disease.
- E. **Ambulance** – Ambulance transportation provided by a licensed ambulance service to the nearest facility qualified to treat your Sickness or Injury. This includes a reasonable mileage rate for transportation to a kidney dialysis center for treatment.

F. Other Services and Supplies – The following other services and supplies:

- Use of radium or other radioactive materials
- Oxygen
- Anesthetics and their administration
- Artificial limbs, eyes, larynx, and other prosthetic devices (other than dental, but including scalp hair prosthesis worn for hair loss suffered as a result of alopecia areata; see the “Additional State Mandated Benefits” section for scalp hair prosthesis benefit limitations)
- Rental or purchase, as appropriate, of durable medical equipment, other than eyeglasses and hearing aids
- Diagnostic x-ray exam and laboratory tests

G. Home Health Agency – Home Health Agency services for the following:

- a. Part-time or intermittent home nursing care by or under the supervision of a Registered Nurse.
- b. Part-time or intermittent home health aide services, primarily for your care.

You must receive services in your home by a member of a Home Health Agency. Services must be for the care and treatment of your Sickness or Injury. If you could not receive these services in your home, confinement in a Hospital or nursing facility would be needed for you to receive the required care. Each visit by a member of a Home Health Agency shall be considered as one visit. Benefits will not be paid for prescription drugs included in the home care plan of treatment. For care received outside the United States, you must receive home health services outside a hospital or nursing home facility.

H. Emergency Services – Emergency services 24 hours a day and seven days a week for the treatment of an Emergency Medical Condition.

3. Care received outside the United States

Medicare usually does not cover care you receive outside the United States. In most cases, you are responsible for the full cost of care you receive outside the United States.

This Plan covers certain care while you are on a Trip outside the United States.

This Plan will pay 80% of the Usual and Customary Charge for the services described above as Hospital Stays and Medical Care under the “Description of Benefits for Expenses Not Covered by Medicare.” This Plan will pay these benefits if the services you received while in a foreign country would have qualified as Medicare Eligible Expenses if they had been received in the United States.

This benefit has these added requirements

Benefits will be paid for a stay or care only if these three things are true:

1. The service is not covered by Medicare, but would have been covered by Medicare if it had been received in the United States.
2. The service is received on or after your Effective Date while you are in a foreign country.
3. The person providing medical care cannot be you or your spouse; your or your spouse’s child, brother, sister or parent.

The following exclusions apply to this benefit:

1. Benefits are not payable for charges in excess of any charge limitation established by Medicare or Minnesota law.
2. If you establish residency outside the United States, we will not pay benefits for any service or supply rendered in the foreign country.

You must provide us with an itemized bill for your care. You must also provide us with any necessary and relevant medical records that we request. We will pay these benefits in United States currency. We will calculate the amount of our payment using the bank transfer exchange rate in effect on the day we process your claim for payment.

Payment of benefits will not duplicate benefits payable under Medicare or any other coverage provided by this Plan.

4. Preventive Medical Care

This Plan will pay benefits for the actual charges up to 100% of the Medicare-approved amount for the following preventive health services:

- a. An annual clinical preventive medical history and physical examination. This examination may include tests and services from paragraph b. below and patient education to address preventive health care measures.
- b. Preventive screening tests and preventive services. The selection and frequency of these tests and services must be medically appropriate as determined by your Physician.

This Plan will pay benefits for these preventive health services, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes. The preventive health service must be received on or after the Effective Date. This benefit has a limit of \$120 each calendar year for all preventive health services combined.

This benefit will not be paid for any preventive health service that is:

- covered by Medicare.
- performed for the treatment of a Sickness or Injury.
- used to diagnose or treat a condition that has already manifested itself.

5. Additional State-Mandated Benefits

This Plan will pay benefits for the following care and services only if these two things are true:

- a. The procedure must be deemed appropriate by your Physician.
- b. The procedure must be received on or after your Effective Date.

Payment of benefits will not duplicate benefits payable under Medicare or any other coverage provided by this Plan.

A. Alcoholism, Chemical Dependency, Drug Addiction

This Plan will pay 80% of the Usual and Customary Charge for the treatment of alcoholism and chemical dependency on the same basis as coverage for any other condition when treatment is provided for: (1) outpatient chemical dependency and alcoholism services that must not place a greater financial burden on the Insured or be more restrictive than those requirements and limitations for outpatient medical services; (2) inpatient hospital and residential chemical dependency and alcoholism services that must not place a greater financial burden on the Insured or be more restrictive than those requirements and limitations for inpatient hospital medical services.

B. Ambulatory Surgical Center Services

This Plan will pay 80% of the Usual and Customary Charge for care provided in an Ambulatory Surgical Center.

C. Court-ordered Mental Health Services

This Plan will pay 80% of the Usual and Customary Charge, when ordered by a court of competent jurisdiction, for mental health services issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist which includes the diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. Coverage is contingent on the evaluation and court-ordered treatment plan being performed by a participating provider or another provider as required by law.

D. Diabetes Equipment and Supplies; Diabetes Outpatient Self-Management Training and Education

This Plan will pay 80% for all Physician-prescribed, Medically Necessary diabetic equipment and supplies (includes oral and injectable insulin) for diabetes self-management training and self-education classes, medical nutrition therapy, and treatment of diabetes not otherwise covered under Part D of the Medicare program. The Plan coverage for diabetes outpatient self-management training and education, including medical nutrition therapy, is covered when provided by a certified, registered, or licensed health care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. Coverage includes persons with gestational, Type I, or Type II diabetes, subject to the Medicare Part B Deductible.

E. Immunizations

This Plan will pay 100% of the cost of routine immunizations that are not covered under Medicare. Immunizations include any medically recognized vaccine intended to produce immunity against a specified disease or condition.

F. Lyme Disease Benefit

This Plan will pay for treatment of Lyme Disease to the same extent that we pay for treatment of any other Sickness.

G. Mental Health Services Benefit

This Plan will pay 80% of the Usual and Customary Charge for outpatient mental health covered services that are intended to treat or ameliorate an emotional, behavioral, or psychiatric condition if they are Medically Necessary.

H. Phenylketonuria Treatment

This Plan will pay 80% of Covered Expenses for special dietary treatment for phenylketonuria when recommended by a Physician.

I. Reconstructive Surgery

This Plan will pay 80% of the Usual and Customary Charge for the following types of care:

- Reconstructive surgery. The surgery must be incidental to or following surgery for Injury, Sickness, or other diseases of the involved part.
- Reconstructive breast surgery following mastectomies if mastectomy is Medically Necessary. This includes all stages of reconstruction of the breast on which the mastectomy has been performed, surgery, and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all stages of a mastectomy, including lymphedemas.

J. Routine Cancer Screening

This Plan will pay 100% of the cost of routine cancer screening procedures that are not covered under Medicare. Cancer screening procedures include:

- Mammograms. Coverage for preventive mammogram screening that includes digital breast tomosynthesis (3D) for women who are at risk for breast cancer.
- Surveillance tests for ovarian cancer for women who are at risk for ovarian cancer (annual screening using CA-125 serum tumor marker testing, transvaginal ultrasound, pelvic examination, or other proven ovarian cancer screening tests currently being evaluated by the federal Food and Drug Administration or by the National Cancer Institute).
 - “At risk for ovarian cancer” means (1) having a family history with one or more first or second degree relatives with ovarian cancer, of clusters of women relatives with breast cancer, or of nonpolyposis colorectal cancer, or (2) testing positive for BRCA1 or BRCA2 mutations.

- Papanicolaou tests (pap smears)
- Colorectal screening tests
- Prostate cancer screening consisting at a minimum of a prostate-specific antigen blood test and a digital rectal examination

K. Scalp Hair Prosthesis

This Plan will pay 80% of the Usual and Customary Charge for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata, This Plan has a limit of one (1) scalp hair prosthesis per calendar year.

L. Temporomandibular Joint Disorder and Craniomandibular Disorder

This Plan will pay 80% of the Usual and Customary Charge for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a Physician or dentist.

M. Ventilator Dependent Benefit

This Plan will pay 80% of the Usual and Customary Charge for services by a private-duty nurse or personal care assistant to a ventilator-dependent person in the person's home. The Plan pay the Usual and Customary Charge for services provided by a private-duty nurse or personal care assistant to the ventilator-dependent person during the time the ventilator-dependent person is in a licensed hospital, not to exceed 120 hours. The personal care assistant or private-duty nurse shall perform only the services of communicator or interpreter for the ventilator-dependent patient during a transition period of up to 120 hours to assure adequate training of the hospital staff to communicate with the patient and to understand the unique comfort, safety, and personal care needs of the ventilator-dependent patient.

- 6. Out-of-pocket expenses** – After total out-of-pocket Covered Expenses of \$1,000 are paid in any calendar year by you, all benefits not subject to an annual limit will be paid at 100% of the Usual and Customary Charge for the rest of the calendar year.

Rules and Disclosures about this Insurance

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

Renewability and Premium information

This plan is Guaranteed Renewable. You may keep your Medicare supplement plan in force by paying the required monthly premium when due. Monthly rates shown reflect current premium levels and all rates are subject to change following approval by the Minnesota Commissioner of Commerce. Any change will apply to all members of the same class insured under your plan who reside in your state.

Disclosures

Use the *Overview of Available Plans*, the *Plan Benefit Tables* and *Cover Page - Rates* to compare benefits and premiums among plans.

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.

Your right to return the certificate

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

UnitedHealthcare
P.O. Box 30607
Salt Lake City, UT 84130-0607

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments within 10 days. However, UnitedHealthcare has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during this period. If you have received claims payment in excess of the amount of your premium, no refund of premium will be made.

Policy replacement

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

Notice

The certificate may not fully cover all of your medical costs. Neither UnitedHealthcare Insurance Company nor its agents are connected with Medicare.

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This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Centers for Medicare & Medicaid Services (CMS) publication *Medicare & You* for more details.

THESE PLANS DO NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THESE PLANS DO NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DO NOT COVER ALL CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CERTIFICATE CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR CERTIFICATE.

Complete answers are very important

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

Exclusions

These plans do not provide coverage for the following:

- Benefits provided under Medicare
- Benefits provided under a Medicare Advantage Plan
- Care not meeting Medicare's standards
- Care for which you have no obligation to pay
- Charges greater than Medicare eligible expenses
- Cosmetic surgery, except that this exclusion does not apply when coverage is provided for Reconstructive surgery
- Dental charges, except that this exclusion does not apply to treatment of a malignant tumor (or its removal), craniomandibular disorder, temporomandibular joint disorders or malocclusion
- Eyeglasses and hearing aids
- Charges for more than the usual and customary charge
- Unnecessary charges

Loss Ratio

These plans provide an anticipated average loss ratio of at least 75%. This means that, on average, certificateholders may expect that at least \$75 of every \$100 in premium will be returned as benefits to certificateholders.



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).



Notice to Applicants Regarding Replacement of Coverage

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

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



If Reply Envelope Is Missing

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

(Over Please)

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

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

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

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

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

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

Application Form

AARP® Medicare Supplement Insurance Plans

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

Instructions

1. Fill in all requested information on this Application Form and sign in all places a signature is needed.
2. Print clearly, using CAPITAL letters AND black or blue ink - not pencil. *Example:* ☒ Yes ☐ No
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 Minnesota. The information you provide on this Application Form will be used to determine your acceptance and rate.

☐ Mail all pages of the completed Application Form in the enclosed envelope. If the return envelope is missing, please mail to: UnitedHealthcare, P.O. Box 105331, Atlanta, GA 30348-5331.

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

Applicant First Name _____ MI _____ Last Name _____

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

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

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

Mailing Address Line 2 _____ City _____ State _____ Zip _____

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

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

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

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

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

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

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

2460720307 _AGT



First Name

Last Name

2 Choose your Plan and start date.

Plan Choice

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

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

NOTE: If you are not yet age 65 and are eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you are eligible only if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the "Guaranteed Acceptance" section in "Your Guide." **If you meet these requirements, your acceptance is guaranteed and you do not have to answer the questions in Sections 4, 5, 6 and 7.**

Please choose a Plan or Plan/Rider(s) combo from the right-hand column. Important: The *Extended Basic Plan (UW) and Part B Annual Deductible Rider 2 (YW) that cover the Medicare Part B Deductible are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020 due to first becoming eligible for Medicare by reason of age or disability. Please call if you have questions.

- ☐ Extended Basic Plan (UW)*
- ☐ Extended Basic 2020 Plan (RW)
- ☐ Basic Plan (TW)

If you are enrolling in Basic Plan (TW), you can add additional option riders for which you're eligible to enroll:

- ☐ Rider 1 (XW) – Part A Deductible **and** Part B Excess Charges **and** Preventive Care
- ☐ Rider 2 (YW) – Part B Annual Deductible*
- ☐ Rider 3 (VW) – Part A Deductible
- ☐ Rider 4 (WW) – Part B Excess Charges
- ☐ Rider 5 (ZW) – Preventive Care

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 8**. You do not have to answer the questions in **Sections 4, 5, 6 and 7**.
- If **NO**, you must answer **Question 3B**.

3B. Have you lost or are you losing other health insurance coverage and you received a notice from your prior insurer saying you are eligible for guaranteed issue of a Medicare supplement insurance policy or that you have certain rights to buy such a policy?

☐ Yes ☐ No

Your Application Form must be received no more than 63 days after the termination date of your prior coverage.

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

- If **YES**, skip directly to **Section 8**.
- If you answered **NO** to both questions in **Section 3** and you are:
 - **age 65 or over**, continue to **Section 4**.
 - **under age 65 and eligible for Medicare by reason of disability or ESRD**, you are **NOT** eligible to apply.



First Name

Last Name

**DO NOT ANSWER MEDICAL AND HEALTH HISTORY QUESTIONS
IN SECTIONS 4-6 IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD
OR ENTITLED TO GUARANTEED ISSUE.**

4 Information about your medical providers. DO NOT PROVIDE THIS INFORMATION IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE.

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

Primary Physician () - Phone #

Specialist Name Specialty () - Phone #

Diagnosis/Condition

Specialist Name Specialty () - Phone #

Diagnosis/Condition

5 If you answer YES, we may follow up for additional information. DO NOT ANSWER THIS QUESTION IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE.

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

☐ Yes ☐ No

6 If you answer YES to any question, you are not eligible for coverage. DO NOT ANSWER THESE QUESTIONS IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE.

For help with any of the medical terms found on this Application Form, go to www.aarpmedsup.com/help or call for more information.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No



First Name

Last Name

6

If you answer YES to any question, you are not eligible for coverage. DO NOT ANSWER THESE QUESTIONS IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE. (continued)

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

- Leukemia, Lymphoma or Multiple Myeloma?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

6H. Are you awaiting any diagnostic test results?

☐ Yes ☐ No

6I. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

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

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

6J. Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- Artery blockage, or had bypass surgery, stents, or balloon angioplasty
- Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation
- Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke
- Peripheral Vascular Disease (PVD) or Amputation due to disease
- Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis
- Any lung or respiratory disorder:
 - requiring the use of a nebulizer or oxygen,
 - on 3 or more medications, or
 - currently using tobacco products
- Hemophilia, Hepatitis (other than A) or Pancreatitis
- Osteoporosis, but only if you received injections or have had a fracture
- Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia
- Psoriatic Arthritis or Rheumatoid Arthritis
- Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis
- Macular Degeneration, but only if you have the Wet form
- Bipolar Disorder or Schizophrenia
- Alcoholism or Drug Abuse

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No



First Name

Last Name

6

If you answer YES to any question, you are not eligible for coverage. DO NOT ANSWER THESE QUESTIONS IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE. (continued)

6K. Within the past 2 years, did you receive any of the following:

- Skin grafts, or
- Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions?
 - Asthma
 - Autoimmune disorders
 - Blood disorders
 - Cognitive impairment
 - Connective tissue disorders
 - Eye disorders
 - Genetic or Hereditary disorders
 - Migraine headaches
 - Osteoarthritis

☐ Yes ☐ No

7

AUTHORIZATION – DO NOT SIGN IF YOU ARE IN YOUR OPEN ENROLLMENT PERIOD OR ENTITLED TO GUARANTEED ISSUE.

Authorization for the Release of Medical Information

I authorize UnitedHealthcare and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution or person, or The Company's own information, any data or records about me or my mental or physical health. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage. 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 only as permitted under applicable federal or state law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand that I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, I understand that I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. This authorization is valid for the term of the coverage or until revoked. I understand that I or my authorized representative may obtain a copy of this form. This authorization excludes the release of information about the results of tests performed to determine the presence of bloodborne pathogens which include, but are not limited to, the Hepatitis B virus (HBV), the Hepatitis C virus (HCV) and the Human Immunodeficiency virus (HIV), which were administered: (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. The term "emergency medical personnel" includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards, including security guards at the Minnesota Security Hospital who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the Good Samaritan Law.

DO NOT SIGN IF YOU ARE IN YOUR OPEN ENROLLMENT OR ENTITLED TO GUARANTEED ISSUE.
My signature indicates I have answered all the health questions to the best of my ability.

X

Your Signature

(required - unless you are entitled to open enrollment or guaranteed issue)

Today's Date

Month Day Year

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

(required - unless you are entitled to open enrollment or guaranteed issue)



First Name

Last Name

8**Tell us about your tobacco usage.** If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").**8A.** At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?☐ Yes ☐ No**9****Your past and current coverage****Review the statements.**

- Loss Ratio: These plans provide an anticipated loss ratio of 75%. This means that, on average, plan holders may expect that \$75 of every \$100 in premiums will be returned as benefits to plan holders.
- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

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

PLEASE ANSWER ALL QUESTIONS.**To the best of your knowledge,****9A.** Did you turn age 65 in the last 6 months?☐ Yes ☐ No**9B.** Did you enroll in Medicare Part B within the last 6 months?☐ Yes ☐ No**9C.** If YES, what is the effective date?_____
Month Day Year



First Name

Last Name

9 Your past and current coverage (continued)

Questions about Medicaid

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

☐ Yes ☐ No

If YES, you must answer Questions 9E and 9G.

9E. If so, which of the following programs provides coverage for you?

- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Medicare Beneficiary (QMB)
- Full Medicaid Beneficiary

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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

☐ Yes ☐ No

9G. 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)

9H. 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 9I through 9L.

9I. 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

9J. 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.) *Do not cancel your present policy or certificate until you have received your new policy or certificate and decide that you want to keep it.*

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Questions about Medicare supplement plans

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

☐ Yes ☐ No

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

Insurance Company: _____

Policy: _____

If YES, you must answer Question 9N.

9N. Do you intend to replace your current Medicare supplement policy with this policy?
Do not cancel your present policy or certificate until you have received your new policy or certificate and decide that you want to keep it.

☐ Yes ☐ No



First Name

Last Name

9 Your past and current coverage (continued)**Questions about any other type of health insurance coverage**

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

☐ Yes ☐ No

If YES, you must answer Questions 9P through 9R.

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

Insurance Company: _____

Policy:

- ☐ HMO/PPO
☐ Major Medical
☐ Employer Plan
☐ Union Plan
☐ Other _____

9Q. 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

9R. Are you replacing this health insurance? *Do not cancel your present policy or certificate until you have received your new policy or certificate and decide that you want to keep it.*

☐ Yes ☐ No

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

- I represent that 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 any incomplete, incorrect or untrue answers in this Application Form which materially affect either the acceptance of the risk or hazard assumed by UnitedHealthcare can result in a rescission of coverage, an adjustment of premium or a reduction in benefits, if permitted by law. (Note: It is not material misrepresentation for the purpose of rescission of coverage, adjustment of premium or a reduction of benefits to omit answers to medical and health history on the Application Form if you are enrolling during open enrollment or guaranteed issue periods.
- 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, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.



First Name

Last Name

10 IMPORTANT INFORMATION (continued)

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

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

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., Power of Attorney, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐

11 For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

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

X

Agent Signature (required)

Agent ID (required)

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

Agent Email Address

() -
Agent Phone Number



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

HEALTH CARE PRODUCTS & DISCOUNTS

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

AWARD-WINNING PUBLICATIONS

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

INSURANCE & FINANCIAL SERVICES

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

PROTECTION OF YOUR RIGHTS

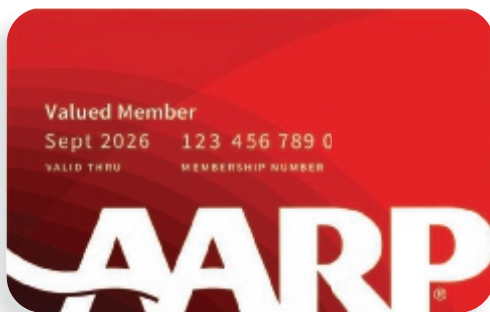
in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits

TRAVEL DISCOUNTS

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

COMMUNITY INVOLVEMENT

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



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

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

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

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

BA25584ST

AGT



MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Date of Birth _____ / _____ / _____
Month Day Year

For FREE Spouse/Partner Membership

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

FCSDUHCM

BA25584ST

OR

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

SAVE 25%



Visit aarp.org/ActToday



Or call 1-866-331-1964

Why sign up for Automatic Renewal?

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

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

AGT

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

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



Act today and make the most of membership.

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

**SAVE
25%**



Visit aarp.org/ActToday



Or call 1-866-331-1964



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

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

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. The check is labeled **SAMPLE** in the center.

Labels for the check fields:

- Account Holder Name**: John Doe, Street Address, Town, City Zip Code
- Check Number**: Check #1234
- Bank Routing Transit Number**: 123456789 (Must be 9 numbers)
- Bank Account Number**: 12345678 (Include all zeros)
- Check Number**: 1234 (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.

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.

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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**: Date: _____
- Pay to**: Pay to: _____
- Amount**: _____ Dollars
- Bank Name & Address**: Bank Name & Address
- Memo**: Memo: _____
- Signed by**: Signed by: _____
- Routing Number**: | :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.

TEAR HERE

TEAR HERE

**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF MEDICARE SUPPLEMENT INSURANCE**

UNITEDHEALTHCARE INSURANCE COMPANY

Hartford, Connecticut 06103

Administrative address: UnitedHealthcare, P.O. Box 105331, Atlanta, GA 30348-5331

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 insurance and replace it with a policy or certificate to be issued by UnitedHealthcare Insurance Company. Your new policy or certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy or certificate.

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

STATEMENT TO APPLICANT BY ISSUER, AGENT, BROKER OR OTHER REPRESENTATIVE:

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

- _____ Additional benefits.
_____ No change in benefits, but lower premiums.
_____ Fewer benefits and lower premiums
_____ Other (please specify)

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

(Signature of Agent, Broker or Other Representative)

(Typed Name and Address of Issuer, Agent, or Broker)

(Date)

(Applicant's Signature)

(Date)

Complete and submit this copy with the application



TEAR HERE

TEAR HERE

**NOTICE TO APPLICANT REGARDING REPLACEMENT
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_____ No change in benefits, but lower premiums.
_____ Fewer benefits and lower premiums
_____ Other (please specify)

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(Signature of Agent, Broker or Other Representative)

(Typed Name and Address of Issuer, Agent, or Broker)

(Date)

(Applicant's Signature)

(Date)

Complete and keep this copy for your records



Glossary: Prescription Drugs

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

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

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

Partial Prescription Drug List

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

[illegible]

NOTES

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

NOTES

[illegible]

[illegible]

[illegible]

NOTES

[illegible]

[illegible]

NOTES

[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.

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Phone



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

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