



Enrollment Kit

New Jersey

Enrollment is for August 1, 2021 – July 1, 2022 plan effective dates.

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

Meet the Medicare supplement insurance plans built to support you at every step.

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. You can see any provider that accepts Medicare patients without network restrictions, and you can see a specialist without first getting a referral. In fact, 95% of plan holders surveyed are satisfied with that ability.¹



Longevity. Predictability and stability can help you better manage your health care expenses. With more than 40 years of experience and an “A” rating by A.M. Best,² 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 service that works, and our member satisfaction surveys can testify. 95% of surveyed members are satisfied with their AARP Medicare Supplement Insurance Plan¹ – and 9 out of 10 of those surveyed would recommend their plans to a friend or family member.¹

With this enrollment kit, you can review benefits and rates for each available plan. You'll also learn about discounts and our unique value-added services⁴ that may be available to you.

Your licensed insurance agent will review the enclosed information with you, and answer your questions.

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

Warm regards,

Joseph A. Hafermann
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.

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 From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., “Medicare Supplement Plan Satisfaction Posted Questionnaire,” March 2019, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ² From A.M. Best Company, Inc., data retrieved in March 2019 from ambest.com. In 2019, UnitedHealthcare Insurance Company is rated “A” by A.M. Best, an independent organization that evaluates insurance company financial performance. 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.
- ³ From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2018 Medigap Enrollment & Market Share,” April 2019, 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 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.

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



Questions? Contact your licensed insurance agent or call UnitedHealthcare toll-free: 1-866-387-7550 Monday – Friday, 7 a.m. to 11 p.m. and Saturday 9 a.m. to 5 p.m., Eastern Time.



Exclusive Services & Discounts



AARP Medicare Supplement Insurance Plans,
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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 these insured member discounts and services in 2021.



Gym Membership

Renew Active™ by UnitedHealthcare:

- A gym membership at a location near you, at no additional cost.
- Access to an extensive network of premium gyms and fitness locations near you.
- A personal fitness plan, plus access to a wide variety of fitness classes.
- Connecting with others at local health and wellness events, and through the Fitbit® Community for Renew Active members.



Brain Health

AARP Staying Sharp:

Online brain health program that helps support a healthy brain lifestyle. AARP® Staying Sharp® includes: a brain health assessment, articles, brain exercises, activities, recipes, and brain games.



Dental Discount

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

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

The Dentegra dental discount is not insurance.



Vision Discount

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

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



Hearing Discount

A discount on hearing aids and access to screenings by certified HearUSA hearing care providers.

The Hearing Care Program by HearUSA includes:

- The AARP member rate plus an additional \$100 discount on hearing devices in the top 5 tiers of technology and features, ranging from standard to premium.
- Extended warranties on many of HearUSA's digital hearing aids.
- Your very own hearing health support team.



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.

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

These offers are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare. 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. None of these services should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. Note that certain services are provided by Affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare.

Renew Active by UnitedHealthcare

Participation in the Renew Active™ program is voluntary. Renew Active includes standard 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. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Participation in the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

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).

Access to this service is subject to your acceptance of Staying Sharp's Terms of Use and AARP's Privacy Policy. Existing Users who have already accepted AARP's Terms of Use and Privacy Policy will not be required to create a new AARP Online Account, but should refer to the additional Terms of Use regarding AARP Staying Sharp. AARP Staying Sharp is the registered trademark of AARP.

Participation in the brain health assessment is voluntary.

Your health assessment responses will be kept confidential in accordance with applicable law and will only be used to provide health and wellness recommendations within the AARP Staying Sharp program.

Dentegra Dental Discount

[†]Dentegra Fee Schedules vs. Fair Health Mean Data

THIS IS NOT INSURANCE and not intended to replace insurance.

All decisions about medications and dental care are between you and your dentist or health care provider. The Dentegra dental discount is not a Qualified Health Plan under the Affordable Care Act. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. The Dentegra dental discount provides discounts at certain health care providers for dental services.

The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra dental discount does not make payments to the providers of dental services. Individuals who utilize the Dentegra dental discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

AARP Vision Discounts provided by EyeMed

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

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

**Present offer to receive a bonus \$50 off your AARP Vision Discount 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.

Discounts are off tag price. Select brands excluded including: Varilux lenses, and Cartier frames. Void where prohibited. See associate for details. Offer expires 12/31/2021. Code 755453.

Hearing program by HearUSA

HearUSA makes available a network of hearing care providers through which AARP members may access AARP Hearing Program Discounts. All decisions about medications, medical care and hearing 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. HearUSA 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. HearUSA is not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services, products or information provided by this program. You are strongly encouraged to evaluate your own needs.

Hearing aid discount from HearUSA is \$100 off already discounted AARP Member pricing for HearUSA hearing aids. Discount only applies to hearing aids in HearUSA pricing levels 1-5 (minimum purchase of \$1300 hearing aid required to receive discount.) One complimentary hearing screening and other hearing discounts, services or offerings contingent upon purchase of qualifying hearing aids. Complimentary hearing screening only available from HearUSA Network providers.

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

¹Some facilities charge an administrative fee. When registering, check local course listings for administrative fee information.

²Upon 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.

AARP Medicare Supplement Insurance Plans

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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 & Wellness

Discounts on hearing exams, hearing aids, eyeglasses, and prescription drugs, as well as health and wellness tools.



Retail & Dining

Discounts on clothing, gifts, and groceries, in addition to restaurants.



Insurance² & Finances

Access to multiple insurance programs, as well as other financial services such as financial planning and free tax preparation for those who qualify.



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.



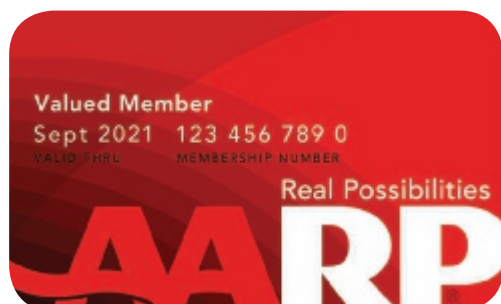
Home & Auto

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



Magazine, Advocacy & Community

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



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

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

¹ 2018 AARP Annual Report. Retrieved April 9, 2020, from <https://www.aarp.org/about-aarp/company/annual-reports/>

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



Plans & Rates

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
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Overview of Available Plans

Medicare Supplement Plans A, B, C, D, F, G, K, L and N are currently being offered by UnitedHealthcare Insurance Company.

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

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2021 ²					\$6220 ²	\$3110 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for New Jersey

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Standard Rates with Enrollment Discount ² for individuals ages 65-76 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
65	\$105.76	\$146.08	\$143.36	\$143.52	\$56.48	\$82.56	\$116.96	\$182.56	\$173.92
66	\$110.71	\$152.92	\$150.08	\$150.24	\$59.12	\$86.43	\$122.44	\$191.11	\$182.07
67	\$115.67	\$159.77	\$156.80	\$156.97	\$61.77	\$90.30	\$127.92	\$199.67	\$190.22
68	\$120.63	\$166.62	\$163.52	\$163.70	\$64.42	\$94.17	\$133.40	\$208.23	\$198.37
69	\$125.59	\$173.47	\$170.24	\$170.43	\$67.07	\$98.04	\$138.89	\$216.79	\$206.53
70	\$130.54	\$180.31	\$176.96	\$177.15	\$69.71	\$101.91	\$144.37	\$225.34	\$214.68
71	\$135.50	\$187.16	\$183.68	\$183.88	\$72.36	\$105.78	\$149.85	\$233.90	\$222.83
72	\$140.46	\$194.01	\$190.40	\$190.61	\$75.01	\$109.65	\$155.33	\$242.46	\$230.98
73	\$145.42	\$200.86	\$197.12	\$197.34	\$77.66	\$113.52	\$160.82	\$251.02	\$239.14
74	\$150.37	\$207.70	\$203.84	\$204.06	\$80.30	\$117.39	\$166.30	\$259.57	\$247.29
75	\$155.33	\$214.55	\$210.56	\$210.79	\$82.95	\$121.26	\$171.78	\$268.13	\$255.44
76	\$160.29	\$221.40	\$217.28	\$217.52	\$85.60	\$125.13	\$177.26	\$276.69	\$263.59
	Standard Rates for individuals ages 77 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
77+	\$165.25	\$228.25	\$224.00	\$224.25	\$88.25	\$129.00	\$182.75	\$285.25	\$271.75
	Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .								
65+	\$247.87	\$342.37	\$336.00	\$396.92	\$132.37	\$193.50	\$305.19	\$427.87	\$407.62

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
75+	\$181.77	\$251.07	\$246.40	\$246.67	\$97.07	\$141.90	\$201.02	\$313.77	\$298.92
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .								
75+	\$247.87	\$342.37	\$336.00	\$396.92	\$132.37	\$193.50	\$305.19	\$427.87	\$407.62

The rates above are for plan effective dates from August 2021 - July 2022 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for New Jersey

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Standard Rates with Enrollment Discount ² for individuals ages 65-76 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
65	\$116.33	\$160.68	\$157.69	\$157.86	\$62.12	\$90.81	\$128.65	\$200.81	\$191.30
66	\$121.78	\$168.21	\$165.08	\$165.26	\$65.03	\$95.07	\$134.68	\$210.22	\$200.27
67	\$127.23	\$175.74	\$172.48	\$172.66	\$67.94	\$99.33	\$140.71	\$219.63	\$209.24
68	\$132.69	\$183.28	\$179.87	\$180.06	\$70.86	\$103.58	\$146.74	\$229.05	\$218.21
69	\$138.14	\$190.81	\$187.26	\$187.46	\$73.77	\$107.84	\$152.77	\$238.46	\$227.17
70	\$143.59	\$198.34	\$194.65	\$194.86	\$76.68	\$112.10	\$158.80	\$247.87	\$236.14
71	\$149.05	\$205.87	\$202.04	\$202.26	\$79.59	\$116.35	\$164.83	\$257.29	\$245.11
72	\$154.50	\$213.40	\$209.44	\$209.66	\$82.50	\$120.61	\$170.86	\$266.70	\$254.08
73	\$159.95	\$220.94	\$216.83	\$217.06	\$85.42	\$124.87	\$176.89	\$276.11	\$263.04
74	\$165.41	\$228.47	\$224.22	\$224.46	\$88.33	\$129.12	\$182.92	\$285.53	\$272.01
75	\$170.86	\$236.00	\$231.61	\$231.86	\$91.24	\$133.38	\$188.95	\$294.94	\$280.98
76	\$176.31	\$243.53	\$239.00	\$239.26	\$94.15	\$137.64	\$194.98	\$304.35	\$289.95
	Standard Rates for individuals ages 77 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
77+	\$181.77	\$251.07	\$246.40	\$246.67	\$97.07	\$141.90	\$201.02	\$313.77	\$298.92
	Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .								
65+	\$272.65	\$376.60	\$369.60	\$436.60	\$145.60	\$212.85	\$335.70	\$470.65	\$448.38

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.								
75+	\$199.94	\$276.17	\$271.04	\$271.33	\$106.77	\$156.09	\$221.12	\$345.14	\$328.81
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.								
75+	\$272.65	\$376.60	\$369.60	\$436.60	\$145.60	\$212.85	\$335.70	\$470.65	\$448.38

The rates above are for plan effective dates from August 2021 - July 2022 and may change.

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Male Non-Tobacco Monthly Plan Rates for New Jersey

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Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Standard Rates with Enrollment Discount ² for individuals ages 65-76 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
65	\$121.44	\$167.84	\$164.64	\$164.80	\$64.96	\$94.88	\$134.40	\$209.76	\$199.68
66	\$127.13	\$175.70	\$172.35	\$172.52	\$68.00	\$99.32	\$140.70	\$219.59	\$209.04
67	\$132.82	\$183.57	\$180.07	\$180.25	\$71.05	\$103.77	\$147.00	\$229.42	\$218.40
68	\$138.51	\$191.44	\$187.79	\$187.97	\$74.09	\$108.22	\$153.30	\$239.25	\$227.76
69	\$144.21	\$199.31	\$195.51	\$195.70	\$77.14	\$112.67	\$159.60	\$249.09	\$237.12
70	\$149.90	\$207.17	\$203.22	\$203.42	\$80.18	\$117.11	\$165.90	\$258.92	\$246.48
71	\$155.59	\$215.04	\$210.94	\$211.15	\$83.23	\$121.56	\$172.20	\$268.75	\$255.84
72	\$161.28	\$222.91	\$218.66	\$218.87	\$86.27	\$126.01	\$178.50	\$278.58	\$265.20
73	\$166.98	\$230.78	\$226.38	\$226.60	\$89.32	\$130.46	\$184.80	\$288.42	\$274.56
74	\$172.67	\$238.64	\$234.09	\$234.32	\$92.36	\$134.90	\$191.10	\$298.25	\$283.92
75	\$178.36	\$246.51	\$241.81	\$242.05	\$95.41	\$139.35	\$197.40	\$308.08	\$293.28
76	\$184.05	\$254.38	\$249.53	\$249.77	\$98.45	\$143.80	\$203.70	\$317.91	\$302.64
	Standard Rates for individuals ages 77 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
77+	\$189.75	\$262.25	\$257.25	\$257.50	\$101.50	\$148.25	\$210.00	\$327.75	\$312.00
	Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .								
65+	\$284.62	\$393.37	\$385.87	\$455.77	\$152.25	\$222.37	\$350.70	\$491.62	\$468.00

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.								
75+	\$208.72	\$288.47	\$282.97	\$283.25	\$111.65	\$163.07	\$231.00	\$360.52	\$343.20
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.								
75+	\$284.62	\$393.37	\$385.87	\$455.77	\$152.25	\$222.37	\$350.70	\$491.62	\$468.00

The rates above are for plan effective dates from August 2021 - July 2022 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for New Jersey

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Standard Rates with Enrollment Discount ² for individuals ages 65-76 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
65	\$133.58	\$184.62	\$181.10	\$181.28	\$71.45	\$104.36	\$147.84	\$230.73	\$219.64
66	\$139.84	\$193.27	\$189.58	\$189.77	\$74.80	\$109.25	\$154.77	\$241.54	\$229.94
67	\$146.10	\$201.92	\$198.07	\$198.27	\$78.15	\$114.14	\$161.70	\$252.36	\$240.24
68	\$152.36	\$210.58	\$206.56	\$206.77	\$81.50	\$119.04	\$168.63	\$263.17	\$250.53
69	\$158.62	\$219.23	\$215.05	\$215.27	\$84.85	\$123.93	\$175.56	\$273.99	\$260.83
70	\$164.88	\$227.89	\$223.54	\$223.76	\$88.20	\$128.82	\$182.49	\$284.81	\$271.12
71	\$171.15	\$236.54	\$232.03	\$232.26	\$91.55	\$133.71	\$189.42	\$295.62	\$281.42
72	\$177.41	\$245.19	\$240.52	\$240.76	\$94.90	\$138.60	\$196.35	\$306.44	\$291.72
73	\$183.67	\$253.85	\$249.01	\$249.26	\$98.25	\$143.50	\$203.28	\$317.25	\$302.01
74	\$189.93	\$262.50	\$257.50	\$257.75	\$101.60	\$148.39	\$210.21	\$328.07	\$312.31
75	\$196.19	\$271.16	\$265.99	\$266.25	\$104.95	\$153.28	\$217.14	\$338.88	\$322.60
76	\$202.45	\$279.81	\$274.48	\$274.75	\$108.30	\$158.17	\$224.07	\$349.70	\$332.90
	Standard Rates for individuals ages 77 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .								
77+	\$208.72	\$288.47	\$282.97	\$283.25	\$111.65	\$163.07	\$231.00	\$360.52	\$343.20
	Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .								
65+	\$313.08	\$432.70	\$424.45	\$501.35	\$167.47	\$244.60	\$385.77	\$540.78	\$514.80

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.								
75+	\$229.59	\$317.31	\$311.26	\$311.57	\$122.81	\$179.37	\$254.10	\$396.57	\$377.52
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.								
75+	\$313.08	\$432.70	\$424.45	\$501.35	\$167.47	\$244.60	\$385.77	\$540.78	\$514.80

The rates above are for plan effective dates from August 2021 - July 2022 and may change.

Cover Page - Rates Under 65 Monthly Plan Rates for New Jersey

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates								
50-64	N/A	N/A	\$143.36	N/A	N/A	N/A	N/A	\$182.56	N/A
	Female Tobacco Rates								
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Male Non-Tobacco Rates								
50-64	N/A	N/A	\$164.64	N/A	N/A	N/A	N/A	\$209.76	N/A
	Male Tobacco Rates								
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The rates above are for plan effective dates from August 2021 - July 2022 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 76. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

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

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 Refer to Section 6 of the application.

4 **IMPORTANT:** Plans C and F are available to eligible Applicants with a 65th birthday prior to 1/1/2020. Plan C is available to eligible Applicants who will be age 50 or older after 1/1/2020 with a Medicare Part A effective date prior to 1/1/2020. These plans are not available to Applicants who turn age 65 (or if under 65, have Part A effective dates) on or after 1/1/2020.



Eligibility & Benefits



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.

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Your Guide to AARP Medicare Supplement Insurance Plans

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease and you **enrolled in Medicare Part B before 1/1/2020**, you may only apply for Plan C or Plan D. If you **enrolled in Medicare Part B on or after 1/1/2020**, you may only apply for Plan D. You must enroll within 6 months of enrolling in Medicare Part B or the beginning of the month that a retroactive determination

of eligibility for Medicare is made (12 months for Applicants enrolling in Plan D who first enrolled in Medicare Part B on or after 1/1/2020), unless you are entitled to Guaranteed Acceptance as shown in the "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 be eligible for Guaranteed Issue of a Medicare supplement plan if you lost or terminated other health coverage under one of the following circumstances. You must provide a copy of the termination notice or letter you received from your prior plan or employer and your Application Form must be received no more than 63 days after the termination date of your prior coverage.

Plans Available Without Underwriting For Applicants Entitled to Guaranteed Issue				
Guaranteed Issue Situations:	For Applicants Age 50-64 who are eligible for Medicare by reason of disability or End-Stage Renal Disease with:			Notice, letter or other documentation from prior insurer must include items below. Also, please answer the questions on the Application Form in the “Is your acceptance guaranteed” and “Your past and current coverage” sections.
	• A Medicare Part B Effective Date <u>PRIOR</u> to 1/1/2020. NOTE: You may only enroll in Plan C or Plan D.	• A Medicare Part B Effective Date on or <u>AFTER</u> 1/1/2020. NOTE: You may only enroll in Plan D.		
	For Applicants Age 65 and over with:			
	• A 65th birthday <u>PRIOR</u> to 1/1/2020. OR • A Medicare Part A Effective Date <u>PRIOR</u> to 1/1/2020.	• A 65th birthday <u>AND</u> Medicare Part A Effective Date on or <u>AFTER</u> 1/1/2020.		
1. Applicant loses, learns they have lost, or drops employer coverage.	A, B, C, F, K, L, N	A, B, D, G, K, L, N		<ul style="list-style-type: none">• Applicant’s name.• Plan Type – confirmation that it’s employer coverage being lost.• Coverage termination date.
2. Applicant is enrolled in a Medicare Advantage (MA), other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan and: <ul style="list-style-type: none">• The plan stops coverage in the area, or• The plan sends notice it will stop coverage, or• Applicant moves out of the service area	A, B, C, F, K, L, N	A, B, D, G, K, L, N		<ul style="list-style-type: none">• Applicant’s name.• Plan Type – confirmation that it’s a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan being lost.• Coverage termination date and one of the termination reasons shown in the first column.
3. Applicant is enrolled in an MA, other Medicare managed care, PACE or Medicare supplement (including Select) and the plan: <ul style="list-style-type: none">• Violates the insurance contract (for example, by failing to provide necessary medical care), or• Was misrepresented in marketing to the individual	A, B, C, F, K, L, N	A, B, D, G, K, L, N		<ul style="list-style-type: none">• Applicant’s name.• Plan Type – confirmation that it’s a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Supplement (including Select) being replaced.• Coverage termination date.• Termination reason.

4. Applicant is enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).	A, B, C, F, K, L, N	A, B, D, G, K, L, N	<ul style="list-style-type: none"> • Applicant's name. • Plan Type – confirmation that it's a Medicare supplement plan being lost. • Insurer name. • Reason for involuntary termination. • If available, documentation of bankruptcy of insurer. • Coverage termination date.
5. Applicant dropped Medicare supplement coverage to enroll for the first time in an MA, other Medicare managed care, PACE, or Select plan, and dropped that plan within two years.	<p>- If the previous plan you had was an AARP Medicare Supplement Plan, then you may apply for Plans A, B, C, F, K, L, N. Also, you can apply for Plan D or G without having to answer health questions only if Plan D or G was the Plan you previously had.</p> <p>- If the previous Medicare Supplement Plan* you had was with another insurer, then you can only apply for Plans A, B, C, F, K, L, N.</p>	A, B, D, G, K, L, N	<ul style="list-style-type: none"> • See information at the top of this chart.
6. On first enrolling in Medicare Part A at age 65 or older,** applicant enrolled in an MA or PACE plan at the same time, and dropped that plan within two years. **NOTE: The MA or PACE plan effective date must be equal to the Medicare Part A effective date for this qualifying event to apply.	A, B, C, D, F, G, K, L, N	A, B, D, G, K, L, N	<ul style="list-style-type: none"> • See information at the top of this chart.

*Prior Plan can also be a Medicare Select or High Deductible version of the Plan being applied for.

If you have any questions on your guaranteed right to insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Exclusions

- Benefits provided under Medicare.
 - Care not meeting Medicare's standards.
 - Injury or sickness payable by Workers' Compensation or similar laws.
 - Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
 - Stays, care, or visits for which no charge would be made to you in the absence of insurance.
 - Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.
- The following individuals are entitled to a waiver of this pre-existing condition exclusion:
1. Individuals who are replacing prior creditable coverage within 63 days after termination; or
 2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
 3. Individuals who are entitled to Guaranteed Issue; or
 4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

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

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

General Information

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

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers. You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

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

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

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

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

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$0	\$1,484 (Part A deductible)
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	\$0	Up to \$185.50 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan A (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan A Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan B

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan B Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	\$0	Up to \$185.50 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan B (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan B 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 \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan B 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 \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan C Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan C (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan C 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 \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan C 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 \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

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

Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan D

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan D Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

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

Service		Medicare Pays	Plan D 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 \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan D 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 \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

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

Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$203 of Medicare-approved amounts ³	\$0	\$203 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

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

Notes

³ Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

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

Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

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

Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan K Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$742 (50% of Part A deductible)	\$742 (50% of Part A deductible) ♦
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$92.75 per day	Up to \$92.75 per day ♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	50%	50% ♦
	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	50% of co-payment/ co-insurance	50% of Medicare co-payment/ co-insurance ♦

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Notes

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

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

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6220 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan K Pays	You Pay ⁴
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 \$203 of Medicare-approved amounts ⁵	\$0	\$0	\$203 (Part B deductible) ⁵ ◆
	Preventive Benefits for Medicare Covered Services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$6220) ⁴
Blood	First 3 pints	\$0	50%	50%◆
	Next \$203 of Medicare-approved amounts ⁵	\$0	\$0	\$203 (Part B deductible) ⁵ ◆
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan K Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$6220 per calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

5 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$203 of Medicare-approved amounts ⁶	\$0	\$0	\$203 (Part B deduct- ible)◆
	Remainder of Medicare-approved amounts	80%	10%	10%◆

Notes

6 Medicare benefits are subject to change.
Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan Benefit Tables: Plan L

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan L Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,113 (75% of Part A deductible)	\$371 (25% of Part A deductible) ♦
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$139.13 per day	Up to \$46.37 per day ♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	75%	25% ♦
	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	75% of co-payment/ co-insurance	25% of Medicare co-payment/ co-insurance ♦

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Notes

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

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

3 You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3110 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan L Pays	You Pay ⁴
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 \$203 of Medicare-approved amounts ⁵	\$0	\$0	\$203 (Part B deductible) ⁵ ◆
	Preventive Benefits for Medicare Covered Services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3110) ⁴
Blood	First 3 pints	\$0	75%	25%◆
	Next \$203 of Medicare-approved amounts ⁵	\$0	\$0	\$203 (Part B deductible) ⁵ ◆
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan L Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3110 per calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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5 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$203 of Medicare-approved amounts ⁶	\$0	\$0	\$203 (Part B deduct- ible)◆
	Remainder of Medicare-approved amounts	80%	15%	5%◆

Notes

6 Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61–90	All but \$371 per day	\$371 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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Notes

3 Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued

Service		Medicare Pays	Plan N Pays	You Pay
Durable Medical Equipment Medicare-approved services	First \$203 of Medicare-approved amounts ³	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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.

Premium information

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

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

Policy replacement

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

Notice

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

Complete answers are very important

When you fill out the enrollment application for the new certificate, be sure to answer 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.



Forms



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 AGNTU.aarpenrollment.com;
- ☐ 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, Horsham, PA. Policy form No. GRP 79171 GPS-1 (G-36000-4).

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

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

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

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

Application Form

AARP® Medicare Supplement Insurance Plans

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

Instructions

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

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

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

Applicant First Name _____ MI _____ Last Name _____

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

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

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

Mailing Address Line 2 _____ City _____ State _____ Zip _____

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

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

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

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

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

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

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

2460720307 _AGT



First Name

Last Name

2 Choose your Plan and start date.

Plan Choice

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time,
- if you are age 65 or older and are entitled to guaranteed acceptance, please look at "Your Guide" to determine which Plans you are eligible for guaranteed acceptance in without having to answer health questions.
- if you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD):

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan D |
| <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan G |
| <input type="checkbox"/> Plan K | <input type="checkbox"/> Plan L |
| | <input type="checkbox"/> Plan N |

You are eligible for Guaranteed Acceptance in Plan C if your Medicare Part B effective date is prior to 1/1/2020 and you apply:

- within six months of enrollment in Medicare Part B; or
- within six months beginning with the month in which a retroactive determination of eligibility for Medicare is made.

You are eligible for Guaranteed Acceptance in Plan D if your Medicare Part B effective date is prior to 1/1/2020 and you apply:

- within six months of enrollment in Medicare Part B and you are not covered by any other Medicare Supplement Plan; or
- your Medicare Part B effective date is on or after 1/1/2020 and you apply within 12 months of enrollment in Medicare Part B.

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or who will be age 65 or older on or after 1/1/2020 with a Medicare Part A Effective Date prior to 1/1/2020. If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, please see the Plan information shown above. Please call if you have questions.

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 **or** the beginning of the month that a retroactive determination of eligibility for Medicare is made (12 months for Applicants age 50-64 eligible for Medicare by reason of disability or End-Stage Renal Disease who are enrolling in Plan D and who first enrolled in Medicare Part B on or after 1/1/2020)?

☐ Yes ☐ No

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



First Name

Last Name

3 Is your acceptance guaranteed? (continued)

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

☐ Yes ☐ No

- If **YES**, and you are applying for a Plan that is eligible for guaranteed acceptance as defined in the Guaranteed Acceptance Section in "Your Guide", skip directly to **Section 9**.

If **YES** and you are applying for a Plan that is **NOT** eligible for guaranteed acceptance as defined in the Guaranteed Acceptance Section in "Your Guide", continue to **Section 4**.

Note: Applicants age 50-64 who answer **YES** and are eligible for Medicare by reason of disability or ESRD may only apply for the Plans shown in the Guaranteed Acceptance Section in "Your Guide".

- If you answered **NO** to both questions in **Section 3** and you are:
 - **age 65 or over**, continue to **Section 4**.
 - **age 50-64 and eligible for Medicare by reason of disability or ESRD**, you are **NOT** eligible to apply.

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

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

☐ Yes ☐ No ☐ Not Sure

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

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

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

☐ Yes ☐ No ☐ Not Sure

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

☐ Yes ☐ No ☐ Not Sure

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

☐ Yes ☐ No ☐ Not Sure



First Name

Last Name

5**Answer these eligibility health questions only if your acceptance is not guaranteed as defined in Section 3. (continued)****5D.** Within the past 2 years, did a medical professional tell you that you may need any of the following that **has NOT been completed**?

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

☐ Yes ☐ No ☐ Not Sure**Answering YES to any question in Section 5 will result in a denial of coverage.**

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

If you answered NOT SURE to any question in Section 5, we may follow up for additional information.**6****Answer these health questions to determine your rate only if your acceptance is not guaranteed as defined in Section 3.****6A.** Within the past 2 years, did you have (as determined by a medical professional) or were you diagnosed, treated, given medical advice or prescribed medications/refills for any of the following conditions?

- Atrial Fibrillation or Flutter
- Artery or Vein Blockage
- Peripheral Vascular Disease (PVD)
- Cardiomyopathy
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD) or Emphysema
- Chronic Kidney Disease
- Diabetes, but only if you have circulation problems or Retinopathy
- Cancer including Melanoma (but not other skin cancers), Leukemia and Lymphoma
- Cirrhosis of the Liver
- Macular Degeneration, but only if you have the wet form
- Multiple Sclerosis
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus (SLE)

☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure☐ Yes ☐ No ☐ Not Sure**6B.** Within the past 2 years, did you have (as determined by a medical professional) a Heart Attack, Stroke, Transient Ischemic Attack (TIA) or Mini-Stroke?☐ Yes ☐ No ☐ Not Sure**If you answered YES to any question in Section 6, your rate will be the Level 2 rate.****See the enclosed "Cover Page – Rates."****If you answered NOT SURE to any question, we may follow up for additional information.**



First Name

Last Name

7

Tell us about your medical providers.

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

Primary Physician

() -

Phone #

Address

City

State

ZIP Code

Specialist Name

Specialty

Diagnosis/Condition

Specialist Name

Specialty

Diagnosis/Condition

8

Tell us about your tobacco usage only if your acceptance is not guaranteed as defined in Section 3.

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

☐ Yes ☐ No

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

9

Your past and current coverage

Review the statements.

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



First Name

Last Name

9 Your past and current coverage (continued)

- 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.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

PLEASE ANSWER ALL QUESTIONS.**To the best of your knowledge,****Questions about Medicaid**

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No**Questions about Medicare Advantage plans (sometimes called Medicare Part C)**

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No



First Name

Last Name

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

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

Insurance Company: _____

Policy: _____

☐ Yes ☐ No**If YES, you must answer Question 9J.****9J.** Do you intend to replace your current Medicare supplement policy with this policy?**If YES, please enclose a copy of the Replacement Notice.**☐ Yes ☐ No**Questions about any other type of health insurance coverage****9K.** Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?**If YES, you must answer Questions 9L through 9N.**☐ Yes ☐ No**9L.** If so, with what insurance company and what kind of policy?**Insurance Company:** _____**Policy:**☐ HMO/PPO☐ Major Medical☐ Employer Plan☐ Union Plan☐ Other _____**9M.** What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.**Start Date**_____/_____/_____
Month Day Year**End Date**_____/_____/_____
Month Day Year**9N.** Are you replacing this health insurance?☐ Yes ☐ No**X****Your Signature** (required)**Today's Date** (required)_____/_____/_____
Month Day Year**10 Authorization and Verification of Application Information****Read carefully, and sign and date in the signature box.**

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.

- Any person who includes any false or misleading information on an application for insurance coverage is subject to criminal and civil penalties.



First Name

Last Name

10

Authorization and Verification of Application Information (continued)

- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

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

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

Authorization for the Release of Medical Information

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

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

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

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

X

Your Signature (required)

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

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



First Name

Last Name

11

For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

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

X _____ / /
Agent Signature (required) Agent ID (required) Today's Date (required)
Month Day Year

() -
Agent Email Address Agent Phone Number

X _____
Broker Name Broker ID

TEAR HERE

TEAR HERE



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

HEALTHCARE PRODUCTS & SERVICES

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

AWARD-WINNING PUBLICATIONS

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

FINANCIAL SERVICES access to life, auto and homeowners insurance, AARP-endorsed credit card, plus investment program 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 hotels, resorts, car rentals, tours, cruises and plane fares worldwide

COMMUNITY INVOLVEMENT

Local chapters with volunteer opportunities, social activities, Driver Safety Courses, and 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 agntu.aarpenrollment.com
Or call 1-866-331-1964

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

BA25522ST



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

OR

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

SAVE 25%



Visit agntu.aarpenrollment.com



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.

VCGFDAUH
AA25002ST

AGT

Here are some featured health related benefits of AARP that you'll have access to as a member:

- ✓ Supplemental Health Insurance
- ✓ Dental Coverage
- ✓ Hearing Care Program
- ✓ Vision Care Discounts
- ✓ Prescription Discounts
- ✓ AARP® Staying Sharp
- ✓ Health Tools
- ✓ Online Recipe Database
- ✓ Hearing Center
- ✓ Family Caregiving Resources
- ✓ Housing and Mobility Resources
- ✓ Local Assistance Directory



Act now and make the most of membership.

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

**SAVE
25%**



Visit agntu.aarpenrollment.com



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 e-mailing 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:** _____ Dollars
- Bank Name & Address:** _____
- Memo:** _____
- Signed by:** _____
- 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.

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**: Points to the top left field containing "John Doe", "Street Address", and "Town, City Zip Code".
- Check Number**: Points to the top right field containing "Check #1234".
- Date**: Points to the field "Date: _____".
- Pay to**: Points to the field "Pay to: _____".
- Bank Name & Address**: Points to the field "Bank Name & Address".
- Memo**: Points to the field "Memo: _____".
- Signed by**: Points to the field "Signed by: _____".
- Bank Routing Transit Number**: Points to the first part of the MICR line: "123456789".
- Bank Account Number**: Points to the second part of the MICR line: "12345678".
- Check Number**: Points to the third part of the MICR line: "1234".

The check also features a large "SAMPLE" watermark in the center and a MICR line at the bottom: "123456789 12345678 1234".

We look forward to continuing to serve you.

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

Horsham, Pennsylvania

Save this notice! It may be important to you in the future

According to the information you furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

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

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

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

- _____ Additional benefits.
- _____ No change in benefits, but lower premiums.
- _____ Fewer benefits and lower premiums
- _____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

- _____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.
- _____ Other (Please Specify) _____

1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to

- the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)



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the extent such time was spent (depleted) under the original policy.

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)



Glossary: Prescription Drugs

For **Agent/Producer use** to assist applicant with answering the health questions on the Application Form.

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

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

Partial Prescription Drug List

Drug Name	Medical Condition(s)
Abatacept	Rheumatoid arthritis
Abemaciclib	Cancer
Abiraterone Acetate	Cancer
Acclidinium Br-Formoterol Inh Powd	Chronic obstructive pulmonary disease, emphysema
Acclidinium Bromide Aerosol	Chronic obstructive pulmonary disease, emphysema
Actemra	Rheumatoid arthritis
Adalimumab	Rheumatoid arthritis
Afatinib	Cancer
Afinitor	Cancer
Aflibercept	Wet Macular degeneration
Aggrenox	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Aldactone	Congestive heart failure, Cardiomyopathy
Alecensa	Cancer
Alectinib	Cancer
Alemtuzumab	Multiple Sclerosis
Amiloride	Congestive heart failure
Amiodarone	Atrial fibrillation or flutter
Ampyra	Multiple Sclerosis
Anakinra	Rheumatoid arthritis
Anoro Ellipta	Chronic obstructive pulmonary disease, emphysema
Apalutamide	Cancer
Apixaban	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Aprepitant	Cancer
Aranesp	End-stage renal disease
Arava	Rheumatoid arthritis
Arixtra	Artery or vein blockage
Aromasin	Cancer

This information applies for plan effective dates of January 1, 2021 - December 1, 2021.

Drug Name	Medical Condition(s)
Aspirin-Dipyridamole	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Aubagio	Multiple Sclerosis
Avastin	Wet Macular degeneration
Avonex	Multiple Sclerosis
Baricitinib	Rheumatoid arthritis
Belimumab	Systemic lupus erythematosus
Benlysta	Systemic lupus erythematosus
Beovu	Wet Macular degeneration
Betapace	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Betaseron	Multiple Sclerosis
Bevacizumab	Wet Macular degeneration
Bicalutamide	Cancer
Bortezomib	Cancer, lymphoma
Brilinta	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Brolucizumab	Wet Macular degeneration
Calcitriol	Chronic kidney disease
Calcium Acetate	End-stage renal disease
Capecitabine	Cancer
Casodex	Cancer
Certolizumab	Rheumatoid arthritis
Chloroquine	Systemic lupus erythematosus
Cilostazol	Artery or vein blockage, peripheral vascular disease
Cimzia	Rheumatoid arthritis
Cinacalcet	End-stage renal disease
Clopidogrel	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Copaxone	Multiple Sclerosis
Cordarone	Atrial fibrillation or flutter
Corlanor	Congestive heart failure
Coumadin	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Cyclophosphamide	Cancer, leukemia, lymphoma

This information applies for plan effective dates of January 1, 2021 - December 1, 2021.

Drug Name	Medical Condition(s)
Cytosan	Cancer, leukemia, lymphoma
Dabigatran Etexilate Mesylate	Artery or vein blockage, atrial fibrillation or flutter
Dalfampridine	Multiple Sclerosis
Dalteparin	Artery or vein blockage
Darbepoetin Alfa	End-stage renal disease
Dasatinib	Leukemia
Digitex	Congestive heart failure, atrial fibrillation or flutter
Digoxin	Congestive heart failure, atrial fibrillation or flutter
Dimethyl fumarate	Multiple Sclerosis
Dipyridamole	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Diroximel fumarate	Multiple Sclerosis
Dofetilide	Atrial fibrillation or flutter
Doxercalciferol	End-stage renal disease
Dronedarone	Atrial fibrillation or flutter
Duaklir Pressair	Chronic obstructive pulmonary disease, emphysema
Edoxaban Tosylate	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Effient	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Eliquis	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Emend	Cancer
Enbrel	Rheumatoid arthritis
Enoxaparin	Artery or vein blockage
Entresto	Congestive heart failure
Enulose	Cirrhosis of the liver
Enzalutamide	Cancer
Epoetin Alfa	End-stage renal disease
Erleada	Cancer
Erlotinib	Cancer
Etanercept	Rheumatoid arthritis
Eulexin	Cancer
Everolimus	Cancer

Drug Name	Medical Condition(s)
Evomela	Cancer
Exemestane	Cancer
Extavia	Multiple Sclerosis
Eylea	Wet Macular degeneration
Fingolimod	Multiple Sclerosis
Flecainide	Atrial fibrillation or flutter
Flutamide	Cancer
Fluticasone-Umeclidinium-Vilanterol	Chronic obstructive pulmonary disease, emphysema
Fondaparinux Sodium	Artery or vein blockage
Fragmin	Artery or vein blockage
Generlac	Cirrhosis of the liver
Gilenya	Multiple Sclerosis
Gilotrif	Cancer
Glatiramer	Multiple Sclerosis
Gleevec	Leukemia
Golimumab	Rheumatoid arthritis
Hectorol	End-stage renal disease
Heparin	Artery or vein blockage
Humira	Rheumatoid arthritis
Hydrea	Cancer, leukemia
Hydroxychloroquine	Rheumatoid arthritis, systemic lupus erythematosus
Hydroxyurea	Cancer, leukemia
Ibrance	Cancer
Ibrutinib	Leukemia
Imatinib	Leukemia
Imbruvica	Leukemia
Incruse Ellipta	Chronic obstructive pulmonary disease, emphysema
Infliximab	Rheumatoid arthritis
Interferon beta 1a	Multiple Sclerosis
Interferon beta 1b	Multiple Sclerosis

Drug Name	Medical Condition(s)
Isordil	Artery or vein blockage, coronary artery disease, heart attack
Isosorbide	Artery or vein blockage, coronary artery disease, heart attack
Ivabradine	Congestive heart failure
Jantoven	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Kevzara	Rheumatoid arthritis
Kineret	Rheumatoid arthritis
Kionex	End-stage renal disease
Leflunomide	Rheumatoid arthritis
Lemtrada	Multiple Sclerosis
Lenalidomide	Cancer
Lucentis	Wet Macular degeneration
Macugen	Wet Macular degeneration
Mavenclad	Multiple Sclerosis
Mayzent	Multiple Sclerosis
Mekinist	Cancer
Melphalan	Cancer
Mercaptopurine	Cancer, leukemia
Methotrexate	Rheumatoid arthritis
Metolazone	Chronic kidney disease
Minitrans	Artery or vein blockage, coronary artery disease, heart attack
Multaq	Atrial fibrillation or flutter
Natalizumab	Multiple Sclerosis
Nephro Caps	End-stage renal disease
Neratinib	Cancer
Nerlynx	Cancer
Nexavar	Cancer
Nilotinib	Leukemia
Nitro-Dur, Nitro-Stat	Artery or vein blockage, coronary artery disease, heart attack
Nitroglycerin	Artery or vein blockage, coronary artery disease, heart attack
Ocrelizumab	Multiple Sclerosis

Drug Name	Medical Condition(s)
Ocrevus	Multiple Sclerosis
Olumiant	Rheumatoid arthritis
Orencia	Rheumatoid arthritis
Osimertinib	Cancer
Palbociclib	Cancer
Paricalcitol	End-stage renal disease
Pegaptanib	Wet Macular degeneration
Peginterferon beta 1a	Multiple Sclerosis
Pentoxifylline	Artery or vein blockage, peripheral vascular disease
Persantine	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Plaquenil	Rheumatoid arthritis, systemic lupus erythematosus
Plavix	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Plegridy	Multiple Sclerosis
Pletal	Artery or vein blockage, peripheral vascular disease
Pomalidomide	Cancer
Pomalyst	Cancer
Pradaxa	Artery or vein blockage, atrial fibrillation or flutter
Prasugrel	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Procrit	End-stage renal disease
Propafenone	Atrial fibrillation or flutter
Quinidine	Atrial fibrillation or flutter
Ranexa	Artery or vein blockage, coronary artery disease, heart attack
Ranibizumab	Wet Macular degeneration
Ranolazine	Artery or vein blockage, coronary artery disease, heart attack
Rebif	Multiple Sclerosis
Remicade	Rheumatoid arthritis
Renvela	End-stage renal disease
Revlimid	Cancer
Rinvoq	Rheumatoid arthritis
Rivaroxaban	Artery or vein blockage, atrial fibrillation or flutter

Drug Name	Medical Condition(s)
Rythmol	Atrial fibrillation or flutter
Sacubitril-Valsartan	Congestive heart failure
Sarilumab	Rheumatoid arthritis
Savaysa	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Sensipar	End-stage renal disease
Sevelamer	End-stage renal disease
Simponi	Rheumatoid arthritis
Siponimod	Multiple Sclerosis
Sorafenib	Cancer
Sorin	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Sotalol	Congestive heart failure, cardiomyopathy, atrial fibrillation or flutter
Spironolactone	Congestive heart failure, Cardiomyopathy
Sprycel	Leukemia
SPS 15 Suspension	End-stage renal disease
Sunitinib	Cancer
Sutent	Cancer
Tagrisso	Cancer
Tarceva	Cancer
Tasigna	Leukemia
Tecfidera	Multiple Sclerosis
Temodar	Cancer
Temozolomide	Cancer
Teriflunomide	Multiple Sclerosis
Ticagrelor	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Ticlid	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Ticlopidine	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA
Tikosyn	Atrial fibrillation or flutter
Tiotropium Br-Olodaterol Inhal Aero Soln	Chronic obstructive pulmonary disease, emphysema
Tocilizumab	Rheumatoid arthritis
Tofacitinib	Rheumatoid arthritis

This information applies for plan effective dates of January 1, 2021 - December 1, 2021.

Drug Name	Medical Condition(s)
Tolmetin	Rheumatoid arthritis
Trametinib	Cancer
Trelegy	Chronic obstructive pulmonary disease, emphysema
Tudorza	Chronic obstructive pulmonary disease, emphysema
Tysabri	Multiple Sclerosis
Umeclidinium Br Aero Powd Breath Act	Chronic obstructive pulmonary disease, emphysema
Umeclidinium-Vilanterol Aero Powd	Chronic obstructive pulmonary disease, emphysema
Upadacitinib	Rheumatoid arthritis
Velcade	Cancer, lymphoma
Verzenio	Cancer
Vumerity	Multiple Sclerosis
Warfarin	Artery or vein blockage, coronary artery disease, peripheral artery disease, heart attack, stroke, mini-stroke, TIA, atrial fibrillation or flutter
Xalkori	Cancer
Xarelto	Artery or vein blockage, atrial fibrillation or flutter
Xeljanz	Rheumatoid arthritis
Xeloda	Cancer
Xtandi	Cancer
Zaroxolyn	Chronic kidney disease
Zemplar	End-stage renal disease
Zytiga	Cancer

[illegible]

[illegible]

[illegible]

NOTES

[illegible]

NOTES

[illegible]

[illegible]

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

For Your Records:

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

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

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

What's Next:

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

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



Your Welcome Kit.

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



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 more — can be found when you log into **www.myaarpmedicare.com**.



Let's talk about your needs

Your licensed insurance agent contracted with UnitedHealthcare Insurance Company is here to help.

Name

Email

Phone



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

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

Insured by UnitedHealthcare Insurance Company, Horsham, PA (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.

BC10023ST