



# Enrollment Kit



## California

Enrollment materials are for June 1, 2022 – May 1, 2023 plan effective dates.

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

BC10037ST

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



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

Greetings!

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



## Control

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



## Longevity

Predictability and stability can help you better manage your health care expenses. With more than 40 years of experience and an “A” rating by A.M. Best,<sup>1</sup> UnitedHealthcare is a longstanding health insurance leader, covering more people with Medicare supplement plans nationwide than any other individual insurance carrier.<sup>3</sup>



## Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 95% of surveyed members satisfied with their AARP Medicare Supplement Insurance Plan<sup>2</sup> – and 9 out of 10 of those surveyed willing to recommend their plans to a friend or family member.<sup>2</sup>

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about discounts and UnitedHealthcare's unique value-added services<sup>4</sup> that may be available to you.

Your UnitedHealthcare licensed insurance agent will review the enclosed information with you, and answer any questions you may have.

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

Warm regards,

Joseph A. Hafermann  
President, Medicare Supplemental Health Insurance Program  
UnitedHealthcare

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from  **UnitedHealthcare**

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



**Questions?** Contact your licensed insurance agent.

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

- <sup>1</sup> A.M. Best affirmed UnitedHealthcare Insurance Company’s financial strength rating of “A” (Excellent) and maintained a stable outlook on December 18, 2020. An “A” rating from A.M. Best is its third-highest rating. The rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. [www.ambest.com](http://www.ambest.com).
- <sup>2</sup> From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., “Medicare Supplement Plan Satisfaction Posted Questionnaire,” March 2019, [www.uhcmcdsupstats.com](http://www.uhcmcdsupstats.com) or call 1-800-523-5800 to request a copy of the full report.
- <sup>3</sup> From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2019 Medigap Enrollment & Market Share,” April 2020, [www.uhcmcdsupstats.com](http://www.uhcmcdsupstats.com) or call 1-800-523-5800 to request a copy of the full report.
- <sup>4</sup> 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.**

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

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

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

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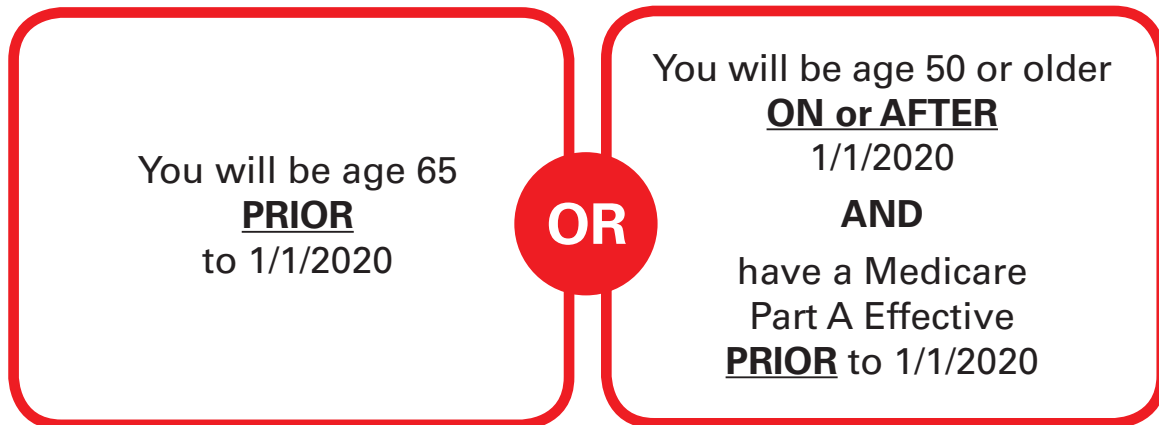
See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.



## IMPORTANT MESSAGE ABOUT PLAN C & PLAN F

For 1/1/2020 new plan start dates and later

Due to new Medicare rules, you may only apply for **Plan C** or **Plan F** for a 1/1/2020 or later plan start date if:



Please note that if you are age 50-64 and eligible for Medicare by reason of disability and do not have End-Stage Renal Disease and are not in your Birthday Open Enrollment Period and replacing a Medicare supplement plan, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you're entitled to Guaranteed Issue shown in the "Your Guide." If you were **eligible for Medicare Part A before 1/1/2020**, you may only apply for Plan A, B, C, F or K. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may only apply for Plan A, B, G or K.

If you do not meet either situation above, please refer to the enclosed materials for plans **other than** C and F that you may apply for.



### Questions?

Contact your licensed insurance agent/producer.





# Exclusive Services & Discounts



Exclusive Services & Discounts

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

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# Gym Membership, Discounts, and More

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



## Gym Membership

### Renew Active® by UnitedHealthcare:

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



## Brain Health

### AARP® Staying Sharp®:

An online brain health program from AARP Staying Sharp, including a brain health assessment, brain health challenges, videos and fun games.



## Dental Discount

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

- In-network discounts generally average 30-40%<sup>†</sup> 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.<sup>1</sup> When you take the AARP Smart Driver™ course, you could be eligible for a discount on your auto insurance.<sup>2</sup>

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 are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

### **Renew Active by UnitedHealthcare**

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

Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

### **AARP Staying Sharp**

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

Access to this service is subject to your acceptance of 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 brain 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. Varilux®, Cartier®, Lindberg®, Oakley Kato, Maui Jim® and wearable electronics frames excluded.

Void where prohibited. See associate for details. Offer expires 12/31/2022. 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**

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

2 Upon completion, you may be eligible to receive an auto insurance discount. Other restrictions may apply. Consult your agent for details.

This offer is non-transferrable and void where prohibited.

Your participation in the **AARP Smart Driver™** course is completely voluntary, and participation will not impact your health coverage. Participation in this offering is subject to your acceptance of the AARP® Smart Driver™ Terms of Use and Privacy Policy.

### **AARP Medicare Supplement Insurance Plans**

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

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# Discover the Real Possibilities of AARP Membership

## Membership with AARP means:

- ✓ being part of a community of nearly 38 million members.<sup>1</sup>
- ✓ benefiting from a nonprofit, nonpartisan social-welfare organization that has been advocating for the rights of people age 50 and over for over 60 years.<sup>1</sup>
- ✓ enjoying a range of exclusive discounts and offers such as the examples listed below, plus much more!



### Health & 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.



### Insurance<sup>2</sup> & 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](https://aarp.org/benefits)

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

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



# Bright Ways To Save



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

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

## **SAVE up to 36% with the Enrollment Discount**

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

## **SAVE 7% with the Multi-Insured Discount**

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

## **TAKE \$24 OFF with Electronic Funds Transfer**

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

## **SAVE \$24 per year with the Annual Payer Discount**

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

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

## **LOCK In Your Premium with the Rate Guarantee**

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

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# Plans & Rates



Plans & Rates

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## Overview of Available Plans

Medicare Supplement Plans A, B, C, 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 <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
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 <sup>3</sup>	✓	✓
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 2022 <sup>2</sup>					\$6620 <sup>2</sup>	\$3310 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2490 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.

<sup>2</sup> 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.

<sup>3</sup> 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.



# Your Plan and Rate



## 1 Review plans

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

## 2 Discover your rate with applicable discounts

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

### Enrollment Discount

#### For Applicants Age 65 and Older:

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

If the time period between your plan effective date and your 65th birthday (or your Medicare Part B effective date – whichever is later) is:	
Number of years:	You are in:
Less than 10	Group 1
10 or more	Group 2

If you are in Group 1 and under age 77, you may be eligible for the current Standard Rate with the Enrollment Discount. You can find information about the Enrollment Discount and the eligibility requirements on the back of this page.

### Multi-Insured Discount

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

## 3 Apply

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

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

# Understanding the Discounts



## Eligibility

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

- 65 to 74 or
- 75 to 76 and your plan effective date is within 10 years of your Medicare Part B effective date.

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

## How it works

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

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



### Example 1: Meet Jill\*

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

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

- Age discount will begin: 66
- Starting Enrollment Discount: 33%
- Enrollment Discount will change to 30% on her plan anniversary date of January 1 of the year Jill is age 67
- Multi-Insured Discount off the Standard Rate: 7%



### Example 2: Meet Harry\*

- Plan Effective Date: June 1st
- Harry's age on his Plan Effective Date: 79
- Time since his Medicare Part B enrollment: 11 years
- No medical conditions listed on the application
- Enrolled under own AARP Membership Number

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

Although Harry does not have a medical condition listed on the application, it has been more than 10 years since he enrolled in Medicare Part B so he is not eligible for the Enrollment Discount. Harry is not eligible for the Multi-Insured Discount since he is not enrolled with another member under the same AARP Membership Number.

	Age on Plan Effective Date	Enrollment Discount	Multi-Insured Discount
	65	36%	7%
<b>Jill</b>	<b>66</b>	<b>33%</b>	7%
	67	30%	7%
	68	27%	7%
	69	24%	7%
	70	21%	7%
	71	18%	7%
	72	15%	7%
	73	12%	7%
	74	9%	7%
	75	6%	7%
	76	3%	7%
	77	0%	7%

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

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## **Attention Applicants with Birthdays on 1/1/2020 and After**

This information modifies the information shown in **Question 3A** on the enclosed Application Form.

Your acceptance is guaranteed in any Plan you're eligible to enroll in, as long as you are enrolling:

- During your 60-day Birthday Open Enrollment Period that begins on your birthday **AND**;
- You are replacing a Medicare supplement plan with equal or lesser benefits.

If you meet this criteria, please answer "yes" to **Question 3A** on the enclosed Application Form.

**Please note** that your Application Form must be received during the 60-day period that begins on your birthday.



# Cover Page - Rates

## Non-Tobacco Monthly Plan Rates for California - Area 1

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$111.52	\$155.52	\$147.52	\$58.56	\$103.52	\$124.80	\$187.68	\$188.48
66	\$116.74	\$162.81	\$154.43	\$61.30	\$108.37	\$130.65	\$196.47	\$197.31
67	\$121.97	\$170.10	\$161.35	\$64.05	\$113.22	\$136.50	\$205.27	\$206.15
68	\$127.20	\$177.39	\$168.26	\$66.79	\$118.07	\$142.35	\$214.07	\$214.98
69	\$132.43	\$184.68	\$175.18	\$69.54	\$122.93	\$148.20	\$222.87	\$223.82
70	\$137.65	\$191.97	\$182.09	\$72.28	\$127.78	\$154.05	\$231.66	\$232.65
71	\$142.88	\$199.26	\$189.01	\$75.03	\$132.63	\$159.90	\$240.46	\$241.49
72	\$148.11	\$206.55	\$195.92	\$77.77	\$137.48	\$165.75	\$249.26	\$250.32
73	\$153.34	\$213.84	\$202.84	\$80.52	\$142.34	\$171.60	\$258.06	\$259.16
74	\$158.56	\$221.13	\$209.75	\$83.26	\$147.19	\$177.45	\$266.85	\$267.99
75	\$163.79	\$228.42	\$216.67	\$86.01	\$152.04	\$183.30	\$275.65	\$276.83
76	\$169.02	\$235.71	\$223.58	\$88.75	\$156.89	\$189.15	\$284.45	\$285.66
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$174.25	\$243.00	\$230.50	\$91.50	\$161.75	\$195.00	\$293.25	\$294.50

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$217.81	\$303.75	\$288.12	\$114.37	\$202.18	\$243.75	\$366.56	\$368.12

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates

## Tobacco Monthly Plan Rates for California - Area 1

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>							
65	\$122.66	\$171.07	\$162.27	\$64.41	\$113.86	\$137.28	\$206.44	\$207.32
66	\$128.41	\$179.09	\$169.87	\$67.43	\$119.20	\$143.71	\$216.12	\$217.04
67	\$134.16	\$187.11	\$177.48	\$70.45	\$124.54	\$150.15	\$225.79	\$226.76
68	\$139.91	\$195.12	\$185.09	\$73.47	\$129.88	\$156.58	\$235.47	\$236.48
69	\$145.66	\$203.14	\$192.69	\$76.49	\$135.21	\$163.02	\$245.15	\$246.20
70	\$151.41	\$211.16	\$200.30	\$79.51	\$140.55	\$169.45	\$254.83	\$255.92
71	\$157.16	\$219.18	\$207.91	\$82.53	\$145.89	\$175.89	\$264.50	\$265.63
72	\$162.91	\$227.20	\$215.51	\$85.55	\$151.23	\$182.32	\$274.18	\$275.35
73	\$168.66	\$235.22	\$223.12	\$88.57	\$156.56	\$188.76	\$283.86	\$285.07
74	\$174.41	\$243.24	\$230.73	\$91.59	\$161.90	\$195.19	\$293.53	\$294.79
75	\$180.16	\$251.26	\$238.33	\$94.61	\$167.24	\$201.63	\$303.21	\$304.51
76	\$185.91	\$259.28	\$245.94	\$97.63	\$172.58	\$208.06	\$312.89	\$314.23
	<b>Standard Rates for individuals ages 77 and older</b>							
77+	\$191.67	\$267.30	\$253.55	\$100.65	\$177.92	\$214.50	\$322.57	\$323.95

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Level 2 Rates</b>							
75+	\$239.58	\$334.12	\$316.93	\$125.81	\$222.40	\$268.12	\$403.21	\$404.93

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 1

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age <sup>1</sup>	Plan A	Plan B	Plan G <sup>4</sup>	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Non-Tobacco Rates</b>							
50-64	\$217.80	\$303.74	\$288.11	\$114.36	N/A	N/A	\$366.55	\$368.11
	<b>Tobacco Rates</b>							
50-64	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 June 2022 - May 2023 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.

**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 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 **NOTE (for individuals age 50-64 who are eligible for Medicare):** Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.

## CALIFORNIA Area 1 ZIP Codes

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

90001	90046	90093	90275	90602	90720	91001	91129	91331	91406	91617	91791
90002	90047	90094	90277	90603	90721	91003	91182	91333	91407	91618	91792
90003	90048	90095	90278	90604	90723	91006	91184	91334	91408	91702	91793
90004	90049	90096	90280	90605	90731	91007	91185	91335	91409	91706	91801
90005	90050	90099	90290	90606	90732	91008	91188	91337	91410	91711	91802
90006	90051	90189	90291	90607	90733	91009	91189	91340	91411	91714	91803
90007	90052	90201	90292	90608	90734	91010	91199	91341	91412	91715	91804
90008	90053	90202	90293	90609	90740	91011	91201	91342	91413	91716	91896
90009	90054	90209	90294	90610	90742	91012	91202	91343	91416	91722	91899
90010	90055	90210	90295	90620	90743	91016	91203	91344	91423	91723	92602
90011	90056	90211	90296	90621	90744	91017	91204	91345	91426	91724	92603
90012	90057	90212	90301	90622	90745	91020	91205	91346	91436	91731	92604
90013	90058	90213	90302	90623	90746	91021	91206	91350	91470	91732	92605
90014	90059	90220	90303	90624	90747	91023	91207	91351	91482	91733	92606
90015	90060	90221	90304	90630	90748	91024	91208	91352	91495	91734	92607
90016	90061	90222	90305	90631	90749	91025	91209	91353	91496	91735	92609
90017	90062	90223	90306	90632	90755	91030	91210	91354	91499	91740	92610
90018	90063	90224	90307	90633	90801	91031	91214	91355	91501	91741	92612
90019	90064	90230	90308	90637	90802	91040	91221	91356	91502	91744	92614
90020	90065	90231	90309	90638	90803	91041	91222	91357	91503	91745	92615
90021	90066	90232	90310	90639	90804	91042	91224	91364	91504	91746	92616
90022	90067	90233	90311	90640	90805	91043	91225	91365	91505	91747	92617
90023	90068	90239	90312	90650	90806	91046	91226	91367	91506	91748	92618
90024	90069	90240	90401	90651	90807	91066	91301	91371	91507	91749	92619
90025	90070	90241	90402	90652	90808	91077	91302	91372	91508	91750	92620
90026	90071	90242	90403	90660	90809	91101	91303	91376	91510	91754	92623
90027	90072	90245	90404	90661	90810	91102	91304	91380	91521	91755	92624
90028	90073	90247	90405	90662	90813	91103	91305	91381	91522	91756	92625
90029	90074	90248	90406	90670	90814	91104	91306	91382	91523	91759	92626
90030	90075	90249	90407	90671	90815	91105	91307	91383	91526	91765	92627
90031	90076	90250	90408	90680	90822	91106	91308	91384	91601	91766	92628
90032	90077	90251	90409	90701	90831	91107	91309	91385	91602	91767	92629
90033	90078	90254	90410	90702	90832	91108	91310	91386	91603	91768	92630
90034	90079	90255	90411	90703	90833	91109	91311	91387	91604	91769	92637
90035	90080	90260	90501	90704	90834	91110	91313	91390	91605	91770	92646
90036	90081	90261	90502	90706	90835	91114	91316	91392	91606	91771	92647
90037	90082	90262	90503	90707	90840	91115	91321	91393	91607	91772	92648
90038	90083	90263	90504	90710	90842	91116	91322	91394	91608	91773	92649
90039	90084	90264	90505	90711	90844	91117	91324	91395	91609	91775	92650
90040	90086	90265	90506	90712	90846	91118	91325	91396	91610	91776	92651
90041	90087	90266	90507	90713	90847	91121	91326	91401	91611	91778	92652
90042	90088	90267	90508	90714	90848	91123	91327	91402	91612	91780	92653
90043	90089	90270	90509	90715	90853	91124	91328	91403	91614	91788	92654
90044	90090	90272	90510	90716	90895	91125	91329	91404	91615	91789	92655
90045	90091	90274	90601	90717	90899	91126	91330	91405	91616	91790	92656

## CALIFORNIA Area 1 ZIP Codes CONTINUED

92657	92802	92869
92658	92803	92870
92659	92804	92871
92660	92805	92885
92661	92806	92886
92662	92807	92887
92663	92808	92899
92672	92809	93510
92673	92811	93532
92674	92812	93534
92675	92814	93535
92676	92815	93536
92677	92816	93539
92678	92817	93543
92679	92821	93544
92683	92822	93550
92684	92823	93551
92685	92825	93552
92688	92831	93553
92690	92832	93563
92691	92833	93584
92692	92836	93586
92693	92837	93590
92694	92838	93591
92697	92840	93599
92698	92841	
92701	92842	
92702	92843	
92703	92844	
92704	92845	
92705	92846	
92706	92850	
92707	92856	
92708	92857	
92711	92859	
92712	92861	
92728	92862	
92735	92863	
92780	92864	
92781	92865	
92782	92866	
92799	92867	
92801	92868	

*The following ZIP codes are no longer recognized by the U.S. Post Office: 89034 and 89035*



# Cover Page - Rates

## Non-Tobacco Monthly Plan Rates for California - Area 2

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

Plans Available to All Applicants								Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>	
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>									
65	\$116.16	\$162.08	\$153.60	\$60.96	\$107.84	\$130.08	\$195.52	\$196.32	
66	\$121.60	\$169.67	\$160.80	\$63.81	\$112.89	\$136.17	\$204.68	\$205.52	
67	\$127.05	\$177.27	\$168.00	\$66.67	\$117.95	\$142.27	\$213.85	\$214.72	
68	\$132.49	\$184.87	\$175.20	\$69.53	\$123.00	\$148.37	\$223.01	\$223.92	
69	\$137.94	\$192.47	\$182.40	\$72.39	\$128.06	\$154.47	\$232.18	\$233.13	
70	\$143.38	\$200.06	\$189.60	\$75.24	\$133.11	\$160.56	\$241.34	\$242.33	
71	\$148.83	\$207.66	\$196.80	\$78.10	\$138.17	\$166.66	\$250.51	\$251.53	
72	\$154.27	\$215.26	\$204.00	\$80.96	\$143.22	\$172.76	\$259.67	\$260.73	
73	\$159.72	\$222.86	\$211.20	\$83.82	\$148.28	\$178.86	\$268.84	\$269.94	
74	\$165.16	\$230.45	\$218.40	\$86.67	\$153.33	\$184.95	\$278.00	\$279.14	
75	\$170.61	\$238.05	\$225.60	\$89.53	\$158.39	\$191.05	\$287.17	\$288.34	
76	\$176.05	\$245.65	\$232.80	\$92.39	\$163.44	\$197.15	\$296.33	\$297.54	
<b>Standard Rates for individuals ages 77 and older</b>									
77+	\$181.50	\$253.25	\$240.00	\$95.25	\$168.50	\$203.25	\$305.50	\$306.75	

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$226.87	\$316.56	\$300.00	\$119.06	\$210.62	\$254.06	\$381.87	\$383.43

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates

## Tobacco Monthly Plan Rates for California - Area 2

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$127.77	\$178.28	\$168.96	\$67.05	\$118.62	\$143.08	\$215.07	\$215.94
66	\$133.76	\$186.64	\$176.88	\$70.19	\$124.18	\$149.79	\$225.15	\$226.07
67	\$139.75	\$194.99	\$184.80	\$73.33	\$129.74	\$156.49	\$235.23	\$236.19
68	\$145.74	\$203.35	\$192.72	\$76.48	\$135.30	\$163.20	\$245.31	\$246.31
69	\$151.73	\$211.71	\$200.64	\$79.62	\$140.86	\$169.91	\$255.39	\$256.43
70	\$157.72	\$220.07	\$208.56	\$82.76	\$146.42	\$176.62	\$265.47	\$266.56
71	\$163.71	\$228.42	\$216.48	\$85.91	\$151.98	\$183.32	\$275.56	\$276.68
72	\$169.70	\$236.78	\$224.40	\$89.05	\$157.54	\$190.03	\$285.64	\$286.80
73	\$175.69	\$245.14	\$232.32	\$92.19	\$163.10	\$196.74	\$295.72	\$296.92
74	\$181.68	\$253.49	\$240.24	\$95.34	\$168.66	\$203.44	\$305.80	\$307.05
75	\$187.67	\$261.85	\$248.16	\$98.48	\$174.22	\$210.15	\$315.88	\$317.17
76	\$193.66	\$270.21	\$256.08	\$101.62	\$179.78	\$216.86	\$325.96	\$327.29
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$199.65	\$278.57	\$264.00	\$104.77	\$185.35	\$223.57	\$336.05	\$337.42

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$249.56	\$348.21	\$330.00	\$130.96	\$231.68	\$279.46	\$420.06	\$421.77

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 2

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age <sup>1</sup>	Plan A	Plan B	Plan G <sup>4</sup>	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Non-Tobacco Rates</b>							
50-64	\$226.86	\$316.55	\$299.99	\$119.05	N/A	N/A	\$381.86	\$383.42
	<b>Tobacco Rates</b>							
50-64	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 June 2022 - May 2023 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.

**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 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 **NOTE (for individuals age 50-64 who are eligible for Medicare):** Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.

## CALIFORNIA Area 2 ZIP Codes

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

91319	91980	92067	92126	92186	92261	92554	93012
91320	91987	92068	92127	92187	92262	92555	93015
91358	92003	92069	92128	92191	92263	92556	93016
91359	92004	92070	92129	92192	92264	92557	93020
91360	92007	92071	92130	92193	92266	92561	93021
91361	92008	92072	92131	92195	92270	92562	93022
91362	92009	92074	92132	92196	92273	92563	93023
91377	92010	92075	92134	92197	92274	92564	93024
91752	92011	92078	92135	92198	92275	92567	93030
91901	92013	92079	92136	92199	92276	92570	93031
91902	92014	92081	92137	92201	92281	92571	93032
91903	92018	92082	92138	92202	92282	92572	93033
91905	92019	92083	92139	92203	92283	92581	93034
91906	92020	92084	92140	92210	92320	92582	93035
91908	92021	92085	92142	92211	92501	92583	93036
91909	92022	92086	92143	92220	92502	92584	93040
91910	92023	92088	92145	92222	92503	92585	93041
91911	92024	92091	92147	92223	92504	92586	93042
91912	92025	92092	92149	92225	92505	92587	93043
91913	92026	92093	92150	92226	92506	92589	93044
91914	92027	92096	92152	92227	92507	92590	93060
91915	92028	92101	92153	92230	92508	92591	93061
91916	92029	92102	92154	92231	92509	92592	93062
91917	92030	92103	92155	92232	92513	92593	93063
91921	92033	92104	92158	92233	92514	92595	93064
91931	92036	92105	92159	92234	92516	92596	93065
91932	92037	92106	92160	92235	92517	92599	93066
91933	92038	92107	92161	92236	92518	92860	93094
91934	92039	92108	92163	92239	92519	92877	93099
91935	92040	92109	92165	92240	92521	92878	
91941	92046	92110	92166	92241	92522	92879	
91942	92049	92111	92167	92243	92530	92880	
91943	92051	92112	92168	92244	92531	92881	
91944	92052	92113	92169	92247	92532	92882	
91945	92054	92114	92170	92248	92536	92883	
91946	92055	92115	92171	92249	92539	93001	
91948	92056	92116	92172	92250	92543	93002	
91950	92057	92117	92173	92251	92544	93003	
91951	92058	92118	92174	92253	92545	93004	
91962	92059	92119	92175	92254	92546	93005	
91963	92060	92120	92176	92255	92548	93006	
91976	92061	92121	92177	92257	92549	93007	
91977	92064	92122	92178	92258	92551	93009	
91978	92065	92123	92179	92259	92552	93010	
91979	92066	92124	92182	92260	92553	93011	

# Cover Page - Rates

## Non-Tobacco Monthly Plan Rates for California - Area 3

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$106.88	\$149.12	\$141.28	\$56.16	\$99.20	\$119.68	\$179.84	\$180.64
66	\$111.89	\$156.11	\$147.90	\$58.79	\$103.85	\$125.29	\$188.27	\$189.10
67	\$116.90	\$163.10	\$154.52	\$61.42	\$108.50	\$130.90	\$196.70	\$197.57
68	\$121.91	\$170.09	\$161.14	\$64.05	\$113.15	\$136.51	\$205.13	\$206.04
69	\$126.92	\$177.08	\$167.77	\$66.69	\$117.80	\$142.12	\$213.56	\$214.51
70	\$131.93	\$184.07	\$174.39	\$69.32	\$122.45	\$147.73	\$221.99	\$222.97
71	\$136.94	\$191.06	\$181.01	\$71.95	\$127.10	\$153.34	\$230.42	\$231.44
72	\$141.95	\$198.05	\$187.63	\$74.58	\$131.75	\$158.95	\$238.85	\$239.91
73	\$146.96	\$205.04	\$194.26	\$77.22	\$136.40	\$164.56	\$247.28	\$248.38
74	\$151.97	\$212.03	\$200.88	\$79.85	\$141.05	\$170.17	\$255.71	\$256.84
75	\$156.98	\$219.02	\$207.50	\$82.48	\$145.70	\$175.78	\$264.14	\$265.31
76	\$161.99	\$226.01	\$214.12	\$85.11	\$150.35	\$181.39	\$272.57	\$273.78
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$167.00	\$233.00	\$220.75	\$87.75	\$155.00	\$187.00	\$281.00	\$282.25

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$208.75	\$291.25	\$275.93	\$109.68	\$193.75	\$233.75	\$351.25	\$352.81

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates

## Tobacco Monthly Plan Rates for California - Area 3

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$117.56	\$164.03	\$155.40	\$61.77	\$109.12	\$131.64	\$197.82	\$198.70
66	\$123.07	\$171.72	\$162.68	\$64.66	\$114.23	\$137.81	\$207.09	\$208.01
67	\$128.59	\$179.41	\$169.97	\$67.56	\$119.35	\$143.99	\$216.37	\$217.32
68	\$134.10	\$187.09	\$177.25	\$70.45	\$124.46	\$150.16	\$225.64	\$226.64
69	\$139.61	\$194.78	\$184.54	\$73.35	\$129.58	\$156.33	\$234.91	\$235.95
70	\$145.12	\$202.47	\$191.82	\$76.25	\$134.69	\$162.50	\$244.18	\$245.27
71	\$150.63	\$210.16	\$199.11	\$79.14	\$139.81	\$168.67	\$253.46	\$254.58
72	\$156.14	\$217.85	\$206.39	\$82.04	\$144.92	\$174.84	\$262.73	\$263.89
73	\$161.65	\$225.54	\$213.68	\$84.93	\$150.04	\$181.01	\$272.00	\$273.21
74	\$167.16	\$233.23	\$220.96	\$87.83	\$155.15	\$187.18	\$281.28	\$282.52
75	\$172.67	\$240.92	\$228.25	\$90.72	\$160.27	\$193.35	\$290.55	\$291.84
76	\$178.18	\$248.61	\$235.53	\$93.62	\$165.38	\$199.52	\$299.82	\$301.15
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$183.70	\$256.30	\$242.82	\$96.52	\$170.50	\$205.70	\$309.10	\$310.47

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$229.62	\$320.37	\$303.52	\$120.65	\$213.12	\$257.12	\$386.37	\$388.08

*The rates above are for plan effective dates from June 2022 - May 2023 and may change..*

# Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 3

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age <sup>1</sup>	Plan A	Plan B	Plan G <sup>4</sup>	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Non-Tobacco Rates</b>							
50-64	\$208.74	\$291.24	\$275.92	\$109.67	N/A	N/A	\$351.24	\$352.80
	<b>Tobacco Rates</b>							
50-64	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 June 2022 - May 2023 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.

**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 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 **NOTE (for individuals age 50-64 who are eligible for Medicare):** Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.

## CALIFORNIA Area 3 ZIP Codes

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

91701	92323	92391	93190	93385	93454	94021	94129	94247	94501	94553	94609
91708	92324	92392	93199	93386	93455	94025	94130	94248	94502	94555	94610
91709	92325	92393	93203	93387	93456	94026	94131	94249	94503	94556	94611
91710	92327	92394	93205	93388	93457	94027	94132	94250	94505	94557	94612
91729	92329	92395	93206	93389	93458	94028	94133	94252	94506	94558	94613
91730	92331	92397	93215	93390	93460	94030	94134	94254	94507	94559	94614
91737	92332	92398	93216	93401	93461	94037	94137	94256	94508	94560	94615
91739	92333	92399	93220	93402	93463	94038	94139	94257	94509	94561	94617
91743	92334	92401	93222	93403	93464	94044	94140	94258	94511	94562	94618
91758	92335	92402	93224	93405	93465	94060	94141	94259	94513	94563	94619
91761	92336	92403	93225	93406	93475	94061	94142	94261	94514	94564	94620
91762	92337	92404	93226	93407	93483	94062	94143	94262	94515	94565	94621
91763	92338	92405	93238	93408	93501	94063	94144	94263	94516	94566	94622
91764	92339	92406	93240	93409	93502	94064	94145	94267	94517	94567	94623
91784	92340	92407	93241	93410	93504	94065	94146	94268	94518	94568	94624
91785	92341	92408	93243	93412	93505	94066	94147	94269	94519	94569	94649
91786	92342	92410	93249	93420	93516	94070	94151	94271	94520	94570	94659
92242	92344	92411	93250	93421	93518	94074	94158	94273	94521	94572	94660
92252	92345	92413	93251	93422	93519	94080	94159	94274	94522	94573	94661
92256	92346	92415	93252	93423	93523	94083	94160	94277	94523	94574	94662
92267	92347	92418	93254	93424	93524	94102	94161	94278	94524	94575	94666
92268	92350	92423	93255	93427	93527	94103	94163	94279	94525	94576	94701
92277	92352	92427	93263	93428	93528	94104	94164	94280	94526	94577	94702
92278	92354	93013	93268	93429	93531	94105	94172	94282	94527	94578	94703
92280	92356	93014	93276	93430	93554	94107	94177	94283	94528	94579	94704
92284	92357	93067	93280	93432	93555	94108	94188	94284	94529	94580	94705
92285	92358	93101	93283	93433	93556	94109	94203	94285	94530	94581	94706
92286	92359	93102	93285	93434	93558	94110	94204	94287	94531	94582	94707
92301	92363	93103	93287	93435	93560	94111	94205	94288	94536	94583	94708
92304	92364	93105	93301	93436	93561	94112	94206	94289	94537	94586	94709
92305	92365	93106	93302	93437	93562	94114	94207	94290	94538	94587	94710
92307	92366	93107	93303	93438	93581	94115	94208	94291	94539	94588	94712
92308	92368	93108	93304	93440	93592	94116	94209	94293	94540	94595	94720
92309	92369	93109	93305	93441	93596	94117	94211	94294	94541	94596	94801
92310	92371	93110	93306	93442	94002	94118	94229	94295	94542	94597	94802
92311	92372	93111	93307	93443	94005	94119	94230	94296	94543	94598	94803
92312	92373	93116	93308	93444	94010	94120	94232	94297	94544	94599	94804
92313	92374	93117	93309	93445	94011	94121	94234	94298	94545	94601	94805
92314	92375	93118	93311	93446	94014	94122	94235	94299	94546	94602	94806
92315	92376	93120	93312	93447	94015	94123	94236	94303	94547	94603	94807
92316	92377	93121	93313	93448	94016	94124	94237	94401	94548	94604	94808
92317	92378	93130	93314	93449	94017	94125	94239	94402	94549	94605	94820
92318	92382	93140	93380	93451	94018	94126	94240	94403	94550	94606	94850
92321	92385	93150	93383	93452	94019	94127	94244	94404	94551	94607	95201
92322	92386	93160	93384	93453	94020	94128	94245	94497	94552	94608	95202

## CALIFORNIA Area 3 ZIP Codes CONTINUED

95203	95451	95816
95204	95453	95817
95205	95457	95818
95206	95458	95819
95207	95461	95820
95208	95464	95821
95209	95467	95822
95210	95485	95823
95211	95493	95824
95212	95608	95825
95213	95609	95826
95215	95610	95827
95219	95611	95828
95220	95615	95829
95227	95621	95830
95230	95624	95831
95231	95626	95832
95234	95628	95833
95236	95630	95834
95237	95632	95835
95240	95638	95836
95241	95639	95837
95242	95641	95838
95253	95652	95840
95258	95655	95841
95267	95660	95842
95269	95662	95843
95296	95670	95851
95297	95671	95852
95304	95673	95853
95320	95680	95860
95330	95683	95864
95336	95686	95865
95337	95690	95866
95366	95693	95867
95376	95741	95894
95377	95742	95899
95378	95757	
95385	95758	
95391	95759	
95422	95763	
95423	95811	
95424	95812	
95426	95813	
95435	95814	
95443	95815	



# Cover Page - Rates

## Non-Tobacco Monthly Plan Rates for California - Area 4

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$96.48	\$134.56	\$127.52	\$50.56	\$89.44	\$108.00	\$162.24	\$162.88
66	\$101.00	\$140.86	\$133.49	\$52.93	\$93.63	\$113.06	\$169.84	\$170.51
67	\$105.52	\$147.17	\$139.47	\$55.30	\$97.82	\$118.12	\$177.45	\$178.15
68	\$110.04	\$153.48	\$145.45	\$57.67	\$102.01	\$123.18	\$185.05	\$185.78
69	\$114.57	\$159.79	\$151.43	\$60.04	\$106.21	\$128.25	\$192.66	\$193.42
70	\$119.09	\$166.09	\$157.40	\$62.41	\$110.40	\$133.31	\$200.26	\$201.05
71	\$123.61	\$172.40	\$163.38	\$64.78	\$114.59	\$138.37	\$207.87	\$208.69
72	\$128.13	\$178.71	\$169.36	\$67.15	\$118.78	\$143.43	\$215.47	\$216.32
73	\$132.66	\$185.02	\$175.34	\$69.52	\$122.98	\$148.50	\$223.08	\$223.96
74	\$137.18	\$191.32	\$181.31	\$71.89	\$127.17	\$153.56	\$230.68	\$231.59
75	\$141.70	\$197.63	\$187.29	\$74.26	\$131.36	\$158.62	\$238.29	\$239.23
76	\$146.22	\$203.94	\$193.27	\$76.63	\$135.55	\$163.68	\$245.89	\$246.86
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$150.75	\$210.25	\$199.25	\$79.00	\$139.75	\$168.75	\$253.50	\$254.50

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$188.43	\$262.81	\$249.06	\$98.75	\$174.68	\$210.93	\$316.87	\$318.12

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates

## Tobacco Monthly Plan Rates for California - Area 4

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-76</b>								
65	\$106.12	\$148.01	\$140.26	\$55.61	\$98.38	\$118.79	\$178.46	\$179.16
66	\$111.09	\$154.95	\$146.84	\$58.22	\$102.99	\$124.36	\$186.82	\$187.56
67	\$116.07	\$161.88	\$153.41	\$60.83	\$107.60	\$129.93	\$195.19	\$195.96
68	\$121.04	\$168.82	\$159.99	\$63.43	\$112.21	\$135.50	\$203.56	\$204.36
69	\$126.02	\$175.76	\$166.56	\$66.04	\$116.82	\$141.07	\$211.92	\$212.76
70	\$130.99	\$182.70	\$173.14	\$68.65	\$121.43	\$146.63	\$220.29	\$221.16
71	\$135.97	\$189.64	\$179.71	\$71.25	\$126.05	\$152.20	\$228.65	\$229.55
72	\$140.94	\$196.57	\$186.29	\$73.86	\$130.66	\$157.77	\$237.02	\$237.95
73	\$145.92	\$203.51	\$192.86	\$76.47	\$135.27	\$163.34	\$245.38	\$246.35
74	\$150.89	\$210.45	\$199.44	\$79.07	\$139.88	\$168.91	\$253.75	\$254.75
75	\$155.87	\$217.39	\$206.01	\$81.68	\$144.49	\$174.48	\$262.11	\$263.15
76	\$160.84	\$224.33	\$212.59	\$84.29	\$149.10	\$180.05	\$270.48	\$271.55
<b>Standard Rates for individuals ages 77 and older</b>								
77+	\$165.82	\$231.27	\$219.17	\$86.90	\$153.72	\$185.62	\$278.85	\$279.95

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 <sup>1</sup>	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
<b>Level 2 Rates</b>								
75+	\$207.27	\$289.08	\$273.96	\$108.62	\$192.15	\$232.02	\$348.56	\$349.93

*The rates above are for plan effective dates from June 2022 - May 2023 and may change.*

# Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 4

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

Plans Available to All Applicants							Medicare first eligible before 2020 only <sup>3</sup>	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age <sup>1</sup>	Plan A	Plan B	Plan G <sup>4</sup>	Plan K	Plan L	Plan N	Plan C <sup>3</sup>	Plan F <sup>3</sup>
	<b>Non-Tobacco Rates</b>							
50-64	\$188.42	\$262.80	\$249.05	\$98.74	N/A	N/A	\$316.86	\$318.11
	<b>Tobacco Rates</b>							
50-64	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 June 2022 - May 2023 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.

**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 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 **NOTE (for individuals age 50-64 who are eligible for Medicare):** Plan G is only available to eligible Applicants with a Medicare Part A effective date on or after 1/1/2020.

## CALIFORNIA Area 4 ZIP Codes

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

92328	93290	93628	93707	93791	94085	94941	95014	95077	95158	95316	95374
92384	93291	93630	93708	93792	94086	94942	95015	95101	95159	95317	95375
92389	93292	93631	93709	93793	94087	94945	95017	95103	95160	95318	95379
93201	93426	93633	93710	93794	94088	94946	95018	95106	95161	95319	95380
93202	93450	93634	93711	93844	94089	94947	95019	95108	95164	95321	95381
93204	93512	93635	93712	93888	94301	94948	95020	95109	95170	95322	95382
93207	93513	93636	93714	93901	94302	94949	95021	95110	95172	95323	95383
93208	93514	93637	93715	93902	94304	94950	95023	95111	95173	95324	95386
93210	93515	93638	93716	93905	94305	94951	95024	95112	95190	95325	95387
93212	93517	93639	93717	93906	94306	94952	95026	95113	95191	95326	95388
93218	93522	93640	93718	93907	94309	94953	95030	95115	95192	95327	95389
93219	93526	93641	93720	93908	94510	94954	95031	95116	95193	95328	95397
93221	93529	93642	93721	93912	94512	94955	95032	95117	95194	95329	95401
93223	93530	93643	93722	93915	94533	94956	95033	95118	95196	95333	95402
93227	93541	93644	93723	93920	94534	94957	95035	95119	95221	95334	95403
93230	93542	93645	93724	93921	94535	94960	95036	95120	95222	95335	95404
93232	93545	93646	93725	93922	94571	94963	95037	95121	95223	95338	95405
93234	93546	93647	93726	93923	94585	94964	95038	95122	95224	95340	95406
93235	93549	93648	93727	93924	94589	94965	95039	95123	95225	95341	95407
93237	93601	93649	93728	93925	94590	94966	95041	95124	95226	95343	95409
93239	93602	93650	93729	93926	94591	94970	95042	95125	95228	95344	95410
93242	93603	93651	93730	93927	94592	94971	95043	95126	95229	95345	95412
93244	93604	93652	93737	93928	94901	94972	95044	95127	95232	95346	95415
93245	93605	93653	93740	93930	94903	94973	95045	95128	95233	95347	95416
93246	93606	93654	93741	93932	94904	94974	95046	95129	95245	95348	95417
93247	93607	93656	93744	93933	94912	94975	95050	95130	95246	95350	95418
93256	93608	93657	93745	93940	94913	94976	95051	95131	95247	95351	95419
93257	93609	93660	93747	93942	94914	94977	95052	95132	95248	95352	95420
93258	93610	93661	93750	93943	94915	94978	95053	95133	95249	95353	95421
93260	93611	93662	93755	93944	94920	94979	95054	95134	95251	95354	95425
93261	93612	93664	93760	93950	94922	94998	95055	95135	95252	95355	95427
93262	93613	93665	93761	93953	94923	94999	95056	95136	95254	95356	95428
93265	93614	93666	93764	93954	94924	95001	95060	95138	95255	95357	95429
93266	93615	93667	93765	93955	94925	95002	95061	95139	95257	95358	95430
93267	93616	93668	93771	93960	94926	95003	95062	95140	95301	95360	95431
93270	93618	93669	93772	93962	94927	95004	95063	95141	95303	95361	95432
93271	93619	93670	93773	94022	94928	95005	95064	95148	95305	95363	95433
93272	93620	93673	93774	94023	94929	95006	95065	95150	95306	95364	95436
93274	93621	93675	93775	94024	94930	95007	95066	95151	95307	95365	95437
93275	93622	93701	93776	94035	94931	95008	95067	95152	95309	95367	95439
93277	93623	93702	93777	94039	94933	95009	95070	95153	95310	95368	95441
93278	93624	93703	93778	94040	94937	95010	95071	95154	95311	95369	95442
93279	93625	93704	93779	94041	94938	95011	95073	95155	95312	95370	95444
93282	93626	93705	93786	94042	94939	95012	95075	95156	95313	95372	95445
93286	93627	93706	93790	94043	94940	95013	95076	95157	95315	95373	95446

## CALIFORNIA Area 4 ZIP Codes CONTINUED

95448	95537	95618	95688	95923	95973	96035	96093	96146
95449	95538	95619	95689	95924	95974	96037	96094	96148
95450	95540	95620	95691	95925	95975	96038	96095	96150
95452	95542	95623	95692	95926	95976	96039	96096	96151
95454	95543	95625	95694	95927	95977	96040	96097	96152
95456	95545	95627	95695	95928	95978	96041	96099	96154
95459	95546	95629	95696	95929	95979	96044	96101	96155
95460	95547	95631	95697	95930	95980	96046	96103	96156
95462	95548	95633	95698	95932	95981	96047	96104	96157
95463	95549	95634	95699	95934	95982	96048	96105	96158
95465	95550	95635	95701	95935	95983	96049	96106	96160
95466	95551	95636	95703	95936	95984	96050	96107	96161
95468	95552	95637	95709	95937	95986	96051	96108	96162
95469	95553	95640	95712	95938	95987	96052	96109	
95470	95554	95642	95713	95939	95988	96054	96110	
95471	95555	95644	95714	95940	95991	96055	96111	
95472	95556	95645	95715	95941	95992	96056	96112	
95473	95558	95646	95717	95942	95993	96057	96113	
95476	95559	95648	95720	95943	96001	96058	96114	
95480	95560	95650	95721	95944	96002	96059	96115	
95481	95562	95651	95722	95945	96003	96061	96116	
95482	95563	95653	95724	95946	96006	96062	96117	
95486	95564	95654	95726	95947	96007	96063	96118	
95487	95565	95656	95728	95948	96008	96064	96119	
95488	95567	95658	95735	95949	96009	96065	96120	
95490	95568	95659	95736	95950	96010	96067	96121	
95492	95569	95661	95746	95951	96011	96068	96122	
95494	95570	95663	95747	95953	96013	96069	96123	
95497	95571	95664	95762	95954	96014	96070	96124	
95501	95573	95665	95765	95955	96015	96071	96125	
95502	95585	95666	95776	95956	96016	96073	96126	
95503	95587	95667	95798	95957	96017	96074	96127	
95511	95589	95668	95799	95958	96019	96075	96128	
95514	95595	95669	95901	95959	96020	96076	96129	
95518	95601	95672	95903	95960	96021	96078	96130	
95519	95602	95674	95910	95961	96022	96079	96132	
95521	95603	95675	95912	95962	96023	96080	96133	
95524	95604	95676	95913	95963	96024	96084	96134	
95525	95605	95677	95914	95965	96025	96085	96135	
95526	95606	95678	95915	95966	96027	96086	96136	
95527	95607	95679	95916	95967	96028	96087	96137	
95528	95612	95681	95917	95968	96029	96088	96140	
95531	95613	95682	95918	95969	96031	96089	96141	
95532	95614	95684	95919	95970	96032	96090	96142	
95534	95616	95685	95920	95971	96033	96091	96143	
95536	95617	95687	95922	95972	96034	96092	96145	





# Eligibility & Benefits



Eligibility & Benefits

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

AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25709ST

# Your Guide to AARP Medicare Supplement Insurance Plans

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

## Eligibility to Apply

To be eligible to apply, you must be an AARP member 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 and do not have End-Stage Renal Disease and are not in your Birthday Open Enrollment Period and replacing a Medicare supplement plan, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you're entitled to Guaranteed Issue as shown in the following "Guaranteed Issue" section. If you were **eligible for Medicare Part A before 1/1/2020**, you may only apply for Plan A, B, C, F or K. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may only apply for Plan A, B, G or K.)

## Guaranteed Issue

- 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.
- **There is also an annual Birthday Open Enrollment period** when you are replacing a Medicare Supplement plan (including Medicare Select) and your Application is received 30 days prior to, during, or 60 days after your birthday. If you were **eligible for Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, C, F, G, K, L or N without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, C, F, G, K, L or N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions. If you are **eligible for Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, G, K, L or N without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, G, K, L or N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
- You may also qualify for a **Six-Month Open Enrollment Period if any one of the following applies to you:** a) you lost an employer-sponsored health plan; b) you lost "Medi-Cal" due to an increase in your income or assets; c) you are a military retiree, or spouse of a retiree, and had your health care services cancelled due to a base closure, because the base no longer offers services, or because you relocated; or d) you had your Medicare supplement coverage cancelled because your residence changed to a location not serviced by your plan. If you were **eligible for Medicare Part A before 1/1/2020**, you may apply for Plan A, B, C, F, G, K, L or N. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may apply for Plan A, B, G, K, L or N.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
  - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
  - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage (123 days for the loss of a Medicare Advantage Plan). The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at [www.Medicare.gov/publications](http://www.Medicare.gov/publications). You may also want to contact the administrator of your prior health insurance plan or your local Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

## Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness that has been legally determined to be payable by Workers' Compensation or similar insurance, or for which the other insurance has paid.
- 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 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.

Continued ...

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**

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

## **The AARP Insurance Trust**

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

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

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

## **General Information**

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

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

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

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

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

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 A

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$0  \$389 a day  \$778 a day  100% of Medicare eligible expenses  \$0	\$1,556 (Part A Deductible) \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts  All but \$194.50 a day  \$0	\$0  \$0  \$0	\$0  Up to \$194.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan A

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$233 (Part B Deductible) \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$233 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved amounts*</li> <li>▪ Remainder of Medicare Approved amounts</li> </ul>	100%  \$0  80%	\$0  \$0  20%	\$0  \$233 (Part B Deductible) \$0
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## Plan B

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$1,556 (Part A Deductible)  \$389 a day  \$778 a day  100% of Medicare eligible expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day  101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day  \$0	\$0 \$0  \$0	\$0 Up to \$194.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan B

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts*  Remainder of Medicare Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$233 (Part B Deductible) \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts*  Remainder of Medicare Approved amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$233 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved amounts*</li> <li>▪ Remainder of Medicare Approved amounts</li> </ul>	100%  \$0  80%	\$0  \$0  20%	\$0  \$233 (Part B Deductible) \$0
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## Plan C

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan C

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0  Generally 80%	\$233 (Part B Deductible) Generally 20%	\$0  \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$233 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES–</b> Tests For Diagnostic Services	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved                amounts*</li> <li>▪ Remainder of Medicare Approved                amounts</li> </ul>	100%  \$0 80%	\$0  \$233 (Part B Deductible) 20%	\$0  \$0 \$0
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#### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan F

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0  Generally 80%	\$233 (Part B Deductible)  Generally 20%	\$0  \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$233 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved amounts*</li> <li>▪ Remainder of Medicare Approved amounts</li> </ul>	100%  \$0 80%	\$0  \$233 (Part B Deductible) 20%	\$0  \$0 \$0
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#### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan G

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$233 (Part B Deductible) \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$233 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved amounts*</li> <li>▪ Remainder of Medicare Approved amounts</li> </ul>	100%  \$0 80%	\$0  \$0 20%	\$0  \$233 (Part B Deductible) \$0
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### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

\* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment 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.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days (lifetime)</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$778 (50% of Part A Deductible) \$389 a day  \$778 a day  100% of Medicare Eligible Expenses \$0	\$778 (50% of Part A Deductible)◆ \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$97.25 a day \$0	\$0 \$97.25 a day◆ All costs
<b>BLOOD –</b> First 3 Pints Additional amounts	\$0 100%	50% \$0	50%◆ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	50% of copayment/coinsurance	50% of copayment/coinsurance◆

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

## Plan K

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

\*\*\*\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare Approved amounts Generally 80%	\$0  Remainder of Medicare Approved amounts  Generally 10%	\$233 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 10%◆
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$6620)*
<b>BLOOD</b> First 3 Pints Next \$233 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	50% \$0  Generally 10%	50%◆ \$233 (Part B Deductible)****◆ Generally 10%◆
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$6620 per 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.**

### PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved Amounts*****</li> <li>▪ Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0  80%	\$0  \$0  10%	\$0  \$233 (Part B Deductible)◆ 10%◆
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\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

## Plan L

\* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment 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.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days (lifetime)</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,167 (75% of Part A Deductible) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0	\$389 (25% of Part A Deductible)♦ \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$145.88 a day \$0	\$0 \$48.62 a day♦ All costs
<b>BLOOD –</b> First 3 Pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/ coinsurance	25% of copayment/ coinsurance♦

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

## Plan L

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

\*\*\*\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services  Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare Approved amounts  Generally 80%	\$0  Remainder of Medicare Approved amounts  Generally 15%	\$233 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 5%◆
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$3310)*
<b>BLOOD</b> First 3 Pints Next \$233 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	75% \$0  Generally 15%	25%◆ \$233 (Part B Deductible)****◆ Generally 5%◆
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3310 per 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.**

### PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved Amounts****</li> <li>▪ Remainder of Medicare Approved Amounts</li> </ul>	100%  \$0  80%	\$0  \$0  15%	\$0  \$233 (Part B Deductible)◆ 5%◆
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\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

# Plan N

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

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

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>▪ Additional 365 days</li> <li>▪ Beyond the additional 365 days</li> </ul>	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

## Plan N

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

\* Once you have been billed \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0  Generally 80%	\$0  Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$233 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$233 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> Tests For Diagnostic Services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
■ First \$233 of Medicare Approved amounts*	\$0	\$0	\$233 (Part B Deductible)
■ Remainder of Medicare Approved amounts	80%	20%	\$0

### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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### 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.

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### Disclosures

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

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### 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.

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### 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.

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### 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.

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### 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.

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### 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



Forms

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

AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25710ST

## Enrollment Checklist

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

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



### Application Form

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



### AARP Membership Form

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

- Log on to [AGNTU.aarpenrollment.com](http://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.



# 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](http://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

VCGFDAUH  
AA25002ST

**OR**

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

**SAVE 25%**



Visit [agntu.aarpenrollment.com](http://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.

## 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](http://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](mailto:member@aarp.org). We may steward your resources by converting your check into an electronic deposit.

TEAR HERE

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

---

## The Easiest Way to Pay

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

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

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

## Signing Up is Easy

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.**

TEAR HERE

## 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.

Account Holder Name

Check Number

John Doe  
Street Address  
Town, City Zip Code

Check #1234

Date: \_\_\_\_\_

Pay to: \_\_\_\_\_

SAMPLE

\_\_\_\_\_ Dollars

Bank Name & Address

Memo: \_\_\_\_\_ Signed by: \_\_\_\_\_

| : 123456789 : | 12345678 || 1234 ||

Bank Routing  
Transit Number –  
Must be 9 numbers

Bank Account  
Number –  
Include all zeros

Check Number –  
Do not include the check number (it may be  
before or after the account number) as it may  
delay processing.

We look forward to continuing to serve you.

TEAR HERE

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Member Name \_\_\_\_\_ AARP Member Number \_\_\_\_\_

Member Address \_\_\_\_\_

Street Address

Member Address \_\_\_\_\_

City

State

Zip Code

Bank Name \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

(9 digit number)

Account Type:  Checking

Savings (statement savings only)

Bank Account No. \_\_\_\_\_

Bank Account Holder's Name if other than Member \_\_\_\_\_

Bank Account Holder's Signature \_\_\_\_\_

### IMPORTANT

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

Account Holder Name

Check Number

John Doe  
Street Address  
Town, City Zip Code

Check #1234

Date: \_\_\_\_\_

Pay to: \_\_\_\_\_

SAMPLE

\_\_\_\_\_ Dollars

Bank Name & Address

Memo: \_\_\_\_\_ Signed by: \_\_\_\_\_

|:123456789:| 12345678 || 1234 ||

Bank Routing  
Transit Number –  
Must be 9 numbers

Bank Account  
Number –  
Include all zeros

Check Number –  
Do not include the check number (it may be  
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delay processing.

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**

If you intend to cancel or terminate existing Medicare Supplement or Medicare Advantage coverage and replace it with coverage issued by UnitedHealthcare Insurance Company, please review the new coverage carefully and replace the existing coverage ONLY if the new coverage materially improves your position. **DO NOT CANCEL YOUR PRESENT COVERAGE UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.**

If you decide to purchase the new coverage, you will have 30 days after you receive the policy to return it to the insurer, for any reason, and receive a refund of your money.

If you want to discuss buying Medicare Supplement or Medicare Advantage coverage with a trained insurance counselor, call the California Department of Insurance's toll-free telephone number 1-800-927-HELP, and ask how to contact your local Health Insurance Counseling and Advocacy Program (HICAP) office. HICAP is a service provided free of charge by the State of California.

**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, the replacement of insurance involved in this transaction does not duplicate coverage. In addition, the replacement coverage contains benefits that are clearly and substantially greater than your current benefits for the following reasons:

- |   |   |
|---|---|
| <input type="checkbox"/> Additional benefits that are: _____  | <input type="checkbox"/> Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment. |
| <input type="checkbox"/> No change in benefits, but lower premiums.   | <input type="checkbox"/> Other (Please Specify) _____   |
| <input type="checkbox"/> Fewer benefits and lower premiums  | _____   |
| <input type="checkbox"/> Plan has outpatient prescription drug coverage and applicant is enrolled in Medicare Part D. | _____   |

**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)

TEAR HERE



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| <input type="checkbox"/> No change in benefits, but lower premiums.   | <input type="checkbox"/> Other (Please Specify) _____   |
| <input type="checkbox"/> Fewer benefits and lower premiums  | _____   |
| <input type="checkbox"/> Plan has outpatient prescription drug coverage and applicant is enrolled in Medicare Part D. | _____   |

**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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# Glossary: Prescription Drugs

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

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

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

## Partial Prescription Drug List

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

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

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

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

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

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

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























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

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



### Welcome Kit.

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



### Educational Materials.

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



### Dedicated Customer Service.

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



### Exclusive AARP Member Benefits.

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



## Let's stay connected.

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

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



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

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

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

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

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

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

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