

Instructions Page Please Read Before Printing

This file contains an electronic version of the AARP Medicare Supplement Insurance Plans enrollment kit booklet. It may be used in place of the AARP Medicare Supplement Enrollment Material booklet, which is in the printed enrollment kit. This file may be e-mailed to prospects.* It includes:

- Rates – Cover Page(s)
- Overview of Available Plans
- Your Guide to AARP's Medicare Supplement Insurance Portfolio of Plans*
- Plan Benefit Tables
- Value-Added Member Services Description
- Enrollment Checklist
- Enrollment Application
- AARP Membership Application
- Automatic Payments Authorization Form** (see below)
- Replacement Notice*** (see below)
- “Thank You” - an opportunity to note the plan and premium the applicant requested and a description of “What to Expect”

The *2010 Choosing a Medigap Policy* booklet is published by the federal government as an aid for people with Medicare. **Agents can get this document (and the supplement with the 2011 Medicare deductibles and co-pays) electronically through the agent portal by clicking Product Information and Materials>Materials>Sales Materials >Year>State>Any County>Medicare Supplement.**

- * A copy of the *2010 Choosing a Medigap Policy* booklet must be delivered to the prospect at the time of application.
- ** Two copies of the Automatic Payments Authorization Form are also included in this file. If the applicant is requesting the automatic payment option, the applicant must fill out and sign both copies of the form. The applicant keeps one completed signed copy; the other completed signed copy must be submitted with the enrollment application.
- *** Two copies of the Replacement Notice are included in this file. If the applicant is replacing coverage, both copies are to be filled out and signed. The applicant keeps one completed signed copy and the other completed signed copy must be submitted with the enrollment application.

Please mail completed applications to:

Regular Mail:
UnitedHealthcare Ins. Co.
PO Box 105331
Atlanta, GA 30348-5331

Overnight Mail:
Attn: Application Processing Dept.
UnitedHealthcare
4868 GA Hwy 85, Ste 100
Forest Park, GA 30297
Phone: 404-751-9906

Dear Prospective Member,

Thank you for taking the time to learn more about the AARP[®] Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

Hopefully, you now have a good idea of how the plans work and have had your questions answered. As you take some more time to review this material, you may want to pay special attention to the following:

- **Outline of Medicare Supplement Coverage** – This includes an overview of the plans and the benefits covered under each plan. It will also help you identify the benefits most important to you and help you choose the plan that best fits your individual needs. For a more detailed description of the benefits, look for the plan of your choice toward the end of the booklet.
- **Cover Page – Rates** – This page shows the rates for each of the plans described on the Outline of Medicare Supplement Coverage.
- **Your Guide** – This contains detailed information about the Medicare supplement plans available to you.

If you haven't already applied to enroll, your Sales Representative can help you complete and submit the Application Form. Remember to include the first month's premium and, if you are not already an AARP member, please remember to include your completed AARP Membership form and a check or money order for your annual Membership dues.

If you have any questions, call toll-free: 1-866-387-7550 any weekday from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time.

We look forward to answering your questions. Please feel free to call.

Sincerely,



Susan Morisato,
President, Insurance Solutions
UnitedHealthcare Insurance Company

Important disclosure on back



(10-10)

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company 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. Neither AARP nor its affiliate is the insurer.

AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are strongly encouraged to evaluate your needs and compare products.

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-I (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

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

1 Review plan

Look over the Overview of Available Plans in this booklet to find the plans that include the benefits you need. You'll find all of the AARP Medicare Supplement Plans listed here.

For more detailed plan information, please see the *Outlines of Coverage* included in this booklet.

2 Find your rate

The rate you will pay is based on several factors including: the plan you select, your age at the time your coverage will begin and the amount of time since you've enrolled in Medicare Part B.

Applicants Age 65 and older

- First – determine what your age will be as of the date you expect your coverage to begin and be sure to know your Part B effective date.
- Then – go to the rate pages in this booklet to find your rate Group. There are descriptions for each Group to help guide you.
- Use the following chart to help you figure out which rate Group on that rate page applies to you:

If the time period between your 65th birthday or your Medicare Part B effective date, if later, is within:	
Number of years:	You are in:
Less than 3	Group 1
3 or more but less than 6	Group 2
6 or more	Group 3



There are separate rate pages for **(Non-Tobacco User or Tobacco User)** depending on whether or not you use tobacco products. You are eligible for the **Non-Tobacco User** rates if you have not used tobacco products within the past 12 months.

If you are in Group 1 or 2 and under age 75, you may be eligible for the Standard rates with Enrollment Discount. You can find information about the Enrollment Discount on the next page. If you are in Group 2 or 3, your answers to the medical questions on the application will also affect your rate as described on the rate page.

3 Enroll

Once you've chosen a plan and found your rate, simply fill out the application and any additional required forms included in this booklet and mail them in using the postage-paid reply envelope included in your kit. See the *Enrollment Checklist* in this booklet for the list of items to complete and send in.

Enrollment Discount

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. Please see the chart on the previous page. If you are eligible, you will find the discounted rates on the **Cover Page - Rates** charts in this booklet.

Who is eligible?

You are eligible for the enrollment discount if you are between the ages of 65 and 67.

If you are between the ages of 68 and 74, you may also be eligible if your plan effective date is either:

- Within 3 years of your Medicare Part B effective date, or
- Between 3 and 6 years from your Medicare Part B effective date and you do not have any of the medical conditions on the application.

How it works

The Enrollment Discount is based on 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 the date your coverage begins. The discount decreases 3% each year on the anniversary date of your plan until the discount runs out.

Example #1:

JANE IS ELIGIBLE FOR THE ENROLLMENT DISCOUNT



- Jane's Plan Effective Date: June 1st (This will also be her plan anniversary date.)
- Jane's Age When Her Plan Becomes Effective: 72
- Jane's Age When She Enrolled in Part B: 70

Jane's discount will begin at age of 72

- Starting discount will be 9%
- Discount will be 6% beginning June 1st of the next year
- Discount decreases 3% every year on the plan anniversary date

Example #2:

BILL IS NOT ELIGIBLE FOR THE ENROLLMENT DISCOUNT



- Bill's Plan Effective Date: June 1st (This will also be his plan anniversary date.)
- Bill's Age When His Plan Becomes Effective: 72
- Bill's Age When He Enrolled in Part B: 65

Bill is not eligible for the Enrollment Discount because he will have been enrolled in Medicare Part B for more than six years on his Plan Effective Date.

Age on Plan Effective Date	Starting Discount
65	30%
66	27%
67	24%
68	21%
69	18%
70	15%
71	12%
72	9%
73	6%
74	3%
75	0%

JANE

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AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

AARP Medicare Supplement Plans 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, AARP Medicare Supplement Plans are available to eligible individuals under age 65 enrolled in Medicare due to disability. All plans may not be available in your state/area.

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

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

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Cover Page - Rates for Delaware Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$74.37	\$104.65	\$127.75	\$128.45	\$51.45	\$75.42	\$84.87
66	\$77.56	\$109.13	\$133.22	\$133.95	\$53.65	\$78.65	\$88.51
67	\$80.75	\$113.62	\$138.70	\$139.46	\$55.86	\$81.89	\$92.15
68	\$83.93	\$118.10	\$144.17	\$144.96	\$58.06	\$85.12	\$95.78
69	\$87.12	\$122.59	\$149.65	\$150.47	\$60.27	\$88.35	\$99.42
70	\$90.31	\$127.07	\$155.12	\$155.97	\$62.47	\$91.58	\$103.06
71	\$93.50	\$131.56	\$160.60	\$161.48	\$64.68	\$94.82	\$106.70
72	\$96.68	\$136.04	\$166.07	\$166.98	\$66.88	\$98.05	\$110.33
73	\$99.87	\$140.53	\$171.55	\$172.49	\$69.09	\$101.28	\$113.97
74	\$103.06	\$145.01	\$177.02	\$177.99	\$71.29	\$104.51	\$117.61
Standard Rates for ages 75 and older							
75+	\$106.25	\$149.50	\$182.50	\$183.50	\$73.50	\$107.75	\$121.25

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$83.93	\$118.10	\$144.17	\$144.96	\$58.06	\$85.12	\$95.78
69	\$87.12	\$122.59	\$149.65	\$150.47	\$60.27	\$88.35	\$99.42
70	\$90.31	\$127.07	\$155.12	\$155.97	\$62.47	\$91.58	\$103.06
71	\$93.50	\$131.56	\$160.60	\$161.48	\$64.68	\$94.82	\$106.70
72	\$96.68	\$136.04	\$166.07	\$166.98	\$66.88	\$98.05	\$110.33
73	\$99.87	\$140.53	\$171.55	\$172.49	\$69.09	\$101.28	\$113.97
74	\$103.06	\$145.01	\$177.02	\$177.99	\$71.29	\$104.51	\$117.61
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$106.25	\$149.50	\$182.50	\$183.50	\$73.50	\$107.75	\$121.25
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$159.37	\$224.25	\$273.75	\$275.25	\$110.25	\$161.62	\$181.87

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$116.87	\$164.45	\$200.75	\$201.85	\$80.85	\$118.52	\$133.37
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$159.37	\$224.25	\$273.75	\$275.25	\$110.25	\$161.62	\$181.87

The rates above are for plan effective dates from April - December 2012 and may change.

Cover Page - Rates for Delaware Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within three years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$81.80	\$115.11	\$140.52	\$141.29	\$56.59	\$82.96	\$93.35
66	\$85.31	\$120.04	\$146.54	\$147.35	\$59.02	\$86.51	\$97.36
67	\$88.82	\$124.98	\$152.57	\$153.40	\$61.44	\$90.07	\$101.36
68	\$92.32	\$129.91	\$158.59	\$159.46	\$63.87	\$93.63	\$105.36
69	\$95.83	\$134.84	\$164.61	\$165.51	\$66.29	\$97.18	\$109.36
70	\$99.33	\$139.78	\$170.63	\$171.57	\$68.72	\$100.74	\$113.36
71	\$102.84	\$144.71	\$176.66	\$177.62	\$71.14	\$104.29	\$117.36
72	\$106.35	\$149.64	\$182.68	\$183.68	\$73.57	\$107.85	\$121.36
73	\$109.85	\$154.58	\$188.70	\$189.73	\$75.99	\$111.40	\$125.36
74	\$113.36	\$159.51	\$194.72	\$195.79	\$78.42	\$114.96	\$129.36
Standard Rates for ages 75 and older							
75+	\$116.87	\$164.45	\$200.75	\$201.85	\$80.85	\$118.52	\$133.37

Group 2		Applies to individuals whose plan effective date will be between 3 years and less than 6 years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 68-74 who do not have any of the medical conditions on the application.³							
68	\$92.32	\$129.91	\$158.59	\$159.46	\$63.87	\$93.63	\$105.36
69	\$95.83	\$134.84	\$164.61	\$165.51	\$66.29	\$97.18	\$109.36
70	\$99.33	\$139.78	\$170.63	\$171.57	\$68.72	\$100.74	\$113.36
71	\$102.84	\$144.71	\$176.66	\$177.62	\$71.14	\$104.29	\$117.36
72	\$106.35	\$149.64	\$182.68	\$183.68	\$73.57	\$107.85	\$121.36
73	\$109.85	\$154.58	\$188.70	\$189.73	\$75.99	\$111.40	\$125.36
74	\$113.36	\$159.51	\$194.72	\$195.79	\$78.42	\$114.96	\$129.36
Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.³							
75+	\$116.87	\$164.45	\$200.75	\$201.85	\$80.85	\$118.52	\$133.37
Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.³							
68+	\$175.30	\$246.67	\$301.12	\$302.77	\$121.27	\$177.78	\$200.05

Group 3		Applies to individuals whose plan effective date will be 6 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.³							
71+	\$128.55	\$180.89	\$220.82	\$222.03	\$88.93	\$130.37	\$146.70
Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.³							
71+	\$175.30	\$246.67	\$301.12	\$302.77	\$121.27	\$177.78	\$200.05

The rates above are for plan effective dates from April - December 2012 and may change.

Cover Page - Rates for Delaware

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.
The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.
- 3 Refer to Section 6 of the application.

Overview of Available Plans

Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Medicare Supplement Plans A, B, C, F, K, L, N are currently being offered by UnitedHealthcare Insurance Company.

Basic Benefits:

- **Hospitalization:** Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B co-insurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit, and up to \$50 copayment for ER
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	50% Skilled nursing facility coinsurance	75% Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible					
				Part B excess (100%)	Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
						Out-of-pocket limit \$4660; paid at 100% after limit reached	Out-of-pocket limit \$2330; paid at 100% after limit reached		

***Plan F also has an option called a high deductible Plan F. This option is not currently offered by UnitedHealthcare Insurance Company. This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2070 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.**

Your Guide to AARP Medicare Supplement Insurance Portfolio of Plans

How to Use Your Guide

This Guide contains detailed information about the AARP Medicare Supplement Insurance Plans.

The AARP Medicare Supplement Insurance Portfolio of Plans, insured by UnitedHealthcare Insurance Company, provides a choice of benefits to AARP members, so you can choose the plan that best fits your individual supplemental health insurance needs.

To help you choose the AARP Medicare Supplement Plan to meet your needs and budget:

- Look at the Cover Page which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-523-5800, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español — llame al 1-800-822-0246, de lunes a viernes, de las 8 a.m. a las 5 p.m. y sábado de las 9 a.m. a las 5 p.m., hora del este.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Guaranteed Acceptance

- Your acceptance in any plan 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.
- If you lose health insurance coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health insurance plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

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

Glossary of Terms

Medicare Eligible Expenses are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare’s eligible expense as their fee amount. Your physician or surgeon may charge you more.

Excess Charge is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Hospital or Skilled Nursing Facility — A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.

Lifetime Reserve Days are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.

Hospice Care means care for those who are terminally ill. Hospice Care typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure.

General Information

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

AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

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

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Stays beginning, or care or supplies received, before your plan's effective date.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination, or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B, OR
3. Individuals who are "Eligible Persons" entitled to Guaranteed Acceptance, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. 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, its members, and people 50-plus.

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



AARP Medicare Supplement Plans insured by: UnitedHealthcare Insurance Company

1-800-523-5800

For information about the family of health products and services

www.aarphealthcare.com

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$0	\$1,156 (Part A deductible)
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	\$0	Up to \$144.50 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan A (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan A Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

3 Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan B

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan B Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	\$0	Up to \$144.50 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan B (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan B Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan B Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

3 Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan C Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$144.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan C (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan C Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan C Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan C Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE—Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum


Notes

³ Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$144.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ³	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan K Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$578 (50% of Part A deductible)	\$578 (50% of Part A deductible)◆
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$72.25 per day	Up to \$72.25 per day◆
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	50%	50%◆
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/ co-insurance	50% of Medicare co-payment/ co-insurance◆

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Notes

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

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

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4660 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan K Pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ⁵	\$0	\$0	\$140 (Part B deductible) ⁵ ◆
	Preventive Benefits for Medicare Covered Services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$4660) ⁴
Blood	First 3 pints	\$0	50%	50%◆
	Next \$140 of Medicare-approved amounts ⁵	\$0	\$0	\$140 (Part B deductible) ⁵ ◆
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

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

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Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4660 per calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

5 Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

Parts A and B

Service		Medicare Pays	Plan K Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ⁶	\$0	\$0	\$140 (Part B deduct- ible)◆
	Remainder of Medicare-approved amounts	80%	10%	10%◆


Notes

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

Plan Benefit Tables: Plan L

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan L Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$867 (75% of Part A deductible)	\$289 (25% of Part A deductible) ♦
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$108.38 per day	Up to \$36.12 per day ♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	75%	25% ♦
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	75% of co-payment/ co-insurance	25% of Medicare co-payment/ co-insurance ♦

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Notes

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

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

3 You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2330 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan L Pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ⁵	\$0	\$0	\$140 (Part B deductible) ⁵ ◆
	Preventive Benefits for Medicare Covered Services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$2330) ⁴
Blood	First 3 pints	\$0	75%	25%◆
	Next \$140 of Medicare-approved amounts ⁵	\$0	\$0	\$140 (Part B deductible) ⁵ ◆
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

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

Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2330 per calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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5 Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

Parts A and B

Service		Medicare Pays	Plan L Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts ⁶	\$0	\$0	\$140 (Part B deduct- ible)◆
	Remainder of Medicare-approved amounts	80%	15%	5%◆

Notes

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

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$144.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

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

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

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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Notes

³ Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued

Service		Medicare Pays	Plan N Pays	You Pay
Durable Medical Equipment Medicare-approved services	First \$140 of Medicare-approved amounts ³	\$0	\$0	\$140 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

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

Rules and Disclosures about this Insurance

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

Premium information

You may keep your Medicare supplement plan in force by paying the required monthly premium when due. Monthly rates shown reflect current premium levels and all rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state. Your premium can only be changed with the approval of AARP and/or your state insurance department.

Disclosures

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

Read your certificate very carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Your right to return the certificate

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

UnitedHealthcare
P.O. Box 1000
Montgomeryville, PA 18936-1000

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

Policy replacement

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

Notice

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

Complete answers are very important

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

Your Exclusive Member Services.

Get answers. Save money. Live healthy.



AARP® VISION DISCOUNTS provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

Save 30% on eyewear, including bifocals, lenses, and frames.* Contact lens wearers save 10% on disposables and 20% on all other contact lenses. Plus, receive a 90-day guarantee on every eyewear purchase.

Pay only \$40 for routine eye exams including an Eye Health Exam Report that details your results, and receive \$10 off contact lens exams.

Simply show your AARP® Medicare Supplement card when you visit any participating LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical®, and JCPenney Optical® location, or one of many private practice locations.**



NURSE HEALTHLINE

Get your health issues assessed, then get the help you need to make the right choices.

Speak directly with registered nurses, toll-free, 24 hours a day.

Make informed decisions on how to get proper care. Nurses will review your symptoms, recommend treatment options,

and refer you to providers that meet high standards of quality and efficiency.

Start healthy lifestyle changes with personal coaching and guidance.

Spanish is available, as well as translation assistance in 140+ languages.

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

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

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company 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. Neither AARP nor its affiliate is the insurer.

*30% discount only available when a complete pair of glasses (frames, lenses, and lens options) is purchased in the same transaction. Items purchased separately will be discounted at 15% off the retail price.

**Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. 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. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations.

EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. 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. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. **OptumHealth is the provider of Nurse HealthLine.** OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

AARP Medicare Supplement Insurance Plans are 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 eligible for Medicare by reason of disability. All plans may not be available in your state/area.

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

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

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents/producers, brokers, representatives or advisors.

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



Medicare Supplement Plans

insured by **UnitedHealthcare**
Insurance Company

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. Written comments in other areas of the form will slow down processing of the application.
- Be sure to sign and date the application in all the places indicated. The agent must also sign and date the application and include his or her agent identification number.

✓ **AARP Membership Form**

AARP membership is required to enroll in an AARP Medicare Supplement Plan. If you are not currently an AARP member, simply complete the membership form and submit with the plan application, along with a separate check for \$16.00 payable to AARP.

✓ **Automatic Payments Authorization Form**

Automatic payments are available by submitting the completed form (signed and dated) and a voided check. If requesting automatic payments, you can deduct \$2 from the first month's premium check.

✓ **Notice to Applicants Regarding Replacement of Coverage**

If you are replacing 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 agent must also sign and date both copies of the form.

2 Tell us about your tobacco usage

If you have smoked cigarettes or used any tobacco product at any time within the past twelve months, darken this circle:

3 Choose your plan and effective date

Please indicate your plan choice below:

A B C F K L N

You are eligible to apply if all of these are true:

- you are an AARP member,
- you are age 65 or older,
- you are enrolled in Medicare Parts A&B,
- you are not duplicating Medicare supplement coverage.

Coverage Effective Date

Your coverage will become effective on the first day of the month following receipt and approval of this application and first month's premium. You will receive a Certificate of Insurance confirming your effective date.

If you would like your coverage to begin on a later date (the 1st day of a future month), please indicate below.

Requested Effective Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

4 Answer these questions to determine if your acceptance is guaranteed

4A. Did you turn age 65 in the last 6 months?

Y N

If **YES**, skip to **Section 7**.

4B. Did you enroll in Medicare Part B within the last 6 months?

Y N

If **YES**, skip to **Section 7**.

4C. Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?

Y N

If **YES**, skip to **Section 7**.

- If you answered **YES to 4A, 4B, or 4C**, your acceptance is guaranteed.
- If you answered **NO to 4A, 4B, and 4C**, continue to question **4D**. ↗

4D. Have you lost other health insurance coverage and, if so, are you an "eligible person" as defined within the termination notice you received from your prior insurer?

Y N

- If you answered **YES to 4D**, you may be guaranteed acceptance in certain AARP Medicare Supplement Plans. **Include a copy of the termination notice with your application. Skip to Section 7.**
- If you answered **NO** to all questions in this section (**4A, 4B, 4C and 4D**), go to **Section 5**. ⇐

Continued on next page ►

5 Answer these health questions to determine if you are eligible for this coverage

5A. Do any of these apply to you?

- have end stage renal (kidney) disease
- currently receiving dialysis
- diagnosed with kidney disease that may require dialysis
- admitted to a hospital as an inpatient within the past 90 days

Y N

5B. Within the past two years, has a medical professional recommended or discussed as a treatment option, any of the following that has **NOT** been completed:

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

Y N



If you answered YES to either question in this section, you are NOT eligible for these plans at this time.

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

For information regarding plans that may be available, contact your local state department on aging.

If you answered NO to both questions in this section, please continue to Section 6.

Continued on next page ►

6 Tell us if you have any of these medical conditions to determine your rate

Complete this section only if you enrolled in Medicare Part B three or more years ago. All others go to Section 7.

Read the conditions listed below carefully. If within the past two years, you have been diagnosed, treated, or had any of the following conditions, darken the circle next to it. If you are unsure how to respond, please consult your physician.

6A. Heart or Vascular Conditions

- Aneurysm
- Arteriosclerosis or Atherosclerosis
- Artery or Vein Blockage
- Atrial Fibrillation or Atrial Flutter
- Cardiomyopathy
- Carotid Artery Disease
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Heart Attack
- Peripheral Vascular Disease or Claudication
- Stroke, Transient Ischemic Attack (TIA), or mini-stroke
- Ventricular Tachycardia

6B. Diabetes

- With any of the following complications:
Circulatory problems, Kidney problems, or Retinopathy

6C. Lung/Respiratory Conditions

- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema

6D. Cancer or Tumors

- Cancer (other than skin cancer)
- Leukemia or Lymphoma
- Melanoma

6E. Kidney Conditions

- Chronic Renal Failure or Insufficiency
- Polycystic Kidney Disease
- Renal Artery Stenosis

6F. Liver

- Cirrhosis of the Liver

6G. Transplants

- Bone marrow or organ transplant

6H. Gastrointestinal Conditions

- Chronic Pancreatitis
- Esophageal Varices

6I. Musculoskeletal Conditions

- Amputation due to disease
- Rheumatoid Arthritis
- Spinal Stenosis

6J. Substance Abuse

- Alcohol Abuse or Alcoholism
- Drug Abuse or use of illegal drugs

6K. Brain or Spinal Cord Conditions

- Paraplegia, Quadriplegia or Hemiplegia

6L. Psychological/Mental Conditions

- Bipolar or Manic Depressive
- Schizophrenia

6M. Eye Condition

- Macular Degeneration

6N. Nervous System Conditions

- Amyotrophic Lateral Sclerosis (ALS)
- Alzheimer's Disease or Dementia
- Multiple Sclerosis (MS)
- Parkinson's Disease
- Systemic Lupus Erythematosus (SLE)

6O. Immune System Conditions

- AIDS
- HIV positive

If you darkened a circle for any of the medical conditions in this Section (6), your rate will be the level 2 rate. Please see the enclosed "Cover Page – Rates."

Continued on next page ►

7 Tell us about your past and current coverage

Please review the statements below, then answer all questions to the best of your knowledge.

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

be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). Counseling services may be obtained from ELDERinfo, which is located at the Delaware Insurance Department, 841 Silver Lake Blvd., Dover, DE 19904. Phone: 800-336-9500 or 302-739-4251.

For your protection, you are required to answer all the questions below (7A through 7L) and sign in the signature box on the next page.

7A. Are you covered for medical assistance through the state Medicaid program? (Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the Federal Medicare Program.)

Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost," please answer **NO** to this question.

Y N

If NO, skip to question **7D.**

If YES, please continue to **7B** and **7C.**

7B. Will Medicaid pay your premiums for this Medicare supplement policy?

Y N

7C. Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?

Y N

Continued on next page 

8 Authorization and Verification of Information

Please read carefully, and sign and date in the highlighted area below.

- My signature indicates I have read and understand the contents of this application form.
- I declare the answers on this application form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this application form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand the agent or broker cannot grant approval. This application and payment of the initial premium does not guarantee coverage will be provided. I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, and actual rates are not determined until coverage is issued.
- I understand the agent or broker may not change or waive any terms or requirements related to this application and its contents, underwriting, premium, or coverage.
- I acknowledge receipt of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage.
- I understand the person discussing plan options with me is either employed by or contracted with UnitedHealthcare Insurance Company. This person may be compensated based on my enrollment in a plan.

Authorization for the Release of Medical Information

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

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

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

I have read all information and have answered all questions to the best of my ability.

 **Your Signature – 2 (required)**

X _____

Today's Date (required)

M M D D Y Y Y Y

Note: If you are signing as the legal representative for the applicant, please enclose a copy of the appropriate legal documentation.

Continued on next page ►



AARP membership offers so much for so little.

What You Get		Price
Membership	- For you (12 months)	\$16
Membership	- For your spouse or partner (at any age)	Included
Discounts (nationwide)	- Vision: exams, frames, lenses - Pharmacy: prescriptions and over-the-counter items - Fitness: gym membership and personal trainers - Travel: vacation packages, hotels, car rentals, airlines, cruises - Plus: legal services,* home security, books & comfortable shoes	Included
Trusted Information	- <i>AARP The Magazine</i> : the largest magazine circulation in the world - <i>AARP Bulletin</i> Newspaper (10 issues per year)	Included
Access to Health Products	- Exclusive health insurance for you and your dependents - Dental and long-term care insurance	Included
Advocacy	- Representation of your interests in Washington and your state - Confronting age discrimination by employers - Strengthening Social Security - Protecting pension and retirement benefits - Fighting predatory home loan lending	Included
Access to Financial Programs	- Auto, homeowners, life, mobile home, motorcycle insurance - Cash-back credit card	Included
Local Opportunities	- Safe driving courses (also available online) - Over 2,000 local AARP chapters - Social activities, volunteer opportunities, classes & workshops	Included

* Legal Services Network reduced-fee benefits are not available in HI, NV and OH.

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Yes, I'd like to join AARP today!

Please return this form in the envelope provided. You can also join AARP online at www.AGNTU.aarp enrollment.com or by calling **1-866-331-1964**, and begin using your member benefits right away.

My Name (please print: First, Middle Initial, Last) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Date of Birth: Month _____ / Day _____ / Year _____

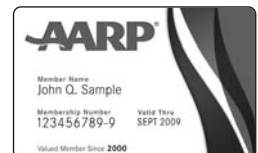
Spouse's/Partner's Name (for **FREE** membership - at any age) _____

Please keep in touch with me by e-mail about AARP activities, events and member benefits.

E-mail Address _____ V7FYUHG

- 1 year/\$16**
 3 years/\$43
 5 years/\$63

I agree to pay for the term I select.



- Check or money order enclosed, payable to AARP.
Do not send cash.

Daytime Phone Number (in case we need to contact you) _____

Dues are not deductible for income tax purposes. One membership includes spouse/partner. Annual dues include \$4.03 for a subscription to *AARP The Magazine*, \$3.09 for the *AARP Bulletin*. Dues outside U.S. domestic mail limits: Canada and Mexico - 1 year/\$17, all other countries - 1 year/\$28. Please allow up to six weeks for delivery of Membership Kit. When you join, AARP shares your membership information with the companies we have selected to provide AARP member benefits and support AARP operations. If you do not want us to share your information with providers of AARP member benefits, please let us know by calling 1-800-516-1993 or e-mailing us at member@aarp.org.

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As a member, you have access to:

Travel Discounts

Using AARP's exclusive travel savings just once could pay for your membership several times over!

- Savings on hotels, motels and resorts worldwide
- Discounted rates on airfares, cruises and auto rentals
- Special pricing on vacation packages

Health-Related Benefits

With today's high health care costs, AARP membership is more valuable than ever.

- Supplemental and employer-like health insurance for you and your dependents
- Vision and prescription discounts nationwide
- Dental and long-term care insurance

Local Opportunities

AARP offers many ways to get active in your community.

- Over 2,000 local AARP chapters
- Social activities
- Volunteer opportunities
- Safe driving courses
- Classes and workshops



Protection of Your Rights

Your job. Your health. Your future. AARP will stand up for you by ...

- Representing your interests in Washington and your state
- Confronting age discrimination by employers
- Strengthening Social Security
- Protecting pension and retirement benefits
- Fighting predatory home loan lending

Dependable Financial Programs

Designed specifically for AARP members. With the high level of service you expect.

- Low-interest, no-fee credit card
- Online tools and calculators
- Auto, homeowners, and life insurance



Valuable Information

Accurate and authoritative, direct from your reliable source – AARP.

- *AARP The Magazine*
- *The AARP Bulletin*
- FREE financial and health guides
- Our web site, www.aarp.org

Specialty Priced Products & Services

AARP helps you save in ways and places you never imagined.

- Discounts on home security, internet access, gifts and other products
- Reduced-fee legal services*
- Roadside assistance and emergency towing plans

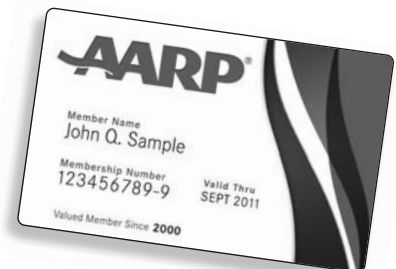
NOTE: The benefits listed are only a partial list. Your Membership Kit will supply you with a full list of approved service providers that offer exclusive services and discounts to AARP members only.

* Legal Services Network reduced-fee benefits are not available in HI, NV and OH.

Value our members appreciate.

Members often tell us their AARP membership paid for itself with the first service they use. They're surprised at how many ways and places their membership proves valuable. And it's an even better value because **your spouse/partner is included free (at any age)!**

To become an AARP member, please return the form on the front in the envelope provided.



Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

Almost 1.8 million AARP Medicare Supplement members nationwide enjoy the convenience of the Automatic Payments option. With automatic payments, your monthly payment will automatically be deducted from your checking or savings account. If you use automatic payments, you'll save \$2.00 off the total monthly rate for your household.

That's up to \$24.00 a year! In addition:

- 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.

Sign Up in Two Easy Steps

1. Complete both sides of the Authorization Form below. Return it with the application **and be sure to keep a copy for your records.**
2. Be sure to include a voided check from the account you want your payments withdrawn from. The information on your check is necessary for us to process your Authorization Form. Do not send a deposit slip or cancelled check.

Your Automatic Payments Effective Date

If you are submitting this Electronic Funds Transfer (EFT) form with your enrollment application, your automatic payments start date will be equal to your plan effective date. Please note that if your coverage is effective in the future or your account is paid in advance, automatic withdrawals will begin for the next payment due. If your account is effective in the past or is in arrears, a letter will be sent under separate cover that provides the specific information necessary to remit the payment due to bring your account up to date. A letter will be sent confirming that we processed your Automatic Payments Authorization Form form and will include the amount of your withdrawal.

BA9957 (6-11)

Cut along the dotted line.

AUTOMATIC PAYMENT AUTHORIZATION FORM

I (we) authorize UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) to initiate monthly withdrawals, in the amount of the then-current monthly rate, from the account named on this form, and authorize the named banking facility BANK to charge such withdrawals to my (our) account.

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Bank Name _____

Bank Routing No. _____

Bank Account No. _____

Account Type: Checking

Savings (statement savings only)

Please complete the reverse of this form to enroll in automatic payments. ►

IMPORTANT

- Please refer to the diagram below to obtain your bank routing information.
- Be sure to attach a voided check from the checking account you wish to use.

The diagram shows a check with the word "VOID" in large, bold, black letters in the center. The check contains the following fields and information:

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

Labels with brackets pointing to the check fields:

- Account Holder Name:** Points to the top left of the check.
- Check Number:** Points to the top right of the check.
- Bank Routing/Transfer Number:** Points to the first part of the routing and account numbers at the bottom.
- Bank Account Number:** Points to the second part of the routing and account numbers at the bottom.
- Check Number:** Points to the third part of the routing and account numbers at the bottom.

A note below the check states: "Please 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.

This authority remains in effect until UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) and BANK receive notification from me (or either of us) of its termination in such time and manner as to give UnitedHealthcare Insurance Company and BANK a reasonable opportunity to act on it. I (we) have the right to stop payment of a withdrawal by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in late status and subject to cancellation.

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

Please do not write in the space below for company use only.

Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

Almost 1.8 million AARP Medicare Supplement members nationwide enjoy the convenience of the Automatic Payments option. With automatic payments, your monthly payment will automatically be deducted from your checking or savings account. If you use automatic payments, you'll save \$2.00 off the total monthly rate for your household.

That's up to \$24.00 a year! In addition:

- 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.

Sign Up in Two Easy Steps

1. Complete both sides of the Authorization Form below. Return it with the application **and be sure to keep a copy for your records.**
2. Be sure to include a voided check from the account you want your payments withdrawn from. The information on your check is necessary for us to process your Authorization Form. Do not send a deposit slip or cancelled check.

Your Automatic Payments Effective Date

If you are submitting this Electronic Funds Transfer (EFT) form with your enrollment application, your automatic payments start date will be equal to your plan effective date. Please note that if your coverage is effective in the future or your account is paid in advance, automatic withdrawals will begin for the next payment due. If your account is effective in the past or is in arrears, a letter will be sent under separate cover that provides the specific information necessary to remit the payment due to bring your account up to date. A letter will be sent confirming that we processed your Automatic Payments Authorization Form form and will include the amount of your withdrawal.

BA9957 (6-11)

Cut along the dotted line.

AUTOMATIC PAYMENT AUTHORIZATION FORM

I (we) authorize UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) to initiate monthly withdrawals, in the amount of the then-current monthly rate, from the account named on this form, and authorize the named banking facility BANK to charge such withdrawals to my (our) account.

Name(s) _____
Address _____
City _____
State _____ Zip Code _____
Bank Name _____
Bank Routing No. _____
Bank Account No. _____
Account Type: Checking
 Savings (statement savings only)

Please complete the reverse of this form to enroll in automatic payments. ►

IMPORTANT

- Please refer to the diagram below to obtain your bank routing information.
- Be sure to attach a voided check from the checking account you wish to use.

The diagram shows a check with the word "VOID" in large, bold letters in the center. Brackets connect various fields on the check to labels in boxes:

- Account Holder Name:** Points to the top left field containing "John Doe", "Street Address", and "Town, City Zip Code".
- Check Number:** Points to the top right field containing "Check #1234".
- Bank Routing/Transfer Number:** Points to the bottom left MICR line "123456789".
- Bank Account Number:** Points to the bottom middle MICR line "12345678".
- Check Number:** Points to the bottom right MICR line "1234".

Other fields on the check include: "Date: _____", "Pay to: _____ Dollars", "Bank Name & Address", "Memo: _____", and "Signed by: _____".

Check Number
Please 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.

This authority remains in effect until UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) and BANK receive notification from me (or either of us) of its termination in such time and manner as to give UnitedHealthcare Insurance Company and BANK a reasonable opportunity to act on it. I (we) have the right to stop payment of a withdrawal by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in late status and subject to cancellation.

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

Please do not write in the space below for company use only.

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

Horsham, Pennsylvania

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

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

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

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

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

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

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

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

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

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

Horsham, Pennsylvania

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

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

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

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

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

- | | |
|--|--|
| <p>1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to</p> | <p>the extent such time was spent (depleted) under the original policy.</p> <p>3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.</p> |
|--|--|

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)



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

Thank You For Applying For An AARP® Medicare Supplement Insurance Plan.

For your records:

- You selected Plan _____
- Based on the information you provided, your monthly premium for the plan you selected is \$ _____
- You will be notified when review of your application has been completed

What's Next

Once Your Application Is Approved, You Will Receive:

- Your insured member identification card
- A Welcome Kit, including your certificate of insurance and coverage details
- Ongoing educational materials about how to make the most of your health plan benefits
- Help and answers to any questions you may have from courteous Customer Service Representatives

A continuing relationship with your agent/producer

SA25235ST