

## 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.

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#### 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<sup>®</sup> 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.

# 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 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are not yet age 65, you are only eligible if you enrolled in Medicare Part B within the last 6 months, unless you are an “Eligible Person” entitled to Guaranteed Acceptance as shown in the following “Guaranteed Acceptance” section.)

## 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. Under Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plan F pays benefits for Excess Charges when services are rendered in a jurisdiction not having a balance billing law, such as Pennsylvania's.

**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

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 purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

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

**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

The AARP Insurance Plan ("Trust") is a trust that holds the master group insurance policy issued by UnitedHealthcare Insurance Company (UnitedHealthcare). Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program in which you participate. Neither the Trust nor AARP provide insurance or guarantee the benefits offered by the insurer.

Premiums are collected from you on behalf of the trustees of the Trust. These premiums are used to pay expenses incurred by the Trust in connection with the insurance programs and to pay the insurance company for your insurance coverage. 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 and its members.



**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**

**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 available Plans A, B and C or F. 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 co-insurance	Basic, including 100% Part B co-insurance, 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 co-insurance	75% Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	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 Plans and Rates

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company

## 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.

### Applicants Age 50-64

If you are age 50-64 and eligible for Medicare due to disability, you are in Group 4.

## 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.

\* Note: Do not choose the rate for tobacco users if you are eligible for guaranteed acceptance based on the information shown on your Application Form.

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

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# Cover Page - Rates for Pennsylvania - Area 1

## Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$103.07	\$142.45	\$175.17	\$175.70	\$72.45	\$110.60	\$117.77
66	\$107.49	\$148.55	\$182.68	\$183.23	\$75.55	\$115.34	\$122.82
67	\$111.91	\$154.66	\$190.19	\$190.76	\$78.66	\$120.08	\$127.87
68	\$116.32	\$160.76	\$197.69	\$198.29	\$81.76	\$124.82	\$132.91
69	\$120.74	\$166.87	\$205.20	\$205.82	\$84.87	\$129.56	\$137.96
70	\$125.16	\$172.97	\$212.71	\$213.35	\$87.97	\$134.30	\$143.01
71	\$129.58	\$179.08	\$220.22	\$220.88	\$91.08	\$139.04	\$148.06
72	\$133.99	\$185.18	\$227.72	\$228.41	\$94.18	\$143.78	\$153.10
73	\$138.41	\$191.29	\$235.23	\$235.94	\$97.29	\$148.52	\$158.15
74	\$142.83	\$197.39	\$242.74	\$243.47	\$100.39	\$153.26	\$163.20
<b>Standard Rates for ages 75 and older</b>							
75+	\$147.25	\$203.50	\$250.25	\$251.00	\$103.50	\$158.00	\$168.25

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$116.32	\$160.76	\$197.69	\$198.29	\$81.76	\$124.82	\$132.91
69	\$120.74	\$166.87	\$205.20	\$205.82	\$84.87	\$129.56	\$137.96
70	\$125.16	\$172.97	\$212.71	\$213.35	\$87.97	\$134.30	\$143.01
71	\$129.58	\$179.08	\$220.22	\$220.88	\$91.08	\$139.04	\$148.06
72	\$133.99	\$185.18	\$227.72	\$228.41	\$94.18	\$143.78	\$153.10
73	\$138.41	\$191.29	\$235.23	\$235.94	\$97.29	\$148.52	\$158.15
74	\$142.83	\$197.39	\$242.74	\$243.47	\$100.39	\$153.26	\$163.20
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$147.25	\$203.50	\$250.25	\$251.00	\$103.50	\$158.00	\$168.25
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$220.87	\$305.25	\$375.37	\$376.50	\$155.25	\$237.00	\$252.37

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$161.97	\$223.85	\$275.27	\$276.10	\$113.85	\$173.80	\$185.07
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$220.87	\$305.25	\$375.37	\$376.50	\$155.25	\$237.00	\$252.37

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

# Cover Page - Rates for Pennsylvania - Area 1 Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$113.37	\$156.69	\$192.68	\$193.27	\$79.69	\$121.66	\$129.54
66	\$118.23	\$163.41	\$200.94	\$201.55	\$83.11	\$126.87	\$135.10
67	\$123.09	\$170.12	\$209.20	\$209.83	\$86.52	\$132.08	\$140.65
68	\$127.95	\$176.84	\$217.46	\$218.11	\$89.94	\$137.30	\$146.20
69	\$132.81	\$183.55	\$225.72	\$226.40	\$93.35	\$142.51	\$151.75
70	\$137.67	\$190.27	\$233.97	\$234.68	\$96.77	\$147.73	\$157.30
71	\$142.53	\$196.98	\$242.23	\$242.96	\$100.18	\$152.94	\$162.86
72	\$147.39	\$203.70	\$250.49	\$251.25	\$103.60	\$158.15	\$168.41
73	\$152.25	\$210.41	\$258.75	\$259.53	\$107.01	\$163.37	\$173.96
74	\$157.11	\$217.13	\$267.01	\$267.81	\$110.43	\$168.58	\$179.51
<b>Standard Rates for ages 75 and older</b>							
75+	\$161.97	\$223.85	\$275.27	\$276.10	\$113.85	\$173.80	\$185.07

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$127.95	\$176.84	\$217.46	\$218.11	\$89.94	\$137.30	\$146.20
69	\$132.81	\$183.55	\$225.72	\$226.40	\$93.35	\$142.51	\$151.75
70	\$137.67	\$190.27	\$233.97	\$234.68	\$96.77	\$147.73	\$157.30
71	\$142.53	\$196.98	\$242.23	\$242.96	\$100.18	\$152.94	\$162.86
72	\$147.39	\$203.70	\$250.49	\$251.25	\$103.60	\$158.15	\$168.41
73	\$152.25	\$210.41	\$258.75	\$259.53	\$107.01	\$163.37	\$173.96
74	\$157.11	\$217.13	\$267.01	\$267.81	\$110.43	\$168.58	\$179.51
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$161.97	\$223.85	\$275.27	\$276.10	\$113.85	\$173.80	\$185.07
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$242.95	\$335.77	\$412.90	\$414.15	\$170.77	\$260.70	\$277.60

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$178.16	\$246.23	\$302.79	\$303.71	\$125.23	\$191.18	\$203.57
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$242.95	\$335.77	\$412.90	\$414.15	\$170.77	\$260.70	\$277.60

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

# Cover Page - Rates for Pennsylvania - Area 1

## Under 65 Monthly Plan Rates

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

<b>Group 4</b>		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Non-Tobacco Rates</b>							
<b>50-64</b>	\$103.07	\$142.45	\$175.17	\$175.70	\$72.45	\$110.60	\$117.77

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

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.

# PENNSYLVANIA Area 1 ZIP Codes, Effective August 1, 2011

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

18039	18934	18991	19038	19082	19121	19160	19318	19374	19437	19493
18041	18935	19001	19039	19083	19122	19161	19319	19375	19438	19494
18054	18936	19002	19040	19085	19123	19162	19320	19376	19440	19495
18070	18938	19003	19041	19086	19124	19170	19330	19380	19441	19496
18073	18940	19004	19043	19087	19125	19171	19331	19381	19442	19520
18074	18942	19006	19044	19088	19126	19172	19333	19382	19443	19525
18076	18943	19007	19046	19089	19127	19173	19335	19383	19444	
18077	18944	19008	19047	19090	19128	19175	19339	19388	19446	
18081	18946	19009	19048	19091	19129	19176	19340	19390	19450	
18084	18947	19010	19049	19092	19130	19177	19341	19395	19451	
18901	18949	19012	19050	19093	19131	19178	19342	19397	19453	
18902	18950	19013	19052	19094	19132	19179	19343	19398	19454	
18910	18951	19014	19053	19095	19133	19181	19344	19399	19455	
18911	18953	19015	19054	19096	19134	19182	19345	19401	19456	
18912	18954	19016	19055	19098	19135	19183	19346	19403	19457	
18913	18955	19017	19056	19099	19136	19184	19347	19404	19460	
18914	18956	19018	19057	19101	19137	19185	19348	19405	19462	
18915	18957	19019	19058	19102	19138	19187	19350	19406	19464	
18916	18958	19020	19060	19103	19139	19188	19351	19407	19465	
18917	18960	19021	19061	19104	19140	19190	19352	19408	19468	
18918	18962	19022	19063	19105	19141	19191	19353	19409	19470	
18920	18963	19023	19064	19106	19142	19192	19354	19415	19472	
18921	18964	19025	19065	19107	19143	19193	19355	19420	19473	
18922	18966	19026	19066	19108	19144	19194	19357	19421	19474	
18923	18968	19027	19067	19109	19145	19195	19358	19422	19475	
18924	18969	19028	19070	19110	19146	19196	19360	19423	19477	
18925	18970	19029	19072	19111	19147	19197	19362	19424	19478	
18926	18971	19030	19073	19112	19148	19244	19363	19425	19480	
18927	18972	19031	19074	19113	19149	19255	19365	19426	19481	
18928	18974	19032	19075	19114	19150	19301	19366	19428	19482	
18929	18976	19033	19076	19115	19151	19310	19367	19429	19484	
18930	18977	19034	19078	19116	19152	19311	19369	19430	19485	
18931	18979	19035	19079	19118	19153	19312	19371	19432	19486	
18932	18980	19036	19080	19119	19154	19316	19372	19435	19490	
18933	18981	19037	19081	19120	19155	19317	19373	19436	19492	

# Cover Page - Rates for Pennsylvania - Area 2

## Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$91.87	\$126.87	\$156.10	\$156.80	\$64.57	\$98.70	\$105.00
66	\$95.81	\$132.31	\$162.79	\$163.52	\$67.34	\$102.93	\$109.50
67	\$99.75	\$137.75	\$169.48	\$170.24	\$70.11	\$107.16	\$114.00
68	\$103.68	\$143.18	\$176.17	\$176.96	\$72.87	\$111.39	\$118.50
69	\$107.62	\$148.62	\$182.86	\$183.68	\$75.64	\$115.62	\$123.00
70	\$111.56	\$154.06	\$189.55	\$190.40	\$78.41	\$119.85	\$127.50
71	\$115.50	\$159.50	\$196.24	\$197.12	\$81.18	\$124.08	\$132.00
72	\$119.43	\$164.93	\$202.93	\$203.84	\$83.94	\$128.31	\$136.50
73	\$123.37	\$170.37	\$209.62	\$210.56	\$86.71	\$132.54	\$141.00
74	\$127.31	\$175.81	\$216.31	\$217.28	\$89.48	\$136.77	\$145.50
<b>Standard Rates for ages 75 and older</b>							
75+	\$131.25	\$181.25	\$223.00	\$224.00	\$92.25	\$141.00	\$150.00

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$103.68	\$143.18	\$176.17	\$176.96	\$72.87	\$111.39	\$118.50
69	\$107.62	\$148.62	\$182.86	\$183.68	\$75.64	\$115.62	\$123.00
70	\$111.56	\$154.06	\$189.55	\$190.40	\$78.41	\$119.85	\$127.50
71	\$115.50	\$159.50	\$196.24	\$197.12	\$81.18	\$124.08	\$132.00
72	\$119.43	\$164.93	\$202.93	\$203.84	\$83.94	\$128.31	\$136.50
73	\$123.37	\$170.37	\$209.62	\$210.56	\$86.71	\$132.54	\$141.00
74	\$127.31	\$175.81	\$216.31	\$217.28	\$89.48	\$136.77	\$145.50
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$131.25	\$181.25	\$223.00	\$224.00	\$92.25	\$141.00	\$150.00
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$196.87	\$271.87	\$334.50	\$336.00	\$138.37	\$211.50	\$225.00

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$144.37	\$199.37	\$245.30	\$246.40	\$101.47	\$155.10	\$165.00
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$196.87	\$271.87	\$334.50	\$336.00	\$138.37	\$211.50	\$225.00

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

# Cover Page - Rates for Pennsylvania - Area 2 Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$101.05	\$139.55	\$171.71	\$172.48	\$71.02	\$108.57	\$115.50
66	\$105.39	\$145.54	\$179.06	\$179.87	\$74.07	\$113.22	\$120.45
67	\$109.72	\$151.52	\$186.42	\$187.26	\$77.11	\$117.87	\$125.40
68	\$114.05	\$157.50	\$193.78	\$194.65	\$80.16	\$122.52	\$130.35
69	\$118.38	\$163.48	\$201.14	\$202.04	\$83.20	\$127.18	\$135.30
70	\$122.71	\$169.46	\$208.50	\$209.44	\$86.24	\$131.83	\$140.25
71	\$127.04	\$175.44	\$215.86	\$216.83	\$89.29	\$136.48	\$145.20
72	\$131.37	\$181.42	\$223.22	\$224.22	\$92.33	\$141.14	\$150.15
73	\$135.70	\$187.40	\$230.58	\$231.61	\$95.38	\$145.79	\$155.10
74	\$140.03	\$193.38	\$237.94	\$239.00	\$98.42	\$150.44	\$160.05
<b>Standard Rates for ages 75 and older</b>							
75+	\$144.37	\$199.37	\$245.30	\$246.40	\$101.47	\$155.10	\$165.00

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$114.05	\$157.50	\$193.78	\$194.65	\$80.16	\$122.52	\$130.35
69	\$118.38	\$163.48	\$201.14	\$202.04	\$83.20	\$127.18	\$135.30
70	\$122.71	\$169.46	\$208.50	\$209.44	\$86.24	\$131.83	\$140.25
71	\$127.04	\$175.44	\$215.86	\$216.83	\$89.29	\$136.48	\$145.20
72	\$131.37	\$181.42	\$223.22	\$224.22	\$92.33	\$141.14	\$150.15
73	\$135.70	\$187.40	\$230.58	\$231.61	\$95.38	\$145.79	\$155.10
74	\$140.03	\$193.38	\$237.94	\$239.00	\$98.42	\$150.44	\$160.05
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$144.37	\$199.37	\$245.30	\$246.40	\$101.47	\$155.10	\$165.00
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$216.55	\$299.05	\$367.95	\$369.60	\$152.20	\$232.65	\$247.50

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$158.80	\$219.30	\$269.83	\$271.04	\$111.61	\$170.61	\$181.50
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$216.55	\$299.05	\$367.95	\$369.60	\$152.20	\$232.65	\$247.50

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

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

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

<b>Group 4</b>		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Non-Tobacco Rates</b>							
<b>50-64</b>	\$91.87	\$126.87	\$156.10	\$156.80	\$64.57	\$98.70	\$105.00

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

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.

# PENNSYLVANIA Area 2 ZIP Codes, Effective August 1, 2011

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

15004	15063	15129	15220	15262	15329	15376	15446	15489	15642	15695	15765
15006	15064	15131	15221	15264	15330	15377	15447	15490	15644	15696	15771
15007	15065	15132	15222	15265	15331	15378	15448	15492	15646	15697	15772
15012	15067	15133	15223	15267	15332	15379	15449	15601	15647	15698	15777
15014	15068	15134	15224	15268	15333	15380	15450	15605	15650	15701	15779
15015	15069	15135	15225	15270	15334	15401	15451	15606	15655	15705	15783
15017	15071	15136	15226	15272	15336	15410	15454	15610	15658	15710	15920
15018	15072	15137	15227	15274	15337	15412	15455	15611	15660	15712	15923
15019	15075	15139	15228	15275	15338	15413	15456	15612	15661	15713	15929
15020	15076	15140	15229	15276	15339	15415	15458	15613	15662	15716	15944
15021	15078	15142	15230	15277	15340	15416	15459	15615	15663	15717	15949
15022	15082	15143	15231	15278	15341	15417	15460	15616	15664	15720	15954
15024	15083	15144	15232	15279	15342	15419	15461	15617	15665	15723	15957
15025	15084	15145	15233	15281	15344	15420	15462	15618	15666	15724	16211
15028	15085	15146	15234	15282	15345	15421	15463	15619	15668	15725	16246
15030	15086	15147	15235	15283	15346	15422	15464	15620	15670	15727	16256
15031	15087	15148	15236	15286	15347	15423	15465	15621	15671	15728	
15032	15088	15201	15237	15289	15348	15425	15466	15622	15672	15729	
15033	15089	15202	15238	15290	15349	15427	15467	15623	15674	15731	
15034	15090	15203	15239	15295	15350	15428	15468	15624	15675	15732	
15035	15091	15204	15240	15301	15351	15429	15469	15625	15676	15734	
15037	15095	15205	15241	15310	15352	15430	15470	15626	15677	15739	
15038	15096	15206	15242	15311	15353	15431	15472	15627	15678	15741	
15044	15101	15207	15243	15312	15357	15432	15473	15628	15679	15742	
15045	15102	15208	15244	15313	15358	15433	15474	15629	15680	15745	
15046	15104	15209	15250	15314	15359	15434	15475	15631	15681	15746	
15047	15106	15210	15251	15315	15360	15435	15476	15632	15683	15747	
15049	15108	15211	15252	15316	15361	15436	15477	15633	15684	15748	
15051	15110	15212	15253	15317	15362	15437	15478	15634	15685	15750	
15053	15112	15213	15254	15320	15363	15438	15479	15635	15687	15752	
15054	15116	15214	15255	15321	15364	15439	15480	15636	15688	15754	
15055	15120	15215	15257	15322	15365	15440	15482	15637	15689	15756	
15056	15122	15216	15258	15323	15366	15442	15483	15638	15690	15758	
15057	15123	15217	15259	15324	15367	15443	15484	15639	15691	15759	
15060	15126	15218	15260	15325	15368	15444	15486	15640	15692	15761	
15062	15127	15219	15261	15327	15370	15445	15488	15641	15693	15763	

# Cover Page - Rates for Pennsylvania - Area 3

## Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$73.85	\$102.02	\$125.47	\$126.00	\$51.97	\$79.27	\$84.35
66	\$77.01	\$106.39	\$130.85	\$131.40	\$54.20	\$82.67	\$87.96
67	\$80.18	\$110.77	\$136.23	\$136.80	\$56.43	\$86.07	\$91.58
68	\$83.34	\$115.14	\$141.60	\$142.20	\$58.65	\$89.46	\$95.19
69	\$86.51	\$119.51	\$146.98	\$147.60	\$60.88	\$92.86	\$98.81
70	\$89.67	\$123.88	\$152.36	\$153.00	\$63.11	\$96.26	\$102.42
71	\$92.84	\$128.26	\$157.74	\$158.40	\$65.34	\$99.66	\$106.04
72	\$96.00	\$132.63	\$163.11	\$163.80	\$67.56	\$103.05	\$109.65
73	\$99.17	\$137.00	\$168.49	\$169.20	\$69.79	\$106.45	\$113.27
74	\$102.33	\$141.37	\$173.87	\$174.60	\$72.02	\$109.85	\$116.88
<b>Standard Rates for ages 75 and older</b>							
75+	\$105.50	\$145.75	\$179.25	\$180.00	\$74.25	\$113.25	\$120.50

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$83.34	\$115.14	\$141.60	\$142.20	\$58.65	\$89.46	\$95.19
69	\$86.51	\$119.51	\$146.98	\$147.60	\$60.88	\$92.86	\$98.81
70	\$89.67	\$123.88	\$152.36	\$153.00	\$63.11	\$96.26	\$102.42
71	\$92.84	\$128.26	\$157.74	\$158.40	\$65.34	\$99.66	\$106.04
72	\$96.00	\$132.63	\$163.11	\$163.80	\$67.56	\$103.05	\$109.65
73	\$99.17	\$137.00	\$168.49	\$169.20	\$69.79	\$106.45	\$113.27
74	\$102.33	\$141.37	\$173.87	\$174.60	\$72.02	\$109.85	\$116.88
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$105.50	\$145.75	\$179.25	\$180.00	\$74.25	\$113.25	\$120.50
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$158.25	\$218.62	\$268.87	\$270.00	\$111.37	\$169.87	\$180.75

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$116.05	\$160.32	\$197.17	\$198.00	\$81.67	\$124.57	\$132.55
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$158.25	\$218.62	\$268.87	\$270.00	\$111.37	\$169.87	\$180.75

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

# Cover Page - Rates for Pennsylvania - Area 3

## Tobacco Monthly Plan Rates

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

<b>Group 1</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 65-74</b>							
65	\$81.23	\$112.22	\$138.01	\$138.60	\$57.16	\$87.19	\$92.78
66	\$84.71	\$117.03	\$143.93	\$144.54	\$59.61	\$90.93	\$96.76
67	\$88.19	\$121.84	\$149.84	\$150.48	\$62.06	\$94.67	\$100.73
68	\$91.67	\$126.65	\$155.76	\$156.42	\$64.51	\$98.41	\$104.71
69	\$95.16	\$131.46	\$161.67	\$162.36	\$66.96	\$102.14	\$108.69
70	\$98.64	\$136.27	\$167.59	\$168.30	\$69.41	\$105.88	\$112.66
71	\$102.12	\$141.08	\$173.50	\$174.24	\$71.86	\$109.62	\$116.64
72	\$105.60	\$145.89	\$179.42	\$180.18	\$74.31	\$113.35	\$120.62
73	\$109.08	\$150.70	\$185.33	\$186.12	\$76.76	\$117.09	\$124.59
74	\$112.56	\$155.51	\$191.25	\$192.06	\$79.21	\$120.83	\$128.57
<b>Standard Rates for ages 75 and older</b>							
75+	\$116.05	\$160.32	\$197.17	\$198.00	\$81.67	\$124.57	\$132.55

<b>Group 2</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Standard Rates with Enrollment Discount<sup>2</sup> for individuals ages 68-74 who do not have any of the medical conditions on the application.<sup>3</sup></b>							
68	\$91.67	\$126.65	\$155.76	\$156.42	\$64.51	\$98.41	\$104.71
69	\$95.16	\$131.46	\$161.67	\$162.36	\$66.96	\$102.14	\$108.69
70	\$98.64	\$136.27	\$167.59	\$168.30	\$69.41	\$105.88	\$112.66
71	\$102.12	\$141.08	\$173.50	\$174.24	\$71.86	\$109.62	\$116.64
72	\$105.60	\$145.89	\$179.42	\$180.18	\$74.31	\$113.35	\$120.62
73	\$109.08	\$150.70	\$185.33	\$186.12	\$76.76	\$117.09	\$124.59
74	\$112.56	\$155.51	\$191.25	\$192.06	\$79.21	\$120.83	\$128.57
<b>Standard Rates for individuals ages 75 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
75+	\$116.05	\$160.32	\$197.17	\$198.00	\$81.67	\$124.57	\$132.55
<b>Level 2 Rates for individuals ages 68 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
68+	\$174.07	\$240.48	\$295.75	\$297.00	\$122.50	\$186.85	\$198.82

<b>Group 3</b>		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 <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Level 1 Rates for individuals ages 71 and older who do not have any of the medical conditions on the application.<sup>3</sup></b>							
71+	\$127.65	\$176.35	\$216.88	\$217.80	\$89.83	\$137.02	\$145.80
<b>Level 2 Rates for individuals ages 71 and older who have one or more of the medical conditions on the application.<sup>3</sup></b>							
71+	\$174.07	\$240.48	\$295.75	\$297.00	\$122.50	\$186.85	\$198.82

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

# Cover Page - Rates for Pennsylvania - Area 3

## Under 65 Monthly Plan Rates

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

<b>Group 4</b>		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability.					
Age <sup>1</sup>	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
<b>Non-Tobacco Rates</b>							
<b>50-64</b>	\$73.85	\$102.02	\$125.47	\$126.00	\$51.97	\$79.27	\$84.35

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

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.

# PENNSYLVANIA Area 3 ZIP Codes, Effective August 1, 2011

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

15001	15550	15801	15928	16037	16133	16239	16347	16432	16619	16672	16801
15003	15551	15821	15930	16038	16134	16240	16350	16433	16620	16673	16802
15005	15552	15822	15931	16039	16136	16242	16351	16434	16621	16674	16803
15009	15553	15823	15934	16040	16137	16244	16352	16435	16622	16675	16804
15010	15554	15824	15935	16041	16140	16245	16353	16436	16623	16677	16805
15026	15555	15825	15936	16045	16141	16248	16354	16438	16624	16678	16820
15027	15557	15827	15937	16046	16142	16249	16360	16440	16625	16679	16821
15042	15558	15828	15938	16048	16143	16250	16361	16441	16627	16680	16822
15043	15559	15829	15940	16049	16145	16253	16362	16442	16629	16681	16823
15050	15560	15831	15942	16050	16146	16254	16364	16443	16630	16682	16825
15052	15561	15832	15943	16051	16148	16255	16365	16444	16631	16683	16826
15059	15562	15834	15945	16052	16150	16257	16366	16475	16633	16684	16827
15061	15563	15840	15946	16053	16151	16258	16367	16501	16634	16685	16828
15066	15564	15841	15948	16054	16153	16259	16368	16502	16635	16686	16829
15074	15565	15845	15951	16055	16154	16260	16369	16503	16636	16689	16830
15077	15656	15846	15952	16056	16155	16261	16370	16504	16637	16691	16832
15081	15673	15847	15953	16057	16156	16262	16371	16505	16638	16692	16833
15411	15682	15848	15955	16058	16157	16263	16372	16506	16639	16693	16834
15424	15686	15849	15956	16059	16159	16301	16373	16507	16640	16694	16835
15485	15711	15851	15958	16061	16160	16311	16374	16508	16641	16695	16836
15501	15714	15853	15959	16063	16161	16312	16375	16509	16644	16698	16837
15502	15715	15856	15960	16066	16172	16313	16388	16510	16645	16699	16838
15510	15721	15857	15961	16101	16201	16314	16401	16511	16646	16701	16839
15520	15722	15860	15962	16102	16210	16316	16402	16512	16647	16720	16840
15521	15730	15861	15963	16103	16212	16317	16403	16514	16648	16724	16841
15522	15733	15863	16001	16105	16213	16319	16404	16515	16650	16725	16843
15530	15736	15864	16002	16107	16214	16321	16405	16522	16651	16726	16844
15531	15737	15865	16003	16108	16217	16322	16406	16530	16652	16727	16845
15532	15738	15866	16016	16110	16218	16323	16407	16531	16654	16728	16847
15533	15744	15868	16017	16111	16220	16326	16410	16534	16655	16729	16848
15534	15753	15870	16018	16112	16221	16327	16411	16538	16656	16730	16849
15535	15757	15901	16020	16113	16222	16328	16412	16541	16657	16731	16850
15536	15760	15902	16021	16114	16223	16329	16413	16544	16659	16732	16851
15537	15762	15904	16022	16115	16224	16331	16415	16546	16660	16733	16852
15538	15764	15905	16023	16116	16225	16332	16416	16550	16661	16734	16853
15539	15767	15906	16024	16117	16226	16333	16417	16553	16662	16735	16854
15540	15770	15907	16025	16120	16228	16334	16420	16563	16663	16738	16855
15541	15773	15909	16027	16121	16229	16335	16421	16565	16664	16740	16856
15542	15774	15915	16028	16123	16230	16340	16422	16601	16665	16743	16858
15544	15775	15921	16029	16124	16232	16341	16423	16602	16666	16744	16859
15545	15776	15922	16030	16125	16233	16342	16424	16603	16667	16745	16860
15546	15778	15924	16033	16127	16234	16343	16426	16611	16668	16746	16861
15547	15780	15925	16034	16130	16235	16344	16427	16613	16669	16748	16863
15548	15781	15926	16035	16131	16236	16345	16428	16616	16670	16749	16864
15549	15784	15927	16036	16132	16238	16346	16430	16617	16671	16750	16865

## PENNSYLVANIA Area 3 ZIP Codes CONTINUED

16866	16950	17048	17099	17232	17315	17401	17557	17730	17829	17887	17980
16868	17001	17049	17101	17233	17316	17402	17560	17731	17830	17888	17981
16870	17002	17050	17102	17235	17317	17403	17562	17735	17831	17889	17982
16871	17003	17051	17103	17236	17318	17404	17563	17737	17832	17901	17983
16872	17004	17052	17104	17237	17319	17405	17564	17738	17833	17920	17985
16873	17005	17053	17105	17238	17320	17406	17565	17739	17834	17921	18001
16874	17006	17054	17106	17239	17321	17407	17566	17740	17835	17922	18002
16875	17007	17055	17107	17240	17322	17408	17567	17742	17836	17923	18003
16876	17009	17056	17108	17241	17323	17415	17568	17744	17837	17925	18010
16877	17010	17057	17109	17243	17324	17501	17569	17745	17839	17929	18011
16878	17011	17058	17110	17244	17325	17502	17570	17747	17840	17930	18012
16879	17012	17059	17111	17246	17327	17503	17572	17748	17841	17931	18013
16881	17013	17060	17112	17247	17329	17504	17573	17749	17842	17932	18014
16882	17014	17061	17113	17249	17331	17505	17575	17750	17843	17933	18015
16901	17015	17062	17120	17250	17332	17506	17576	17751	17844	17934	18016
16910	17016	17063	17121	17251	17333	17507	17578	17752	17845	17935	18017
16911	17017	17064	17122	17252	17334	17508	17579	17754	17846	17936	18018
16912	17018	17065	17123	17253	17335	17509	17580	17756	17847	17938	18020
16914	17019	17066	17124	17254	17337	17512	17581	17758	17850	17941	18025
16915	17020	17067	17125	17255	17339	17516	17582	17760	17851	17942	18030
16917	17021	17068	17126	17256	17340	17517	17583	17762	17853	17943	18031
16920	17022	17069	17127	17257	17342	17518	17584	17763	17855	17944	18032
16921	17023	17070	17128	17260	17343	17519	17585	17764	17856	17945	18034
16922	17024	17071	17129	17261	17344	17520	17601	17765	17857	17946	18035
16923	17025	17072	17130	17262	17345	17521	17602	17767	17858	17948	18036
16925	17026	17073	17140	17263	17347	17522	17603	17768	17859	17949	18037
16926	17027	17074	17177	17264	17349	17527	17604	17769	17860	17951	18038
16927	17028	17075	17201	17265	17350	17528	17605	17771	17861	17952	18040
16928	17029	17076	17202	17266	17352	17529	17606	17772	17862	17953	18042
16929	17030	17077	17210	17267	17353	17532	17607	17774	17864	17954	18043
16930	17032	17078	17211	17268	17354	17533	17608	17776	17865	17957	18044
16932	17033	17080	17212	17270	17355	17534	17611	17777	17866	17959	18045
16933	17034	17081	17213	17271	17356	17535	17622	17778	17867	17960	18046
16935	17035	17082	17214	17272	17358	17536	17699	17779	17868	17961	18049
16936	17036	17083	17215	17301	17360	17537	17701	17801	17870	17963	18050
16937	17037	17084	17217	17302	17361	17538	17702	17810	17872	17964	18051
16938	17038	17085	17219	17303	17362	17540	17703	17812	17876	17965	18052
16939	17039	17086	17220	17304	17363	17543	17705	17813	17877	17966	18053
16940	17040	17087	17221	17306	17364	17545	17720	17814	17878	17967	18055
16941	17041	17088	17222	17307	17365	17547	17721	17815	17880	17968	18056
16942	17042	17089	17223	17309	17366	17549	17723	17820	17881	17970	18058
16943	17043	17090	17224	17310	17368	17550	17724	17821	17882	17972	18059
16945	17044	17093	17225	17311	17370	17551	17726	17822	17883	17974	18060
16946	17045	17094	17228	17312	17371	17552	17727	17823	17884	17976	18062
16947	17046	17097	17229	17313	17372	17554	17728	17824	17885	17978	18063
16948	17047	17098	17231	17314	17375	17555	17729	17827	17886	17979	18064

## PENNSYLVANIA Area 3 ZIP Codes CONTINUED

18065	18232	18347	18443	18602	18706	18848	19564
18066	18234	18348	18444	18603	18707	18850	19565
18067	18235	18349	18445	18610	18708	18851	19567
18068	18237	18350	18446	18611	18709	18853	19601
18069	18239	18351	18447	18612	18710	18854	19602
18071	18240	18352	18448	18614	18711	19501	19603
18072	18241	18353	18449	18615	18762	19503	19604
18078	18242	18354	18451	18616	18764	19504	19605
18079	18244	18355	18452	18617	18765	19505	19606
18080	18245	18356	18453	18618	18766	19506	19607
18083	18246	18357	18454	18619	18767	19507	19608
18085	18247	18360	18455	18621	18769	19508	19609
18086	18248	18370	18456	18622	18773	19510	19610
18087	18249	18371	18457	18623	18801	19511	19611
18088	18250	18372	18458	18624	18810	19512	19612
18091	18251	18373	18459	18625	18812	19516	
18092	18252	18403	18460	18626	18813	19518	
18098	18254	18405	18461	18627	18814	19519	
18099	18255	18407	18462	18628	18815	19522	
18101	18256	18410	18463	18629	18816	19523	
18102	18301	18411	18464	18630	18817	19526	
18103	18302	18413	18465	18631	18818	19529	
18104	18320	18414	18466	18632	18820	19530	
18105	18321	18415	18469	18634	18821	19533	
18106	18322	18416	18470	18635	18822	19534	
18109	18323	18417	18471	18636	18823	19535	
18195	18324	18419	18472	18640	18824	19536	
18201	18325	18420	18473	18641	18825	19538	
18202	18326	18421	18501	18642	18826	19539	
18210	18327	18424	18502	18643	18827	19540	
18211	18328	18425	18503	18644	18828	19541	
18212	18330	18426	18504	18651	18829	19542	
18214	18331	18427	18505	18653	18830	19543	
18216	18332	18428	18507	18654	18831	19544	
18218	18333	18430	18508	18655	18832	19545	
18219	18334	18431	18509	18656	18833	19547	
18220	18335	18433	18510	18657	18834	19548	
18221	18336	18434	18512	18660	18837	19549	
18222	18337	18435	18515	18661	18840	19550	
18223	18340	18436	18517	18690	18842	19551	
18224	18341	18437	18518	18701	18843	19554	
18225	18342	18438	18519	18702	18844	19555	
18229	18343	18439	18540	18703	18845	19559	
18230	18344	18440	18577	18704	18846	19560	
18231	18346	18441	18601	18705	18847	19562	

## Rules and Disclosures about this Insurance

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

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### Premium information

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

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### Disclosures

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

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

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### Read your certificate very carefully

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

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### Your right to return the certificate

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

UnitedHealthcare  
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.

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### Policy replacement

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

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### Notice

The certificate may not fully cover all of your medical costs. UnitedHealthcare Insurance Company is not connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Centers for Medicare & Medicaid Services (CMS) publication *Medicare & You* for more details.

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### Complete answers are very important

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

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

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

Services	Medicare Pays	Plan A		Plan B	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.					
First 60 days	All but \$1,156	\$0	\$1,156 (Part A deductible)	\$1,156 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$289 per day	\$289 per day	\$0	\$289 per day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0	\$578 per day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare- eligible expenses	\$0**	100% of Medicare- eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$144.50 per day	\$0	Up to \$144.50 per day	\$0	Up to \$144.50 per day
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b>					
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0	Medicare copayment/ coinsurance	\$0

\*\* 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.

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

\* 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.

Services	Medicare Pays	Plan A		Plan B	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>MEDICAL EXPENSES</b> 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*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b>					
Above Medicare Approved amounts	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$140 of Medicare Approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>					
Tests for diagnostic services	100%	\$0	\$0	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b>					
<b>MEDICARE APPROVED SERVICES</b>					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$140 of Medicare Approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.							
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0	\$1,156 (Part A deductible)	\$0	\$1,156 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$289 per day	\$289 per day	\$0	\$289 per day	\$0	\$289 per day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0	\$578 per day	\$0	\$578 per day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible costs	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.							
First 20 days	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$144.50 per day	Up to \$144.50 per day	\$0	Up to \$144.50 per day	\$0	Up to \$144.50 per day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs	\$0	All costs
<b>BLOOD</b>							
First 3 pints	\$0	3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b>							
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

\*\* **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.

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

\* 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.

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b>							
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*	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b>							
Above Medicare Approved amounts	\$0	\$0	All costs	100%	\$0	\$0	All costs
<b>BLOOD</b>							
First 3 pints	\$0	All costs	\$0	All costs	\$0	All costs	\$0
Next \$140 of Medicare Approved amounts*	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>							
Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0

## PARTS A & B

\* 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.

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b>							
MEDICARE APPROVED SERVICES							
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment							
First \$140 of Medicare approved amounts*	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0	20%	\$0	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>							
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.							
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

\* You will pay half (one-fourth for Plan L) of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4660 (\$2330 for Plan L) each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

SERVICES	MEDICARE PAYS	PLAN K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> 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)◆	\$867 (75% of Part A deductible)	\$289 (25% of Part A deductible)◆
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$289 per day	\$289 per day	\$0	\$289 per day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0	\$578 per day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible costs	\$0***	100% of Medicare eligible costs	\$0***
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$144.50 per day	Up to \$72.25 per day	Up to \$72.25 per day◆	Up to \$108.38 per day	Up to \$36.12 per day◆
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	50%	50%◆	75%	25%◆
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of copayment/ coinsurance	50% of Medicare copayment/ coinsurance◆	75% of copayment/ coinsurance	25% of Medicare copayment/ coinsurance◆

\*\*\* 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.

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

\*\*\*\* Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES-</b> 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****	\$0	\$0	\$140 (Part B deductible)****♦	\$0	\$140 (Part B deductible)****♦
Preventive Benefits for Medicare covered services	Generally 80% or more of Medicare Approved amounts	Remainder of Medicare Approved amounts	All costs above 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%♦	Generally 15%	Generally 5%♦
<b>PART B EXCESS CHARGES</b>					
Above Medicare Approved amounts	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4660)*	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$2330)*
<b>BLOOD</b>					
First 3 pints	\$0	50%	50%♦	75%	25%♦
Next \$140 of Medicare Approved amounts****	\$0	\$0	\$140 (Part B deductible)****♦	\$0	\$140 (Part B deductible)****♦
Remainder of Medicare Approved amounts	Generally 80%	Generally 10%	Generally 10%♦	Generally 15%	Generally 5%♦
<b>CLINICAL LABORATORY SERVICES</b>					
Tests for diagnostic services	100%	\$0	\$0	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE</b>					
MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$140 of Medicare approved amounts****	\$0	\$0	\$140 (Part B deductible)♦	\$0	\$140 (Part B deductible)♦
Remainder of Medicare approved amounts	80%	10%	10%♦	15%	5%♦

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4660 per year (\$2330 for Plan L). However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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

# Your Exclusive Member Services. Get answers. Save money. Live healthy.



## SILVERSNEAKERS® FITNESS PROGRAM provided by Healthways

Live healthier with free access to fitness centers and classes.

**Get access to thousands of participating fitness centers**, with amenities like exercise equipment and fitness classes included in their basic membership.

**Take signature classes** from certified instructors, specifically designed for older adults. Additional options (YogaStretch, SilverSplash®, CardioFit, and Weight Circuit) may be available at select health

centers as your fitness levels progress. Designated Senior Advisors<sup>SM</sup> will also help you all along the way.

**SilverSneakers® Steps** is also available to members living 15+ miles from a participating fitness center. This self-directed physical activity program provides the equipment and motivation for you to manage your activities and achieve a healthier lifestyle.

Visit [www.silversneakers.com](http://www.silversneakers.com) to find a health center location near you.



## 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 and recommended

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.**

\*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.

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

**The SilverSneakers program is made available as a value added service to AARP members insured by UnitedHealthcare.** Neither AARP nor UnitedHealthcare endorse or are responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program. **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 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 Choose your plan and effective date

Please indicate your plan choice below:

A  B  C  F  K  L  N

You are eligible to enroll if **all** of these are true:

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A&B,
- you are not duplicating Medicare supplement coverage.
- If you are not yet age 65, you are eligible only if you enrolled in Medicare Part B within the last 6 months, unless you are an "Eligible Person" entitled to guaranteed acceptance as shown in the enclosed "Your Guide."

### 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

M M D D Y Y Y Y

## 3 Answer these questions to determine if your acceptance is guaranteed

**3A.** Did you turn age 65 in the last 6 months?

Y  N

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

**3B.** Did you enroll in Medicare Part B within the last 6 months?

Y  N

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

**3C.** 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 3A, 3B, or 3C**, your acceptance is guaranteed.
- If you answered **NO to 3A, 3B, and 3C**, continue to question **3D**. ↗

**3D.** 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 **YES**, skip to **Section 7**.

- If you answered **YES to 3D**, you may be guaranteed acceptance in certain AARP Medicare Supplement Plans. **Include a copy of the termination notice with your application.**

- If you answered **NO** to all questions in this section (**3A, 3B, 3C and 3D**), go to **Section 4**. ↗

If you answered **NO** to all questions in this section and:

- You are age 65 or over: Go to **Section 4**. ↗
- You are age 50 to 64: You are **NOT** eligible to apply for these plans.

## 4 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:

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.**

## 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

Continued on next page ►

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

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.

## 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.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. 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).

**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 that the answers on this application form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that the application form becomes a part of the insurance contract. I understand that, within the first two years of the effective date of coverage, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premiums, or reduce my benefits if the application form contains material misstatements.
- 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, which is a crime and subjects such person to criminal and civil penalties.
- I understand the insurance producer 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 insurance producer 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
<b>Membership</b>	- For you (12 months)	<b>\$16</b>
<b>Membership</b>	- For your spouse or partner (at any age)	<b>Included</b>
<b>Discounts (nationwide)</b>	- 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	<b>Included</b>
<b>Trusted Information</b>	- <i>AARP The Magazine</i> : the largest magazine circulation in the world - <i>AARP Bulletin</i> Newspaper (10 issues per year)	<b>Included</b>
<b>Access to Health Products</b>	- Exclusive health insurance for you and your dependents - Dental and long-term care insurance	<b>Included</b>
<b>Advocacy</b>	- 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	<b>Included</b>
<b>Access to Financial Programs</b>	- Auto, homeowners, life, mobile home, motorcycle insurance - Cash-back credit card	<b>Included</b>
<b>Local Opportunities</b>	- Safe driving courses (also available online) - Over 2,000 local AARP chapters - Social activities, volunteer opportunities, classes & workshops	<b>Included</b>

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

BA9999 (9-11) AGT



## 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](http://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 \_\_\_\_\_

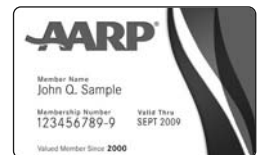
Spouse's/Partner's Name (for **FREE** membership - at any age) \_\_\_\_\_

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](mailto: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](http://www.aarp.org)

## Specially 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

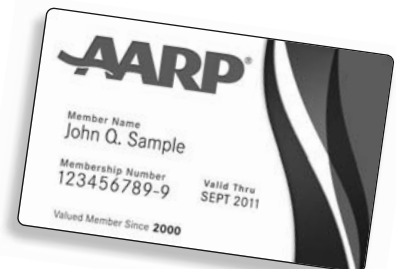
**NOTE:** The benefits listed are only a partial list. Your Membership Kit will supply you with a full list of approved service providers that offer exclusive services and discounts to AARP members only.

\* 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.

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#### 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:".

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.*

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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. ►

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- Please refer to the diagram below to obtain your bank routing information.
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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 of the check, which contains "John Doe", "Street Address", and "Town, City Zip Code".
- Check Number:** Points to the top right of the check, which contains "Check #1234".
- Bank Routing/Transfer Number:** Points to the bottom left of the check, which contains the routing number "123456789".
- Bank Account Number:** Points to the bottom middle of the check, which contains the account number "12345678".
- Check Number (Note):** Points to the bottom right of the check, which contains the check number "1234". A note below this label states: "Please do not include the check number (it may be before or after the account number) as it may delay processing."

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

We look forward to continuing to serve you.

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**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, Producer 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 Producer or Other Representative (Date)  
(Typed Name and Address of Issuer, Producer or other representative)

\_\_\_\_\_  
(Applicant's Signature) (Date)

\_\_\_\_\_  
(Applicant's Printed Name & Address)

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UNITEDHEALTHCARE INSURANCE COMPANY**

Horsham, Pennsylvania

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- |                                                                                                                                                                                                                                       |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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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 Producer or Other Representative (Date)  
(Typed Name and Address of Issuer, Producer or other representative)

\_\_\_\_\_  
(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

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## 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