



Enrollment Kit



California

Enrollment materials are for June 1, 2023 – May 1, 2024 plan effective dates.

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

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

Greetings!

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



Control

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



Longevity

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



Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 94% of surveyed members satisfied with their AARP Medicare Supplement Insurance Plan² – and 9 out of 10 of those surveyed willing to recommend their plans to a friend or family member.²

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about discounts and UnitedHealthcare's unique value-added services⁴ that may be available to you.

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

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

Warm regards,

Erica Schwartz
President, Medicare Supplemental Health Insurance Program
UnitedHealthcare

AARP | Medicare Supplement
from  UnitedHealthcare®

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



Questions? Contact your licensed insurance agent.

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

- ¹ A.M. Best affirmed UnitedHealthcare Insurance Company’s financial strength rating of “A+” (Superior) and maintained a stable outlook on December 9, 2021. An “A+” rating from A.M. Best is its second-highest rating. The rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. www.ambest.com.
- ² From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., “2021 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2021, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ³ From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, “December 2020 Medigap Enrollment & Market Share,” April 2021, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ⁴ These are additional insured member services, apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographic availability and may be discontinued at any time.**

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

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

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

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

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

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



Exclusive Services & Discounts



Exclusive Services & Discounts

AARP | Medicare Supplement
from  **UnitedHealthcare**

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Gym Membership, Discounts, and More

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



Gym Membership

Renew Active® Fitness Program:

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



Brain Health

AARP® Staying Sharp®:

An online program from AARP Staying Sharp offering content about brain health, including a brain health assessment and fun activities like interactive challenges, recipes, videos and games.



Dental Discount

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

- In-network discounts generally average 30-40%[†] off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns.
- Access to 30K in-network general dentists and specialists at 90K locations nationwide.
- No waiting periods, deductibles, or annual maximums. The Dentegra dental discount is not insurance.



Vision Discount

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

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



Hearing Discount

Hear better and save with exclusive pricing on a wide selection of hearing aids and accessories. AARP Hearing Solutions provided by UnitedHealthcare Hearing includes:

- An additional \$100 off the AARP member rate on thousands of name-brand hearing aids, plus a 15% discount on hearing aid accessories.
- A hearing test, hearing aid fitting and personalized support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.
- A money-back guarantee and 4-year extended warranty to help ensure the best listening experience.



24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages.

- Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.



Driver Safety

Refresh your driving skills with the **AARP Smart Driver™** course. The course helps participants brush up on rules of the road and reduce driver distractions.

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

These offers are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability and may be discontinued at any time. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Renew Active Fitness Program

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

AARP Staying Sharp

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

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

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

Dentegra Dental Discount

†Dentegra Fee Schedules vs. Fair Health Mean Data

THIS IS NOT INSURANCE and not intended to replace insurance. All decisions about medications and dental care are between you and your dentist or health care provider. The Dentegra dental discount is not a Qualified Health Plan under the Affordable Care Act. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. The Dentegra dental discount provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra dental discount does not make payments to the providers of dental services. Individuals who utilize the Dentegra dental discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

AARP Vision Discounts provided by EyeMed

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

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

** Present offer to receive a bonus \$50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts, past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33. Cartier®, Lindberg®, Oakley® Kato, Oliver

Peoples, and Maui Jim® frames excluded. Additional frame and lens exclusions and restrictions may apply, see store associate for details. Void where prohibited. Discounts are off tag price. No cash value. Offer expires 12/31/2023. Code 755453.

AARP Hearing Solutions provided by UnitedHealthcare Hearing

The \$100 discount and 4-year extended warranty applies to hearing aids offered in the Premier or Classic technology levels. One complimentary hearing test is only available from UnitedHealthcare Hearing providers, for purposes of determining hearing aid candidacy. These discounts cannot be combined with any other discounts, promotions, coupons or hearing aid benefit plans unless noted herein. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. AARP commercial member benefits are provided by third parties, not by AARP or its affiliates. Providers pay a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some provider offers are subject to change and may have restrictions. Please contact the provider directly for details.

Nurse line

The information provided through these services is for informational purposes only. Your health information is kept confidential in accordance with applicable law. This is not a substitute for your doctor's care. Nurses and other representatives from these services cannot diagnose problems or recommend treatment. All decisions about medications, vision care, hearing care, health and wellness care or other care is between you and your health care provider. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

AARP Driver Safety

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

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

This offer is non-transferrable and void where prohibited.

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

AARP Medicare Supplement Insurance Plans

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

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

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Discover the Real Possibilities of AARP Membership

Membership with AARP means:

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



Health & Wellness

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



Retail & Dining

Discounts on gifts and groceries, in addition to restaurants.



Travel & Entertainment

Get help with travel planning and save on car rental, hotel, airline tickets, and more. Get discounts on movie tickets and concessions as well as access to free online games.



Insurance² & Finances

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



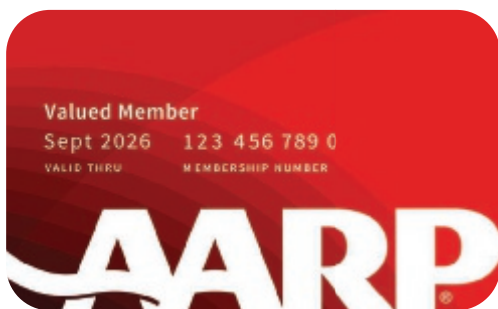
Magazine, Advocacy & Community

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



Home & Auto

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



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

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

¹ 2020 AARP Annual Report. Retrieved June 13, 2022, from <https://www.aarp.org/about-aarp/company/annual-reports/>

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

Bright Ways To Save



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

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

SAVE up to 36% with the Enrollment Discount

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

SAVE 7% with the Multi-Insured Discount

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

TAKE \$24 OFF with Electronic Funds Transfer

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

SAVE \$24 per year with the Annual Payer Discount

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

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

LOCK In Your Premium with the Rate Guarantee

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

AARP | Medicare Supplement
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Plans & Rates



Plans & Rates

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Overview of Available Plans

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

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

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023 ²					\$6940 ²	\$3470 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

Your Plan and Rate



1 Review plans

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

2 Discover your rate with applicable discounts

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

Enrollment Discount

For Applicants Age 65 and Older:

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

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

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

Multi-Insured Discount

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

3 Apply

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

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

Understanding the Discounts



Eligibility

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

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

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

How it works

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

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



Example 1: Meet Jill*

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

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

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



Example 2: Meet Harry*

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

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

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

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

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

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Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 1

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$118.72	\$165.76	\$156.96	\$62.40	\$110.24	\$132.96	\$199.84	\$200.80
66	\$124.28	\$173.53	\$164.31	\$65.32	\$115.40	\$139.19	\$209.20	\$210.21
67	\$129.85	\$181.30	\$171.67	\$68.25	\$120.57	\$145.42	\$218.57	\$219.62
68	\$135.41	\$189.07	\$179.03	\$71.17	\$125.74	\$151.65	\$227.94	\$229.03
69	\$140.98	\$196.84	\$186.39	\$74.10	\$130.91	\$157.89	\$237.31	\$238.45
70	\$146.54	\$204.61	\$193.74	\$77.02	\$136.07	\$164.12	\$246.67	\$247.86
71	\$152.11	\$212.38	\$201.10	\$79.95	\$141.24	\$170.35	\$256.04	\$257.27
72	\$157.67	\$220.15	\$208.46	\$82.87	\$146.41	\$176.58	\$265.41	\$266.68
73	\$163.24	\$227.92	\$215.82	\$85.80	\$151.58	\$182.82	\$274.78	\$276.10
74	\$168.80	\$235.69	\$223.17	\$88.72	\$156.74	\$189.05	\$284.14	\$285.51
75	\$174.37	\$243.46	\$230.53	\$91.65	\$161.91	\$195.28	\$293.51	\$294.92
76	\$179.93	\$251.23	\$237.89	\$94.57	\$167.08	\$201.51	\$302.88	\$304.33
	Standard Rates for individuals ages 77 and older							
77+	\$185.50	\$259.00	\$245.25	\$97.50	\$172.25	\$207.75	\$312.25	\$313.75

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$231.87	\$323.75	\$306.56	\$121.87	\$215.31	\$259.68	\$390.31	\$392.18

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 1

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$130.59	\$182.33	\$172.65	\$68.64	\$121.26	\$146.25	\$219.82	\$220.87
66	\$136.71	\$190.88	\$180.74	\$71.85	\$126.94	\$153.10	\$230.12	\$231.23
67	\$142.83	\$199.43	\$188.83	\$75.07	\$132.62	\$159.96	\$240.42	\$241.58
68	\$148.95	\$207.97	\$196.93	\$78.29	\$138.31	\$166.81	\$250.73	\$251.93
69	\$155.07	\$216.52	\$205.02	\$81.51	\$143.99	\$173.67	\$261.03	\$262.29
70	\$161.19	\$225.07	\$213.11	\$84.72	\$149.68	\$180.53	\$271.34	\$272.64
71	\$167.32	\$233.61	\$221.21	\$87.94	\$155.36	\$187.38	\$281.64	\$282.99
72	\$173.44	\$242.16	\$229.30	\$91.16	\$161.04	\$194.24	\$291.94	\$293.35
73	\$179.56	\$250.71	\$237.39	\$94.38	\$166.73	\$201.09	\$302.25	\$303.70
74	\$185.68	\$259.25	\$245.49	\$97.59	\$172.41	\$207.95	\$312.55	\$314.05
75	\$191.80	\$267.80	\$253.58	\$100.81	\$178.10	\$214.80	\$322.86	\$324.41
76	\$197.92	\$276.35	\$261.67	\$104.03	\$183.78	\$221.66	\$333.16	\$334.76
	Standard Rates for individuals ages 77 and older							
77+	\$204.05	\$284.90	\$269.77	\$107.25	\$189.47	\$228.52	\$343.47	\$345.12

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$255.06	\$356.12	\$337.21	\$134.06	\$236.83	\$285.65	\$429.33	\$431.40

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

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

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$231.86	\$323.74	\$306.55	\$121.86	N/A	N/A	\$390.30	\$392.17
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 1 ZIP Codes

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

90000	90045	90091	90263	90410	90670	90813	91051	91205	91345	91410	91611
90001	90046	90093	90264	90411	90671	90814	91052	91206	91346	91411	91612
90002	90047	90094	90265	90500	90680	90815	91066	91207	91350	91412	91614
90003	90048	90095	90266	90501	90701	90822	91077	91208	91351	91413	91615
90004	90049	90096	90267	90502	90702	90831	91100	91209	91352	91416	91616
90005	90050	90097	90270	90503	90703	90832	91101	91210	91353	91423	91617
90006	90051	90099	90272	90504	90704	90833	91102	91214	91354	91426	91618
90007	90052	90101	90274	90505	90706	90834	91103	91221	91355	91436	91702
90008	90053	90102	90275	90506	90707	90835	91104	91222	91356	91450	91706
90009	90054	90103	90277	90507	90710	90840	91105	91224	91357	91461	91711
90010	90055	90134	90278	90508	90711	90842	91106	91225	91363	91462	91714
90011	90056	90174	90280	90509	90712	90844	91107	91226	91364	91463	91715
90012	90057	90185	90290	90510	90713	90845	91108	91301	91365	91470	91716
90013	90058	90189	90291	90601	90714	90846	91109	91302	91367	91482	91722
90014	90059	90201	90292	90602	90715	90847	91110	91303	91370	91494	91723
90015	90060	90202	90293	90603	90716	90848	91114	91304	91371	91495	91724
90016	90061	90209	90294	90604	90717	90853	91115	91305	91372	91496	91731
90017	90062	90210	90295	90605	90720	90888	91116	91306	91375	91497	91732
90018	90063	90211	90296	90606	90721	90895	91117	91307	91376	91499	91733
90019	90064	90212	90300	90607	90723	90899	91118	91308	91380	91500	91734
90020	90065	90213	90301	90608	90731	91001	91121	91309	91381	91501	91735
90021	90066	90220	90302	90609	90732	91002	91122	91310	91382	91502	91740
90022	90067	90221	90303	90610	90733	91003	91123	91311	91383	91503	91741
90023	90068	90222	90304	90612	90734	91006	91124	91312	91384	91504	91744
90024	90069	90223	90305	90620	90740	91007	91125	91313	91385	91505	91745
90025	90070	90224	90306	90621	90742	91008	91126	91316	91386	91506	91746
90026	90071	90230	90307	90622	90743	91009	91127	91321	91387	91507	91747
90027	90072	90231	90308	90623	90744	91010	91128	91322	91388	91508	91748
90028	90073	90232	90309	90624	90745	91011	91129	91324	91390	91510	91749
90029	90074	90233	90310	90630	90746	91012	91131	91325	91392	91520	91750
90030	90075	90239	90311	90631	90747	91016	91175	91326	91393	91521	91754
90031	90076	90240	90312	90632	90748	91017	91182	91327	91394	91522	91755
90032	90077	90241	90313	90633	90749	91020	91184	91328	91395	91523	91756
90033	90078	90242	90397	90637	90755	91021	91185	91329	91396	91526	91759
90034	90079	90245	90398	90638	90800	91023	91186	91330	91399	91600	91765
90035	90080	90247	90400	90639	90801	91024	91187	91331	91400	91601	91766
90036	90081	90248	90401	90640	90802	91025	91188	91333	91401	91602	91767
90037	90082	90249	90402	90650	90803	91030	91189	91334	91402	91603	91768
90038	90083	90250	90403	90651	90804	91031	91191	91335	91403	91604	91769
90039	90084	90251	90404	90652	90805	91040	91199	91337	91404	91605	91770
90040	90086	90254	90405	90659	90806	91041	91200	91340	91405	91606	91771
90041	90087	90255	90406	90660	90807	91042	91201	91341	91406	91607	91772
90042	90088	90260	90407	90661	90808	91043	91202	91342	91407	91608	91773
90043	90089	90261	90408	90662	90809	91046	91203	91343	91408	91609	91775
90044	90090	90262	90409	90665	90810	91050	91204	91344	91409	91610	91776

CALIFORNIA Area 1 ZIP Codes CONTINUED

91778	92627	92674	92735	92859
91780	92628	92675	92780	92861
91788	92629	92676	92781	92862
91789	92630	92677	92782	92863
91790	92631	92678	92799	92864
91791	92632	92679	92800	92865
91792	92633	92680	92801	92866
91793	92634	92681	92802	92867
91795	92635	92683	92803	92868
91797	92637	92684	92804	92869
91799	92640	92685	92805	92870
91800	92641	92686	92806	92871
91801	92642	92687	92807	92885
91802	92643	92688	92808	92886
91803	92644	92690	92809	92887
91804	92645	92691	92811	92899
91841	92646	92692	92812	93510
91896	92647	92693	92814	93532
91899	92648	92694	92815	93534
92601	92649	92697	92816	93535
92602	92650	92698	92817	93536
92603	92651	92701	92821	93539
92604	92652	92702	92822	93543
92605	92653	92703	92823	93544
92606	92654	92704	92825	93550
92607	92655	92705	92831	93551
92609	92656	92706	92832	93552
92610	92657	92707	92833	93553
92612	92658	92708	92834	93563
92613	92659	92709	92835	93584
92614	92660	92710	92836	93586
92615	92661	92711	92837	93590
92616	92662	92712	92838	93591
92617	92663	92713	92840	93599
92618	92664	92714	92841	
92619	92665	92715	92842	
92620	92666	92716	92843	
92621	92667	92717	92844	
92622	92668	92718	92845	
92623	92669	92720	92846	
92624	92670	92725	92850	
92625	92672	92728	92856	
92626	92673	92730	92857	

Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 2

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$126.08	\$176.16	\$166.72	\$66.24	\$117.12	\$141.28	\$212.32	\$213.28
66	\$131.99	\$184.41	\$174.53	\$69.34	\$122.61	\$147.90	\$222.27	\$223.27
67	\$137.90	\$192.67	\$182.35	\$72.45	\$128.10	\$154.52	\$232.22	\$233.27
68	\$143.81	\$200.93	\$190.16	\$75.55	\$133.59	\$161.14	\$242.17	\$243.27
69	\$149.72	\$209.19	\$197.98	\$78.66	\$139.08	\$167.77	\$252.13	\$253.27
70	\$155.63	\$217.44	\$205.79	\$81.76	\$144.57	\$174.39	\$262.08	\$263.26
71	\$161.54	\$225.70	\$213.61	\$84.87	\$150.06	\$181.01	\$272.03	\$273.26
72	\$167.45	\$233.96	\$221.42	\$87.97	\$155.55	\$187.63	\$281.98	\$283.26
73	\$173.36	\$242.22	\$229.24	\$91.08	\$161.04	\$194.26	\$291.94	\$293.26
74	\$179.27	\$250.47	\$237.05	\$94.18	\$166.53	\$200.88	\$301.89	\$303.25
75	\$185.18	\$258.73	\$244.87	\$97.29	\$172.02	\$207.50	\$311.84	\$313.25
76	\$191.09	\$266.99	\$252.68	\$100.39	\$177.51	\$214.12	\$321.79	\$323.25
Standard Rates for individuals ages 77 and older								
77+	\$197.00	\$275.25	\$260.50	\$103.50	\$183.00	\$220.75	\$331.75	\$333.25

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$246.25	\$344.06	\$325.62	\$129.37	\$228.75	\$275.93	\$414.68	\$416.56

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 2

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$138.68	\$193.77	\$183.39	\$72.86	\$128.83	\$155.40	\$233.54	\$234.60
66	\$145.18	\$202.85	\$191.98	\$76.27	\$134.87	\$162.68	\$244.49	\$245.60
67	\$151.69	\$211.93	\$200.58	\$79.69	\$140.91	\$169.97	\$255.44	\$256.59
68	\$158.19	\$221.02	\$209.18	\$83.11	\$146.94	\$177.25	\$266.39	\$267.59
69	\$164.69	\$230.10	\$217.77	\$86.52	\$152.98	\$184.54	\$277.33	\$278.59
70	\$171.19	\$239.18	\$226.37	\$89.94	\$159.02	\$191.82	\$288.28	\$289.59
71	\$177.69	\$248.27	\$234.97	\$93.35	\$165.06	\$199.11	\$299.23	\$300.58
72	\$184.19	\$257.35	\$243.56	\$96.77	\$171.10	\$206.39	\$310.18	\$311.58
73	\$190.69	\$266.43	\$252.16	\$100.18	\$177.14	\$213.68	\$321.12	\$322.58
74	\$197.19	\$275.52	\$260.76	\$103.60	\$183.18	\$220.96	\$332.07	\$333.57
75	\$203.69	\$284.60	\$269.35	\$107.01	\$189.22	\$228.25	\$343.02	\$344.57
76	\$210.19	\$293.68	\$277.95	\$110.43	\$195.26	\$235.53	\$353.97	\$355.57
Standard Rates for individuals ages 77 and older								
77+	\$216.70	\$302.77	\$286.55	\$113.85	\$201.30	\$242.82	\$364.92	\$366.57

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$270.87	\$378.46	\$358.18	\$142.31	\$251.62	\$303.52	\$456.15	\$458.21

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

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

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$246.24	\$344.05	\$325.61	\$129.36	N/A	N/A	\$414.67	\$416.55
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 2 ZIP Codes

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

91319	92276	92564	93022
91320	92282	92567	93023
91358	92292	92570	93024
91359	92320	92571	93030
91360	92501	92572	93031
91361	92502	92581	93032
91362	92503	92582	93033
91377	92504	92583	93034
91718	92505	92584	93035
91719	92506	92585	93036
91720	92507	92586	93040
91752	92508	92587	93041
91760	92509	92589	93042
92201	92513	92590	93043
92202	92514	92591	93044
92203	92515	92592	93060
92210	92516	92593	93061
92211	92517	92595	93062
92220	92518	92596	93063
92223	92519	92599	93064
92225	92521	92860	93065
92226	92522	92877	93066
92230	92530	92878	93093
92234	92531	92879	93094
92235	92532	92880	93097
92236	92536	92881	93099
92239	92539	92882	
92240	92543	92883	
92241	92544	93001	
92247	92545	93002	
92248	92546	93003	
92253	92548	93004	
92254	92549	93005	
92255	92551	93006	
92258	92552	93007	
92260	92553	93009	
92261	92554	93010	
92262	92555	93011	
92263	92556	93012	
92264	92557	93015	
92270	92561	93016	
92272	92562	93020	
92274	92563	93021	

Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 3

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$115.04	\$160.48	\$152.00	\$60.48	\$106.88	\$128.80	\$193.60	\$194.56
66	\$120.43	\$168.00	\$159.12	\$63.31	\$111.89	\$134.83	\$202.67	\$203.68
67	\$125.82	\$175.52	\$166.25	\$66.15	\$116.90	\$140.87	\$211.75	\$212.80
68	\$131.21	\$183.04	\$173.37	\$68.98	\$121.91	\$146.91	\$220.82	\$221.92
69	\$136.61	\$190.57	\$180.50	\$71.82	\$126.92	\$152.95	\$229.90	\$231.04
70	\$142.00	\$198.09	\$187.62	\$74.65	\$131.93	\$158.98	\$238.97	\$240.16
71	\$147.39	\$205.61	\$194.75	\$77.49	\$136.94	\$165.02	\$248.05	\$249.28
72	\$152.78	\$213.13	\$201.87	\$80.32	\$141.95	\$171.06	\$257.12	\$258.40
73	\$158.18	\$220.66	\$209.00	\$83.16	\$146.96	\$177.10	\$266.20	\$267.52
74	\$163.57	\$228.18	\$216.12	\$85.99	\$151.97	\$183.13	\$275.27	\$276.64
75	\$168.96	\$235.70	\$223.25	\$88.83	\$156.98	\$189.17	\$284.35	\$285.76
76	\$174.35	\$243.22	\$230.37	\$91.66	\$161.99	\$195.21	\$293.42	\$294.88
	Standard Rates for individuals ages 77 and older							
77+	\$179.75	\$250.75	\$237.50	\$94.50	\$167.00	\$201.25	\$302.50	\$304.00

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$224.68	\$313.43	\$296.87	\$118.12	\$208.75	\$251.56	\$378.12	\$380.00

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 3

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$126.54	\$176.52	\$167.20	\$66.52	\$117.56	\$141.67	\$212.96	\$214.01
66	\$132.47	\$184.79	\$175.03	\$69.64	\$123.07	\$148.31	\$222.94	\$224.04
67	\$138.40	\$193.07	\$182.87	\$72.76	\$128.59	\$154.95	\$232.92	\$234.08
68	\$144.33	\$201.34	\$190.71	\$75.88	\$134.10	\$161.60	\$242.90	\$244.11
69	\$150.26	\$209.62	\$198.55	\$79.00	\$139.61	\$168.24	\$252.89	\$254.14
70	\$156.19	\$217.89	\$206.38	\$82.12	\$145.12	\$174.88	\$262.87	\$264.17
71	\$162.13	\$226.17	\$214.22	\$85.23	\$150.63	\$181.52	\$272.85	\$274.20
72	\$168.06	\$234.44	\$222.06	\$88.35	\$156.14	\$188.16	\$282.83	\$284.24
73	\$173.99	\$242.72	\$229.90	\$91.47	\$161.65	\$194.80	\$292.82	\$294.27
74	\$179.92	\$250.99	\$237.73	\$94.59	\$167.16	\$201.44	\$302.80	\$304.30
75	\$185.85	\$259.27	\$245.57	\$97.71	\$172.67	\$208.08	\$312.78	\$314.33
76	\$191.78	\$267.54	\$253.41	\$100.83	\$178.18	\$214.72	\$322.76	\$324.36
	Standard Rates for individuals ages 77 and older							
77+	\$197.72	\$275.82	\$261.25	\$103.95	\$183.70	\$221.37	\$332.75	\$334.40

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$247.15	\$344.77	\$326.56	\$129.93	\$229.62	\$276.71	\$415.93	\$418.00

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

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

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$224.67	\$313.42	\$296.86	\$118.11	N/A	N/A	\$378.11	\$379.99
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 3 ZIP Codes

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

91701	92321	92378	93110	93303	93519	94531	94582	94701	96208	96339	96510
91708	92322	92382	93111	93304	93523	94536	94583	94702	96214	96343	96511
91709	92323	92385	93116	93305	93524	94537	94586	94703	96218	96347	96512
91710	92324	92386	93117	93306	93527	94538	94587	94704	96220	96348	96513
91729	92325	92391	93118	93307	93528	94539	94588	94705	96224	96349	96515
91730	92326	92392	93120	93308	93531	94540	94595	94706	96231	96350	96516
91737	92327	92393	93121	93309	93554	94541	94596	94707	96251	96362	96517
91739	92329	92394	93130	93311	93555	94542	94597	94708	96257	96364	96518
91743	92331	92395	93140	93312	93556	94543	94598	94709	96258	96365	96520
91758	92332	92397	93150	93313	93558	94544	94599	94710	96259	96367	96521
91761	92333	92398	93160	93314	93560	94545	94601	94712	96260	96368	96522
91762	92334	92399	93190	93380	93561	94546	94602	94720	96261	96370	96531
91763	92335	92400	93199	93381	93562	94547	94603	94801	96264	96372	96534
91764	92336	92401	93203	93382	93570	94548	94604	94802	96266	96373	96535
91784	92337	92402	93205	93383	93581	94549	94605	94803	96267	96374	96536
91785	92338	92403	93206	93384	93582	94550	94606	94804	96269	96375	96537
91786	92339	92404	93214	93385	93592	94551	94607	94805	96271	96376	96538
91798	92340	92405	93215	93386	93596	94552	94608	94806	96272	96377	96539
92242	92341	92406	93216	93387	94501	94553	94609	94807	96274	96378	96540
92252	92342	92407	93217	93388	94502	94555	94610	94808	96276	96379	96541
92256	92344	92408	93220	93389	94503	94556	94611	94820	96277	96381	96542
92267	92345	92409	93222	93390	94505	94557	94612	94850	96278	96382	96543
92268	92346	92410	93224	93399	94506	94558	94613	94875	96283	96407	96544
92277	92347	92411	93225	93427	94507	94559	94614	95422	96284	96408	96545
92278	92350	92412	93226	93429	94508	94560	94615	95423	96286	96409	96546
92280	92351	92413	93238	93434	94509	94561	94616	95424	96297	96410	96548
92284	92352	92414	93240	93436	94511	94562	94617	95426	96306	96411	96549
92285	92354	92415	93241	93437	94513	94563	94618	95435	96310	96431	96550
92286	92356	92416	93243	93438	94514	94564	94619	95443	96311	96432	96551
92301	92357	92418	93249	93440	94515	94565	94620	95451	96313	96434	96552
92304	92358	92420	93250	93441	94516	94566	94621	95453	96314	96440	96553
92305	92359	92423	93251	93454	94517	94567	94622	95457	96318	96445	96554
92307	92363	92424	93252	93455	94518	94568	94623	95458	96319	96447	96555
92308	92364	92427	93254	93456	94519	94569	94624	95461	96321	96450	96556
92309	92365	93013	93255	93457	94520	94570	94625	95464	96322	96451	96557
92310	92366	93014	93263	93458	94521	94572	94626	95467	96323	96452	96558
92311	92368	93067	93268	93460	94522	94573	94627	95485	96324	96454	96575
92312	92369	93101	93276	93463	94523	94574	94643	95493	96325	96456	96598
92313	92371	93102	93280	93464	94524	94575	94649	96201	96326	96461	96599
92314	92372	93103	93283	93501	94525	94576	94650	96202	96327	96464	96601
92315	92373	93105	93285	93502	94526	94577	94659	96203	96328	96505	96602
92316	92374	93106	93287	93504	94527	94578	94660	96204	96330	96506	96603
92317	92375	93107	93300	93505	94528	94579	94661	96205	96336	96507	96604
92318	92376	93108	93301	93516	94529	94580	94662	96206	96337	96508	96605
92319	92377	93109	93302	93518	94530	94581	94666	96207	96338	96509	96606

CALIFORNIA Area 3 ZIP Codes CONTINUED

96607	96668
96608	96669
96609	96670
96610	96671
96611	96672
96612	96673
96613	96674
96618	96675
96619	96676
96621	96677
96622	96678
96623	96679
96624	96681
96625	96682
96626	96683
96627	96684
96628	96686
96629	96687
96631	96688
96633	96689
96634	96693
96635	96694
96636	96695
96639	96697
96641	96698
96642	
96643	
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96666	
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Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 4

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$103.84	\$144.96	\$137.28	\$54.56	\$96.48	\$116.32	\$174.88	\$175.68
66	\$108.70	\$151.75	\$143.71	\$57.11	\$101.00	\$121.77	\$183.07	\$183.91
67	\$113.57	\$158.55	\$150.15	\$59.67	\$105.52	\$127.22	\$191.27	\$192.15
68	\$118.44	\$165.34	\$156.58	\$62.23	\$110.04	\$132.67	\$199.47	\$200.38
69	\$123.31	\$172.14	\$163.02	\$64.79	\$114.57	\$138.13	\$207.67	\$208.62
70	\$128.17	\$178.93	\$169.45	\$67.34	\$119.09	\$143.58	\$215.86	\$216.85
71	\$133.04	\$185.73	\$175.89	\$69.90	\$123.61	\$149.03	\$224.06	\$225.09
72	\$137.91	\$192.52	\$182.32	\$72.46	\$128.13	\$154.48	\$232.26	\$233.32
73	\$142.78	\$199.32	\$188.76	\$75.02	\$132.66	\$159.94	\$240.46	\$241.56
74	\$147.64	\$206.11	\$195.19	\$77.57	\$137.18	\$165.39	\$248.65	\$249.79
75	\$152.51	\$212.91	\$201.63	\$80.13	\$141.70	\$170.84	\$256.85	\$258.03
76	\$157.38	\$219.70	\$208.06	\$82.69	\$146.22	\$176.29	\$265.05	\$266.26
Standard Rates for individuals ages 77 and older								
77+	\$162.25	\$226.50	\$214.50	\$85.25	\$150.75	\$181.75	\$273.25	\$274.50

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$202.81	\$283.12	\$268.12	\$106.56	\$188.43	\$227.18	\$341.56	\$343.12

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 4

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$114.22	\$159.45	\$151.00	\$60.01	\$106.12	\$127.94	\$192.36	\$193.24
66	\$119.57	\$166.93	\$158.08	\$62.82	\$111.09	\$133.94	\$201.38	\$202.30
67	\$124.92	\$174.40	\$165.16	\$65.63	\$116.07	\$139.94	\$210.39	\$211.36
68	\$130.28	\$181.87	\$172.24	\$68.45	\$121.04	\$145.94	\$219.41	\$220.42
69	\$135.63	\$189.35	\$179.32	\$71.26	\$126.02	\$151.93	\$228.43	\$229.48
70	\$140.99	\$196.82	\$186.40	\$74.07	\$130.99	\$157.93	\$237.45	\$238.54
71	\$146.34	\$204.30	\$193.47	\$76.89	\$135.97	\$163.93	\$246.46	\$247.59
72	\$151.69	\$211.77	\$200.55	\$79.70	\$140.94	\$169.93	\$255.48	\$256.65
73	\$157.05	\$219.25	\$207.63	\$82.51	\$145.92	\$175.92	\$264.50	\$265.71
74	\$162.40	\$226.72	\$214.71	\$85.33	\$150.89	\$181.92	\$273.51	\$274.77
75	\$167.76	\$234.20	\$221.79	\$88.14	\$155.87	\$187.92	\$282.53	\$283.83
76	\$173.11	\$241.67	\$228.87	\$90.95	\$160.84	\$193.92	\$291.55	\$292.89
Standard Rates for individuals ages 77 and older								
77+	\$178.47	\$249.15	\$235.95	\$93.77	\$165.82	\$199.92	\$300.57	\$301.95

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$223.08	\$311.43	\$294.93	\$117.21	\$207.27	\$249.90	\$375.71	\$377.43

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

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

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$202.80	\$283.11	\$268.11	\$106.55	N/A	N/A	\$341.55	\$343.11
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 4 ZIP Codes

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

93202	93637	93718	93888	94088	94952	95024	95109	95160	95315	95372	95472
93204	93638	93720	93901	94089	94953	95026	95110	95161	95316	95373	95473
93210	93639	93721	93902	94090	94954	95030	95111	95164	95317	95374	95476
93212	93640	93722	93905	94091	94955	95031	95112	95170	95318	95375	95480
93230	93641	93723	93906	94300	94956	95032	95113	95171	95319	95379	95486
93231	93642	93724	93907	94301	94957	95033	95114	95172	95321	95380	95487
93232	93643	93725	93908	94302	94960	95035	95115	95173	95322	95381	95492
93234	93644	93726	93911	94304	94963	95036	95116	95190	95323	95382	95497
93239	93645	93727	93912	94305	94964	95037	95117	95191	95324	95383	95501
93242	93646	93728	93915	94306	94965	95038	95118	95192	95325	95384	95502
93245	93648	93729	93920	94309	94966	95039	95119	95193	95326	95386	95503
93246	93649	93730	93921	94310	94970	95041	95120	95194	95327	95387	95511
93266	93650	93737	93922	94901	94971	95042	95121	95196	95328	95388	95514
93426	93651	93740	93923	94903	94972	95043	95122	95221	95329	95389	95518
93450	93652	93741	93924	94904	94973	95044	95123	95222	95333	95390	95519
93601	93653	93744	93925	94911	94974	95045	95124	95223	95334	95397	95521
93602	93654	93745	93926	94912	94975	95046	95125	95224	95335	95401	95524
93604	93656	93747	93927	94913	94976	95050	95126	95225	95338	95402	95525
93605	93657	93750	93928	94914	94977	95051	95127	95226	95340	95403	95526
93606	93660	93755	93930	94915	94978	95052	95128	95228	95341	95404	95527
93607	93661	93759	93932	94920	94979	95053	95129	95229	95342	95405	95528
93608	93662	93760	93933	94922	94998	95054	95130	95232	95343	95406	95531
93609	93664	93761	93940	94923	94999	95055	95131	95233	95344	95407	95532
93610	93665	93762	93941	94924	95001	95056	95132	95245	95345	95408	95534
93611	93667	93764	93942	94925	95002	95060	95133	95246	95346	95409	95536
93612	93668	93765	93943	94926	95003	95061	95134	95247	95347	95412	95537
93613	93669	93771	93944	94927	95004	95062	95135	95248	95348	95416	95538
93614	93675	93772	93950	94928	95005	95063	95136	95249	95350	95419	95540
93616	93700	93773	93953	94929	95006	95064	95137	95250	95351	95421	95542
93619	93701	93774	93954	94930	95007	95065	95138	95251	95352	95425	95543
93620	93702	93775	93955	94931	95008	95066	95139	95252	95353	95430	95545
93621	93703	93776	93960	94933	95009	95067	95140	95254	95354	95431	95546
93622	93704	93777	93962	94937	95010	95070	95141	95255	95355	95433	95547
93623	93705	93778	94022	94938	95011	95071	95142	95257	95356	95436	95548
93624	93706	93779	94023	94939	95012	95073	95148	95301	95357	95439	95549
93625	93707	93780	94024	94940	95013	95075	95150	95303	95358	95441	95550
93626	93708	93782	94035	94941	95014	95076	95151	95305	95360	95442	95551
93627	93709	93784	94039	94942	95015	95077	95152	95306	95361	95444	95552
93628	93710	93786	94040	94945	95016	95078	95153	95307	95363	95446	95553
93629	93711	93790	94041	94946	95017	95100	95154	95309	95364	95448	95554
93630	93712	93791	94042	94947	95018	95101	95155	95310	95365	95450	95555
93631	93714	93792	94043	94948	95019	95102	95156	95311	95367	95452	95556
93634	93715	93793	94085	94949	95020	95103	95157	95312	95368	95462	95558
93635	93716	93794	94086	94950	95021	95106	95158	95313	95369	95465	95559
93636	93717	93844	94087	94951	95023	95108	95159	95314	95370	95471	95560

CALIFORNIA Area 4 ZIP Codes CONTINUED

95562	95656	95746	95955	96033	96142
95563	95658	95747	95957	96035	96143
95564	95659	95762	95958	96040	96145
95565	95661	95765	95959	96041	96146
95567	95663	95776	95960	96046	96148
95569	95664	95798	95961	96047	96150
95570	95665	95799	95962	96048	96151
95571	95666	95901	95963	96049	96152
95573	95667	95903	95965	96051	96153
95589	95668	95910	95966	96052	96154
95595	95669	95912	95967	96055	96155
95601	95672	95913	95968	96056	96156
95602	95674	95914	95969	96059	96157
95603	95675	95916	95970	96061	96158
95604	95676	95917	95972	96062	96160
95605	95677	95918	95973	96063	96161
95606	95678	95919	95974	96065	96162
95607	95679	95920	95975	96069	
95612	95681	95922	95976	96070	
95613	95682	95924	95977	96071	
95614	95684	95925	95978	96073	
95616	95685	95926	95979	96074	
95617	95689	95927	95981	96075	
95618	95691	95928	95982	96076	
95619	95692	95929	95986	96078	
95622	95694	95930	95987	96079	
95623	95695	95931	95988	96080	
95627	95697	95932	95991	96084	
95629	95698	95935	95992	96087	
95631	95699	95936	95993	96088	
95633	95701	95937	96001	96089	
95634	95703	95938	96002	96090	
95635	95709	95939	96003	96091	
95636	95712	95940	96007	96092	
95637	95713	95941	96008	96093	
95640	95714	95942	96010	96095	
95642	95715	95943	96011	96096	
95643	95717	95944	96013	96099	
95644	95720	95945	96016	96111	
95645	95721	95946	96017	96118	
95646	95722	95948	96019	96120	
95648	95724	95949	96021	96124	
95650	95726	95950	96022	96125	
95651	95728	95951	96024	96126	
95653	95735	95953	96028	96140	
95654	95736	95954	96029	96141	

Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 5

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$115.04	\$160.48	\$152.00	\$60.48	\$106.88	\$128.80	\$193.60	\$194.56
66	\$120.43	\$168.00	\$159.12	\$63.31	\$111.89	\$134.83	\$202.67	\$203.68
67	\$125.82	\$175.52	\$166.25	\$66.15	\$116.90	\$140.87	\$211.75	\$212.80
68	\$131.21	\$183.04	\$173.37	\$68.98	\$121.91	\$146.91	\$220.82	\$221.92
69	\$136.61	\$190.57	\$180.50	\$71.82	\$126.92	\$152.95	\$229.90	\$231.04
70	\$142.00	\$198.09	\$187.62	\$74.65	\$131.93	\$158.98	\$238.97	\$240.16
71	\$147.39	\$205.61	\$194.75	\$77.49	\$136.94	\$165.02	\$248.05	\$249.28
72	\$152.78	\$213.13	\$201.87	\$80.32	\$141.95	\$171.06	\$257.12	\$258.40
73	\$158.18	\$220.66	\$209.00	\$83.16	\$146.96	\$177.10	\$266.20	\$267.52
74	\$163.57	\$228.18	\$216.12	\$85.99	\$151.97	\$183.13	\$275.27	\$276.64
75	\$168.96	\$235.70	\$223.25	\$88.83	\$156.98	\$189.17	\$284.35	\$285.76
76	\$174.35	\$243.22	\$230.37	\$91.66	\$161.99	\$195.21	\$293.42	\$294.88
	Standard Rates for individuals ages 77 and older							
77+	\$179.75	\$250.75	\$237.50	\$94.50	\$167.00	\$201.25	\$302.50	\$304.00

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$224.68	\$313.43	\$296.87	\$118.12	\$208.75	\$251.56	\$378.12	\$380.00

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 5

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$126.54	\$176.52	\$167.20	\$66.52	\$117.56	\$141.67	\$212.96	\$214.01
66	\$132.47	\$184.79	\$175.03	\$69.64	\$123.07	\$148.31	\$222.94	\$224.04
67	\$138.40	\$193.07	\$182.87	\$72.76	\$128.59	\$154.95	\$232.92	\$234.08
68	\$144.33	\$201.34	\$190.71	\$75.88	\$134.10	\$161.60	\$242.90	\$244.11
69	\$150.26	\$209.62	\$198.55	\$79.00	\$139.61	\$168.24	\$252.89	\$254.14
70	\$156.19	\$217.89	\$206.38	\$82.12	\$145.12	\$174.88	\$262.87	\$264.17
71	\$162.13	\$226.17	\$214.22	\$85.23	\$150.63	\$181.52	\$272.85	\$274.20
72	\$168.06	\$234.44	\$222.06	\$88.35	\$156.14	\$188.16	\$282.83	\$284.24
73	\$173.99	\$242.72	\$229.90	\$91.47	\$161.65	\$194.80	\$292.82	\$294.27
74	\$179.92	\$250.99	\$237.73	\$94.59	\$167.16	\$201.44	\$302.80	\$304.30
75	\$185.85	\$259.27	\$245.57	\$97.71	\$172.67	\$208.08	\$312.78	\$314.33
76	\$191.78	\$267.54	\$253.41	\$100.83	\$178.18	\$214.72	\$322.76	\$324.36
	Standard Rates for individuals ages 77 and older							
77+	\$197.72	\$275.82	\$261.25	\$103.95	\$183.70	\$221.37	\$332.75	\$334.40

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$247.15	\$344.77	\$326.56	\$129.93	\$229.62	\$276.71	\$415.93	\$418.00

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

Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 5

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$224.67	\$313.42	\$296.86	\$118.11	N/A	N/A	\$378.11	\$379.99
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 5 ZIP Codes

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

91901	92003	92067	92123	92176
91902	92004	92068	92124	92177
91903	92006	92069	92126	92178
91905	92007	92070	92127	92179
91906	92008	92071	92128	92180
91908	92009	92072	92129	92181
91909	92010	92074	92130	92182
91910	92011	92075	92131	92183
91911	92013	92078	92132	92184
91912	92014	92079	92133	92185
91913	92018	92081	92134	92186
91914	92019	92082	92135	92187
91915	92020	92083	92136	92188
91916	92021	92084	92137	92189
91917	92022	92085	92138	92190
91921	92023	92086	92139	92191
91931	92024	92088	92140	92192
91932	92025	92090	92142	92193
91933	92026	92091	92143	92194
91934	92027	92092	92145	92195
91935	92028	92093	92147	92196
91941	92029	92096	92149	92197
91942	92030	92100	92150	92198
91943	92033	92101	92152	92199
91944	92036	92102	92153	92222
91945	92037	92103	92154	92227
91946	92038	92104	92155	92231
91947	92039	92105	92158	92232
91948	92040	92106	92159	92233
91950	92045	92107	92160	92243
91951	92046	92108	92161	92244
91962	92049	92109	92162	92249
91963	92051	92110	92163	92250
91976	92052	92111	92164	92251
91977	92054	92112	92165	92257
91978	92055	92113	92166	92259
91979	92056	92114	92167	92266
91980	92057	92115	92168	92273
91987	92058	92116	92169	92275
91990	92059	92117	92170	92281
91991	92060	92118	92171	92283
91992	92061	92119	92172	
91993	92064	92120	92173	
91994	92065	92121	92174	
91995	92066	92122	92175	

Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 6

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$103.84	\$144.96	\$137.28	\$54.56	\$96.48	\$116.32	\$174.88	\$175.68
66	\$108.70	\$151.75	\$143.71	\$57.11	\$101.00	\$121.77	\$183.07	\$183.91
67	\$113.57	\$158.55	\$150.15	\$59.67	\$105.52	\$127.22	\$191.27	\$192.15
68	\$118.44	\$165.34	\$156.58	\$62.23	\$110.04	\$132.67	\$199.47	\$200.38
69	\$123.31	\$172.14	\$163.02	\$64.79	\$114.57	\$138.13	\$207.67	\$208.62
70	\$128.17	\$178.93	\$169.45	\$67.34	\$119.09	\$143.58	\$215.86	\$216.85
71	\$133.04	\$185.73	\$175.89	\$69.90	\$123.61	\$149.03	\$224.06	\$225.09
72	\$137.91	\$192.52	\$182.32	\$72.46	\$128.13	\$154.48	\$232.26	\$233.32
73	\$142.78	\$199.32	\$188.76	\$75.02	\$132.66	\$159.94	\$240.46	\$241.56
74	\$147.64	\$206.11	\$195.19	\$77.57	\$137.18	\$165.39	\$248.65	\$249.79
75	\$152.51	\$212.91	\$201.63	\$80.13	\$141.70	\$170.84	\$256.85	\$258.03
76	\$157.38	\$219.70	\$208.06	\$82.69	\$146.22	\$176.29	\$265.05	\$266.26
Standard Rates for individuals ages 77 and older								
77+	\$162.25	\$226.50	\$214.50	\$85.25	\$150.75	\$181.75	\$273.25	\$274.50

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$202.81	\$283.12	\$268.12	\$106.56	\$188.43	\$227.18	\$341.56	\$343.12

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 6

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$114.22	\$159.45	\$151.00	\$60.01	\$106.12	\$127.94	\$192.36	\$193.24
66	\$119.57	\$166.93	\$158.08	\$62.82	\$111.09	\$133.94	\$201.38	\$202.30
67	\$124.92	\$174.40	\$165.16	\$65.63	\$116.07	\$139.94	\$210.39	\$211.36
68	\$130.28	\$181.87	\$172.24	\$68.45	\$121.04	\$145.94	\$219.41	\$220.42
69	\$135.63	\$189.35	\$179.32	\$71.26	\$126.02	\$151.93	\$228.43	\$229.48
70	\$140.99	\$196.82	\$186.40	\$74.07	\$130.99	\$157.93	\$237.45	\$238.54
71	\$146.34	\$204.30	\$193.47	\$76.89	\$135.97	\$163.93	\$246.46	\$247.59
72	\$151.69	\$211.77	\$200.55	\$79.70	\$140.94	\$169.93	\$255.48	\$256.65
73	\$157.05	\$219.25	\$207.63	\$82.51	\$145.92	\$175.92	\$264.50	\$265.71
74	\$162.40	\$226.72	\$214.71	\$85.33	\$150.89	\$181.92	\$273.51	\$274.77
75	\$167.76	\$234.20	\$221.79	\$88.14	\$155.87	\$187.92	\$282.53	\$283.83
76	\$173.11	\$241.67	\$228.87	\$90.95	\$160.84	\$193.92	\$291.55	\$292.89
Standard Rates for individuals ages 77 and older								
77+	\$178.47	\$249.15	\$235.95	\$93.77	\$165.82	\$199.92	\$300.57	\$301.95

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$223.08	\$311.43	\$294.93	\$117.21	\$207.27	\$249.90	\$375.71	\$377.43

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

Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 6

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$202.80	\$283.11	\$268.11	\$106.55	N/A	N/A	\$341.55	\$343.11
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 6 ZIP Codes

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

93401	94016	94111	94159	94254	94407	95377	95818
93402	94017	94112	94160	94256	94408	95378	95819
93403	94018	94114	94161	94257	94409	95385	95820
93405	94019	94115	94162	94258	94497	95391	95821
93406	94020	94116	94163	94259	95201	95608	95822
93407	94021	94117	94164	94261	95202	95609	95823
93408	94025	94118	94165	94262	95203	95610	95824
93409	94026	94119	94166	94263	95204	95611	95825
93410	94027	94120	94167	94267	95205	95615	95826
93412	94028	94121	94168	94268	95206	95621	95827
93420	94029	94122	94169	94269	95207	95624	95828
93421	94030	94123	94170	94271	95208	95626	95829
93422	94031	94124	94171	94273	95209	95628	95830
93423	94037	94125	94172	94274	95210	95630	95831
93424	94038	94126	94175	94277	95211	95632	95832
93428	94044	94127	94177	94278	95212	95638	95833
93430	94045	94128	94188	94279	95213	95639	95834
93431	94059	94129	94199	94280	95214	95641	95835
93432	94060	94130	94203	94282	95215	95652	95836
93433	94061	94131	94204	94283	95219	95655	95837
93435	94062	94132	94205	94284	95220	95660	95838
93442	94063	94133	94206	94285	95227	95662	95840
93443	94064	94134	94207	94286	95230	95670	95841
93444	94065	94135	94208	94287	95231	95671	95842
93445	94066	94136	94209	94288	95234	95673	95843
93446	94067	94137	94211	94289	95236	95680	95851
93447	94070	94138	94229	94290	95237	95683	95852
93448	94071	94139	94230	94291	95240	95686	95853
93449	94074	94140	94232	94293	95241	95690	95857
93451	94080	94141	94234	94294	95242	95693	95860
93452	94083	94142	94235	94295	95253	95741	95864
93453	94096	94143	94236	94296	95258	95742	95865
93461	94098	94144	94237	94297	95267	95743	95866
93465	94099	94145	94239	94298	95269	95757	95867
93475	94100	94146	94240	94299	95290	95758	95873
93483	94101	94147	94243	94303	95296	95759	95887
94002	94102	94150	94244	94307	95297	95763	95894
94003	94103	94151	94245	94308	95298	95800	95899
94005	94104	94152	94246	94400	95304	95811	
94010	94105	94153	94247	94401	95320	95812	
94011	94106	94154	94248	94402	95330	95813	
94012	94107	94155	94249	94403	95336	95814	
94013	94108	94156	94250	94404	95337	95815	
94014	94109	94157	94252	94405	95366	95816	
94015	94110	94158	94253	94406	95376	95817	

Cover Page - Rates

Non-Tobacco Monthly Plan Rates for California - Area 7

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Standard Rates with Enrollment Discount² for individuals ages 65-76							
65	\$105.76	\$147.68	\$139.84	\$55.52	\$98.24	\$118.40	\$177.92	\$178.72
66	\$110.71	\$154.60	\$146.39	\$58.12	\$102.84	\$123.95	\$186.26	\$187.09
67	\$115.67	\$161.52	\$152.95	\$60.72	\$107.45	\$129.50	\$194.60	\$195.47
68	\$120.63	\$168.44	\$159.50	\$63.32	\$112.05	\$135.05	\$202.94	\$203.85
69	\$125.59	\$175.37	\$166.06	\$65.93	\$116.66	\$140.60	\$211.28	\$212.23
70	\$130.54	\$182.29	\$172.61	\$68.53	\$121.26	\$146.15	\$219.62	\$220.60
71	\$135.50	\$189.21	\$179.17	\$71.13	\$125.87	\$151.70	\$227.96	\$228.98
72	\$140.46	\$196.13	\$185.72	\$73.73	\$130.47	\$157.25	\$236.30	\$237.36
73	\$145.42	\$203.06	\$192.28	\$76.34	\$135.08	\$162.80	\$244.64	\$245.74
74	\$150.37	\$209.98	\$198.83	\$78.94	\$139.68	\$168.35	\$252.98	\$254.11
75	\$155.33	\$216.90	\$205.39	\$81.54	\$144.29	\$173.90	\$261.32	\$262.49
76	\$160.29	\$223.82	\$211.94	\$84.14	\$148.89	\$179.45	\$269.66	\$270.87
	Standard Rates for individuals ages 77 and older							
77+	\$165.25	\$230.75	\$218.50	\$86.75	\$153.50	\$185.00	\$278.00	\$279.25

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Level 2 Rates							
75+	\$206.56	\$288.43	\$273.12	\$108.43	\$191.87	\$231.25	\$347.50	\$349.06

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

Cover Page - Rates

Tobacco Monthly Plan Rates for California - Area 7

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount² for individuals ages 65-76								
65	\$116.33	\$162.44	\$153.82	\$61.06	\$108.06	\$130.24	\$195.71	\$196.58
66	\$121.78	\$170.05	\$161.03	\$63.93	\$113.12	\$136.34	\$204.88	\$205.80
67	\$127.23	\$177.67	\$168.24	\$66.79	\$118.19	\$142.45	\$214.06	\$215.01
68	\$132.69	\$185.28	\$175.45	\$69.65	\$123.26	\$148.55	\$223.23	\$224.23
69	\$138.14	\$192.90	\$182.66	\$72.51	\$128.32	\$154.66	\$232.40	\$233.44
70	\$143.59	\$200.51	\$189.87	\$75.38	\$133.39	\$160.76	\$241.58	\$242.66
71	\$149.05	\$208.13	\$197.08	\$78.24	\$138.45	\$166.87	\$250.75	\$251.87
72	\$154.50	\$215.74	\$204.29	\$81.10	\$143.52	\$172.97	\$259.93	\$261.09
73	\$159.95	\$223.36	\$211.50	\$83.96	\$148.58	\$179.08	\$269.10	\$270.30
74	\$165.41	\$230.97	\$218.71	\$86.83	\$153.65	\$185.18	\$278.27	\$279.52
75	\$170.86	\$238.59	\$225.92	\$89.69	\$158.71	\$191.29	\$287.45	\$288.73
76	\$176.31	\$246.20	\$233.13	\$92.55	\$163.78	\$197.39	\$296.62	\$297.95
Standard Rates for individuals ages 77 and older								
77+	\$181.77	\$253.82	\$240.35	\$95.42	\$168.85	\$203.50	\$305.80	\$307.17

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
Level 2 Rates								
75+	\$227.21	\$317.27	\$300.43	\$119.27	\$211.06	\$254.37	\$382.25	\$383.96

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

Cover Page - Rates Under 65 Monthly Plan Rates for California - Area 7

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

Plans Available to All Applicants							Medicare first eligible before 2020 only ³	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.						
Age ¹	Plan A	Plan B	Plan G ⁴	Plan K	Plan L	Plan N	Plan C ³	Plan F ³
	Non-Tobacco Rates							
50-64	\$206.55	\$288.42	\$273.11	\$108.42	N/A	N/A	\$347.49	\$349.05
	Tobacco Rates							
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

1 Your age as of your plan effective date.

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

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 76 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date.

How it works

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

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

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

CALIFORNIA Area 7 ZIP Codes

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

92328	93541	95481	96068
92384	93542	95482	96085
92389	93545	95488	96086
93201	93546	95490	96094
93207	93549	95494	96097
93208	93603	95568	96101
93218	93615	95585	96103
93219	93618	95587	96104
93221	93633	95620	96105
93223	93647	95625	96106
93227	93666	95687	96107
93235	93670	95688	96108
93237	93673	95696	96109
93244	94510	95915	96110
93247	94512	95923	96112
93256	94533	95934	96113
93257	94534	95947	96114
93258	94535	95956	96115
93260	94571	95971	96116
93261	94585	95980	96117
93262	94589	95983	96119
93265	94590	95984	96121
93267	94591	96006	96122
93270	94592	96009	96123
93271	95410	96014	96127
93272	95415	96015	96128
93274	95417	96020	96129
93275	95418	96023	96130
93277	95420	96025	96132
93278	95427	96027	96133
93279	95428	96031	96134
93282	95429	96032	96135
93286	95432	96034	96136
93290	95437	96037	96137
93291	95445	96038	97635
93292	95449	96039	
93512	95454	96044	
93513	95456	96045	
93514	95459	96050	
93515	95460	96053	
93517	95463	96054	
93522	95466	96057	
93526	95468	96058	
93529	95469	96064	
93530	95470	96067	



Eligibility & Benefits



Eligibility & Benefits

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25709ST

Your Guide to AARP Medicare Supplement Insurance Plans

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability and do not have End-Stage Renal Disease and are not in your Birthday Open Enrollment Period and replacing a Medicare supplement plan, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of retroactive eligibility for Medicare Part B, unless you're entitled to Guaranteed Issue as shown in the following "Guaranteed Issue" section. If you were **eligible for Medicare Part A before 1/1/2020**, you may only apply for Plan A, B, C, F or K. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may only apply for Plan A, B, G or K.)

Guaranteed Issue

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period**, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- **There is also an annual 60-day Birthday Enrollment** when you are replacing a Medicare Supplement plan (including Medicare Select) and your Application is received 30 days prior to, or 59 days after your birthday. If you were **eligible for Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, C, F, G, K, L or N without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, C, F, G, K, L or N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions. If you are **eligible for Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, G, K, L or N without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, G, K, L or N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
- You may also qualify for a **Six-Month Open Enrollment Period if any one of the following applies to you:** a) you lost an employer-sponsored health plan; b) you lost "Medi-Cal" due to an increase in your income or assets; c) you are a military retiree, or spouse of a retiree, and had your health care services cancelled due to a base closure, because the base no longer offers services, or because you relocated; or d) you had your Medicare supplement coverage cancelled because your residence changed to a location not serviced by your plan. If you were **eligible for Medicare Part A before 1/1/2020**, you may apply for Plan A, B, C, F, G, K, L or N. If you are **eligible for Medicare Part A on or after 1/1/2020**, you may apply for Plan A, B, G, K, L or N.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

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

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

Exclusions

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

Continued ...

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

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

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

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

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

General Information

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

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

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

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

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

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

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

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

Plan A

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$0 \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$1,600 (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 \$0 \$0	\$0 Up to \$200 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan A

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$226 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$226 (Part B Deductible) \$0
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Plan B

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A Deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 \$0 \$0	\$0 Up to \$200 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan B

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$226 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$226 (Part B Deductible) \$0
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Plan C

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A Deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan C

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$226 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$226 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES– Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$226 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A Deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan F

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$226 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$226 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$226 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A Deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan G

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$226 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$226 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6940 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$800 (50% of Part A Deductible) \$400 a day \$800 a day 100% of Medicare Eligible Expenses \$0	\$800 (50% of Part A Deductible)◆ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE** You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$100 a day \$0	\$0 \$100 a day◆ All costs
BLOOD – First 3 Pints Additional amounts	\$0 100%	50% \$0	50%◆ \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	50% of copayment/coinsurance	50% of copayment/coinsurance◆

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

Plan K

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

**** Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – 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 \$226 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved amounts Generally 80%	\$0 Remainder of Medicare Approved amounts Generally 10%	\$226 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 10%◆
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$6940)*
BLOOD First 3 Pints Next \$226 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$226 (Part B Deductible)****◆ Generally 10%◆
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$6940 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved Amounts**** ▪ Remainder of Medicare Approved Amounts 	100% \$0 80%	\$0 \$0 10%	\$0 \$226 (Part B Deductible)◆ 10%◆
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***** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan L

* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3470 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,200 (75% of Part A Deductible) \$400 a day \$800 a day 100% of Medicare Eligible Expenses \$0	\$400 (25% of Part A Deductible)♦ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE** You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$150 a day \$0	\$0 \$50 a day♦ All costs
BLOOD – First 3 Pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/ coinsurance	25% of copayment/ coinsurance♦

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

Plan L

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

**** Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – 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 \$226 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved amounts Generally 80%	\$0 Remainder of Medicare Approved amounts Generally 15%	\$226 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 5%◆
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$3470)*
BLOOD First 3 Pints Next \$226 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%◆ \$226 (Part B Deductible)****◆ Generally 5%◆
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3470 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$226 of Medicare Approved Amounts**** ▪ Remainder of Medicare Approved Amounts 	100% \$0 80%	\$0 \$0 15%	\$0 \$226 (Part B Deductible)◆ 5%◆
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***** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan N

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A Deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan N

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

* Once you have been billed \$226 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – 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 \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$226 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
■ First \$226 of Medicare Approved amounts*	\$0	\$0	\$226 (Part B Deductible)
■ Remainder of Medicare Approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

Premium information

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

Disclosures

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

Read your certificate very carefully

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

Your right to return the certificate

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

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

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

Policy replacement

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

Notice

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

Complete answers are very important

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



Forms



Forms

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25710ST

TEAR HERE

TEAR HERE

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

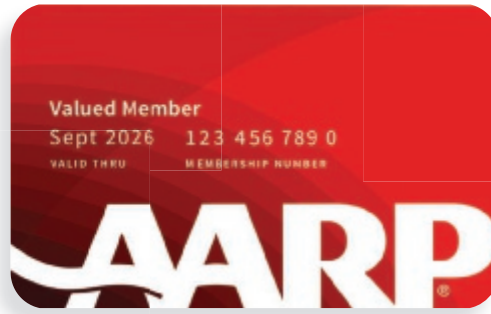
HEALTHCARE PRODUCTS & SERVICES

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

AWARD-WINNING PUBLICATIONS

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

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



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

TRAVEL DISCOUNTS on hundreds of hotels, resorts, car rentals, tours, cruises and plane fares worldwide

COMMUNITY INVOLVEMENT Local chapters with volunteer opportunities, social activities, Driver Safety Courses, and AARP Foundation Tax-Aide program

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

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

Visit agntu.aarpenrollment.com
Or call 1-866-331-1964

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

BA25571ST



MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month Day Year

For FREE Spouse/Partner Membership

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

VCGFDAUH

BA25571ST

OR

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

SAVE 25%



Visit agntu.aarpenrollment.com



Or call 1-866-331-1964

Why sign up for Automatic Renewal?

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

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

AGT

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

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



Act now and make the most of membership.

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

**SAVE
25%**



Visit agntu.aarpenrollment.com



Or call 1-866-331-1964



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

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

TEAR HERE

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

The Easiest Way to Pay

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

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

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

Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

Your EFT Effective Date

If you are submitting this EFT form with your enrollment application, your automatic payment start date will be the same as your plan effective date. A letter will be sent to confirm this and will include the amount of your withdrawal. Please note that if your coverage is effective in the future or your account is paid in advance, EFT withdrawals will begin for the next payment due. If your account is effective in the past or is past due, a letter will be sent that explains how to make the payment that is due.

Complete Form on Reverse ►

This side for your information only, return not required.

TEAR HERE

AUTOMATIC PAYMENT AUTHORIZATION FORM

I allow UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents), hereafter named UnitedHealthcare, to take monthly withdrawals for the then-current monthly rate from the account named on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the total household payment due each month. This will include premiums for a spouse or other member(s) of the household on the same membership account. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: Checking

Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

Account Holder Name

Check Number

John Doe
Street Address
Town, City Zip Code

Check #1234

Date: _____

Pay to: _____

SAMPLE

_____ Dollars

Bank Name & Address

Memo: _____ Signed by: _____

| : 123456789 : | 12345678 || 1234 ||

Bank Routing
Transit Number –
Must be 9 numbers

Bank Account
Number –
Include all zeros

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

We look forward to continuing to serve you.

TEAR HERE

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

The Easiest Way to Pay

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

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

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

Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

Your EFT Effective Date

If you are submitting this EFT form with your enrollment application, your automatic payment start date will be the same as your plan effective date. A letter will be sent to confirm this and will include the amount of your withdrawal. Please note that if your coverage is effective in the future or your account is paid in advance, EFT withdrawals will begin for the next payment due. If your account is effective in the past or is past due, a letter will be sent that explains how to make the payment that is due.

Complete Form on Reverse ►

This side for your information only, return not required.

TEAR HERE

AUTOMATIC PAYMENT AUTHORIZATION FORM

I allow UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents), hereafter named UnitedHealthcare, to take monthly withdrawals for the then-current monthly rate from the account named on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the total household payment due each month. This will include premiums for a spouse or other member(s) of the household on the same membership account. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: Checking

Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

Account Holder Name

Check Number

John Doe
Street Address
Town, City Zip Code

Check #1234

Date: _____

Pay to: _____

SAMPLE

_____ Dollars

Bank Name & Address

Memo: _____ Signed by: _____

| : 123456789 : | 12345678 || 1234 ||

Bank Routing
Transit Number –
Must be 9 numbers

Bank Account
Number –
Include all zeros

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

We look forward to continuing to serve you.

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

Horsham, Pennsylvania

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

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

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

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

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

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction does not duplicate coverage. In addition, the replacement coverage contains benefits that are clearly and substantially greater than your current benefits for the following reasons:

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

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

(Signature of Agent, Broker or Other Representative) (Date)

(Applicant's Signature) (Date)

(Applicant's Printed Name & Address)

TEAR HERE

TEAR HERE

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

Horsham, Pennsylvania

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

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

(Signature of Agent, Broker or Other Representative) (Date)

(Applicant's Signature) (Date)

(Applicant's Printed Name & Address)

TEAR HERE

Glossary: Prescription Drugs

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

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

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

Partial Prescription Drug List

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Your Records:

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

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

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

What's Next:

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

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



Welcome Kit.

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



Educational Materials.

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



Dedicated Customer Service.

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



Exclusive AARP Member Benefits.

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



Let's stay connected.

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

Name

Email

Phone



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

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

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

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

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

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

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