



# Enrollment Kit



## Florida

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

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

BC10037ST

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



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

Greetings!

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



## Control

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



## Longevity

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



## Service

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

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

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

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

Warm regards,

Marie A. Pero  
Licensed Agent  
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](http://www.medsupeducation.com).

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

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

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

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

**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**

AARP Medicare Supplement Insurance Plans,  
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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).

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# Gym Membership, Discounts, and More

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



## Gym Membership

### Renew Active® by UnitedHealthcare:

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



## Brain Health

### AARP® Staying Sharp®:

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



## Dental Discount

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

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



## Vision Discount

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

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



## Hearing Discount

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

The Hearing Care Program by HearUSA includes:

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



## 24/7 Nurse line

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

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



## Driver Safety

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

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

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

### **Renew Active by UnitedHealthcare**

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

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

### **AARP Staying Sharp**

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

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

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

### **Dentegra Dental Discount**

†Dentegra Fee Schedules vs. Fair Health Mean Data

**THIS IS NOT INSURANCE** and not intended to replace insurance.

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

The range of discounts will vary depending on the type of provider, geographic region and service. The Dentegra dental discount does not make payments to the providers of dental services.

Individuals who utilize the Dentegra dental discount are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Dentegra Insurance Company. Dentegra Insurance Company, 560 Mission Street, San Francisco, CA 94105, is the Discount Plan Organization.

### **AARP Vision Discounts provided by EyeMed**

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

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

\*\* Present offer to receive a bonus \$50 off your AARP Vision Discount or best in-store offer when you purchase a frame and progressive lenses. Complete pair required. Frame and lens purchase cannot be combined with any other offers, discounts,

past purchases, readers or non-prescription sunglasses. Valid doctor's prescription required and the cost of an eye exam is not included. Eyeglasses priced from \$218.29 to \$2,423.33.

Discounts are off tag price. Varilux®, Cartier®, Lindberg®, Oakley Kato, Maui Jim® and wearable electronics frames excluded.

Void where prohibited. See associate for details. Offer expires 12/31/2022. Code 755453.

### **Hearing program by HearUSA**

HearUSA makes available a network of hearing care providers through which AARP members may access AARP Hearing Program Discounts. All decisions about medications, medical care and hearing care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. HearUSA pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. HearUSA is not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services, products or information provided by this program. You are strongly encouraged to evaluate your own needs. Hearing aid discount from HearUSA is \$100 off already discounted AARP Member pricing for HearUSA hearing aids. Discount only applies to hearing aids in HearUSA pricing levels 1-5 (minimum purchase of \$1300 hearing aid required to receive discount.) One complimentary hearing screening and other hearing discounts, services or offerings contingent upon purchase of qualifying hearing aids. Complimentary hearing screening only available from HearUSA Network providers.

### **Nurse line**

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

### **AARP Driver Safety**

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

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

This offer is non-transferrable and void where prohibited.

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

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

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

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# Discover the Real Possibilities of AARP Membership

## Membership with AARP means:

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



### Health & Wellness

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



### Retail & Dining

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



### Insurance<sup>2</sup> & Finances

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



### Travel & Entertainment

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



### Home & Auto

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



### Magazine, Advocacy & Community

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



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

Explore these benefits and more by visiting [aarp.org/benefits](https://aarp.org/benefits)

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

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



# Bright Ways To Save



When you choose an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, you may be able to take advantage of the discounts shown below.

## **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 12-month premium in June.

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

Questions? Contact your  
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# Plans, Rates, & Benefits



Plans, Rates, & Benefits

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AARP Medicare Supplement Insurance Plans,  
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# UnitedHealthcare Insurance Company

## OUTLINE OF COVERAGE

### Benefit Plans A, B, C, F, G, K, L, N, Select G, Select N

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

**NOTICE TO BUYER:** This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only+	
	A	B	D	G <sup>1</sup> ♦	K	L	M	N♦	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2022 <sup>2</sup>					\$6620 <sup>2</sup>	\$3310 <sup>2</sup>				

**Note:** A ✓ means 100% of this benefit is paid. **+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.** This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan "A" available.

1 - Plans F and G also have a high deductible option which require first paying a plan deductible of \$2490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

♦ Medicare Select Plans G and N contain the same benefits as standardized Medicare Supplement Plans G and N, except for restrictions on your use of hospitals.





## **BASIC BENEFITS**

**Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.

**Blood** – First three pints of blood each year.

**Hospice** – Part A coinsurance.

## **PREMIUM INFORMATION**

We, UnitedHealthcare Insurance Company, can only raise your premium if we raise the premium for all plans like yours in the state of Florida

## **READ YOUR POLICY 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.

## **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.

## **NOTICE**

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 *Medicare and You* for more details. Use this outline to compare benefits and premiums among policies.

## **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.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new certificate and it is **NOT** an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The certificate is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your certificate and refuse to pay any claims if you make misstatements, you leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" timeframes please go to the following link on the Medicare.gov website:

<https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>

## **Grievance Procedure**

**Complaint and Grievance Procedure** - UnitedHealthcare has established a formal procedure to respond to customer complaints and grievances. UnitedHealthcare desires to provide a fair, accessible and responsive method of evaluating and resolving complaints and grievances. If UnitedHealthcare determines that any prior action that it has taken was incorrect, corrective action will be taken. You may, at any time, submit a written complaint to the Department of Insurance in your state.

**Complaints** - If you have a complaint, you may call us at 1-800-523-5880 or write to us at UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge all complaints within 15 days and will respond to all complaints within a reasonable period of time.

**Grievances** - If you are dissatisfied with our handling of a complaint or a claim denial, or are dissatisfied for any other reason, you may submit a formal grievance. Grievances must be in writing and contain the words "this is a grievance" to ensure that we understand the purpose of the communication. You must clearly state the nature of the grievance and send it to: UnitedHealthcare, PO BOX 740807, Atlanta, GA 30374-0807. We will acknowledge in writing all grievances within 15 days and respond to all grievances within a reasonable period of time. All grievances must be filed within 60 days or as soon as reasonably possible from the date of denial of benefits or other action giving rise to the grievance.

**Cover Page - Rates**  
**Female Non-Tobacco Monthly Plan Rates for Florida - Area 1**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$853.12	\$1,004.63	\$1,083.76	\$912.17	\$362.95	\$698.18	\$844.87	\$711.12	\$1,163.96	\$1,170.73
65	\$198.70	\$240.68	\$232.97	\$215.44	\$81.16	\$167.44	\$196.81	\$176.87	\$278.97	\$280.65
66	\$205.34	\$248.72	\$240.75	\$222.64	\$83.87	\$173.04	\$203.38	\$182.78	\$288.30	\$290.03
67	\$213.46	\$258.55	\$250.26	\$231.44	\$87.19	\$179.87	\$211.42	\$190.00	\$299.69	\$301.49
68	\$221.33	\$268.08	\$259.49	\$239.97	\$90.40	\$186.51	\$219.22	\$197.01	\$310.74	\$312.61
69	\$229.44	\$277.91	\$269.01	\$248.77	\$93.72	\$193.34	\$227.25	\$204.23	\$322.13	\$324.07
70	\$237.07	\$287.15	\$277.94	\$257.04	\$96.83	\$199.77	\$234.81	\$211.02	\$332.84	\$334.84
71	\$244.69	\$296.38	\$286.88	\$265.30	\$99.94	\$206.19	\$242.36	\$217.80	\$343.54	\$345.61
72	\$252.07	\$305.32	\$295.53	\$273.30	\$102.96	\$212.41	\$249.66	\$224.37	\$353.90	\$356.03
73	\$259.69	\$314.55	\$304.47	\$281.57	\$106.07	\$218.83	\$257.21	\$231.16	\$364.60	\$366.80
74	\$266.58	\$322.89	\$312.54	\$289.04	\$108.88	\$224.64	\$264.03	\$237.29	\$374.27	\$376.52
75	\$273.95	\$331.83	\$321.19	\$297.03	\$111.90	\$230.85	\$271.34	\$243.85	\$384.63	\$386.94
76	\$280.59	\$339.87	\$328.98	\$304.23	\$114.61	\$236.45	\$277.92	\$249.76	\$393.95	\$396.32
77	\$287.73	\$348.51	\$337.34	\$311.97	\$117.52	\$242.46	\$284.98	\$256.11	\$403.96	\$406.39
78	\$290.43	\$351.79	\$340.51	\$314.90	\$118.63	\$244.74	\$287.66	\$258.52	\$407.76	\$410.21
79	\$290.43	\$351.79	\$340.51	\$314.90	\$118.63	\$244.74	\$287.66	\$258.52	\$407.76	\$410.21
80+	\$317.48	\$384.55	\$372.23	\$344.23	\$129.68	\$267.53	\$314.45	\$282.60	\$445.74	\$448.42

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

**Cover Page - Rates**  
**Female Tobacco Monthly Plan Rates for Florida - Area 1**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$938.43	\$1,105.09	\$1,192.13	\$1,003.38	\$399.24	\$767.99	\$929.35	\$782.23	\$1,280.35	\$1,287.80
65	\$218.57	\$264.74	\$256.26	\$236.98	\$89.27	\$184.18	\$216.49	\$194.55	\$306.86	\$308.71
66	\$225.87	\$273.59	\$264.82	\$244.90	\$92.25	\$190.34	\$223.71	\$201.05	\$317.13	\$319.03
67	\$234.80	\$284.40	\$275.28	\$254.58	\$95.90	\$197.85	\$232.56	\$209.00	\$329.65	\$331.63
68	\$243.46	\$294.88	\$285.43	\$263.96	\$99.44	\$205.16	\$241.14	\$216.71	\$341.81	\$343.87
69	\$252.38	\$305.70	\$295.91	\$273.64	\$103.09	\$212.67	\$249.97	\$224.65	\$354.34	\$356.47
70	\$260.77	\$315.86	\$305.73	\$282.74	\$106.51	\$219.74	\$258.29	\$232.12	\$366.12	\$368.32
71	\$269.15	\$326.01	\$315.56	\$291.83	\$109.93	\$226.80	\$266.59	\$239.58	\$377.89	\$380.17
72	\$277.27	\$335.85	\$325.08	\$300.63	\$113.25	\$233.65	\$274.62	\$246.80	\$389.29	\$391.63
73	\$285.65	\$346.00	\$334.91	\$309.72	\$116.67	\$240.71	\$282.93	\$254.27	\$401.06	\$403.48
74	\$293.23	\$355.17	\$343.79	\$317.94	\$119.76	\$247.10	\$290.43	\$261.01	\$411.69	\$414.17
75	\$301.34	\$365.01	\$353.30	\$326.73	\$123.09	\$253.93	\$298.47	\$268.23	\$423.09	\$425.63
76	\$308.64	\$373.85	\$361.87	\$334.65	\$126.07	\$260.09	\$305.71	\$274.73	\$433.34	\$435.95
77	\$316.50	\$383.36	\$371.07	\$343.16	\$129.27	\$266.70	\$313.47	\$281.72	\$444.35	\$447.02
78	\$319.47	\$386.96	\$374.56	\$346.39	\$130.49	\$269.21	\$316.42	\$284.37	\$448.53	\$451.23
79	\$319.47	\$386.96	\$374.56	\$346.39	\$130.49	\$269.21	\$316.42	\$284.37	\$448.53	\$451.23
80+	\$349.22	\$423.00	\$409.45	\$378.65	\$142.64	\$294.28	\$345.89	\$310.86	\$490.31	\$493.26

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

**Cover Page - Rates**  
**Male Non-Tobacco Monthly Plan Rates for Florida - Area 1**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$888.12	\$1,045.84	\$1,128.22	\$949.60	\$377.84	\$726.82	\$879.53	\$740.29	\$1,211.72	\$1,218.76
65	\$206.85	\$250.55	\$242.52	\$224.28	\$84.49	\$174.31	\$204.88	\$184.13	\$290.42	\$292.17
66	\$213.77	\$258.93	\$250.63	\$231.78	\$87.31	\$180.13	\$211.73	\$190.28	\$300.12	\$301.93
67	\$222.22	\$269.16	\$260.53	\$240.94	\$90.76	\$187.25	\$220.10	\$197.80	\$311.99	\$313.86
68	\$230.41	\$279.08	\$270.14	\$249.82	\$94.11	\$194.16	\$228.21	\$205.09	\$323.49	\$325.43
69	\$238.86	\$289.32	\$280.04	\$258.98	\$97.56	\$201.28	\$236.58	\$212.61	\$335.35	\$337.37
70	\$246.79	\$298.93	\$289.35	\$267.58	\$100.80	\$207.96	\$244.44	\$219.68	\$346.49	\$348.58
71	\$254.73	\$308.54	\$298.65	\$276.19	\$104.04	\$214.65	\$252.30	\$226.74	\$357.63	\$359.79
72	\$262.41	\$317.84	\$307.66	\$284.52	\$107.18	\$221.12	\$259.91	\$233.58	\$368.42	\$370.63
73	\$270.34	\$327.46	\$316.96	\$293.12	\$110.42	\$227.81	\$267.77	\$240.64	\$379.56	\$381.84
74	\$277.51	\$336.14	\$325.36	\$300.89	\$113.35	\$233.85	\$274.87	\$247.02	\$389.62	\$391.97
75	\$285.19	\$345.44	\$334.37	\$309.22	\$116.49	\$240.32	\$282.47	\$253.86	\$400.40	\$402.82
76	\$292.11	\$353.81	\$342.47	\$316.72	\$119.31	\$246.15	\$289.32	\$260.01	\$410.11	\$412.58
77	\$299.53	\$362.81	\$351.18	\$324.76	\$122.34	\$252.40	\$296.67	\$266.62	\$420.53	\$423.06
78	\$302.35	\$366.22	\$354.48	\$327.82	\$123.49	\$254.78	\$299.46	\$269.13	\$424.49	\$427.04
79	\$302.35	\$366.22	\$354.48	\$327.82	\$123.49	\$254.78	\$299.46	\$269.13	\$424.49	\$427.04
80+	\$330.51	\$400.33	\$387.50	\$358.35	\$135.00	\$278.51	\$327.35	\$294.19	\$464.02	\$466.82

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

**Cover Page - Rates**  
**Male Tobacco Monthly Plan Rates for Florida - Area 1**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$976.93	\$1,150.42	\$1,241.04	\$1,044.56	\$415.62	\$799.50	\$967.48	\$814.31	\$1,332.89	\$1,340.63
65	\$227.53	\$275.60	\$266.77	\$246.70	\$92.93	\$191.74	\$225.36	\$202.54	\$319.46	\$321.38
66	\$235.14	\$284.82	\$275.69	\$254.95	\$96.04	\$198.14	\$232.90	\$209.30	\$330.13	\$332.12
67	\$244.44	\$296.07	\$286.58	\$265.03	\$99.83	\$205.97	\$242.11	\$217.58	\$343.18	\$345.24
68	\$253.45	\$306.98	\$297.15	\$274.80	\$103.52	\$213.57	\$251.03	\$225.59	\$355.83	\$357.97
69	\$262.74	\$318.25	\$308.04	\$284.87	\$107.31	\$221.40	\$260.23	\$233.87	\$368.88	\$371.10
70	\$271.46	\$328.82	\$318.28	\$294.33	\$110.88	\$228.75	\$268.88	\$241.64	\$381.13	\$383.43
71	\$280.20	\$339.39	\$328.51	\$303.80	\$114.44	\$236.11	\$277.53	\$249.41	\$393.39	\$395.76
72	\$288.65	\$349.62	\$338.42	\$312.97	\$117.89	\$243.23	\$285.90	\$256.93	\$405.26	\$407.69
73	\$297.37	\$360.20	\$348.65	\$322.43	\$121.46	\$250.59	\$294.54	\$264.70	\$417.51	\$420.02
74	\$305.26	\$369.75	\$357.89	\$330.97	\$124.68	\$257.23	\$302.35	\$271.72	\$428.58	\$431.16
75	\$313.70	\$379.98	\$367.80	\$340.14	\$128.13	\$264.35	\$310.71	\$279.24	\$440.44	\$443.10
76	\$321.32	\$389.19	\$376.71	\$348.39	\$131.24	\$270.76	\$318.25	\$286.01	\$451.12	\$453.83
77	\$329.48	\$399.09	\$386.29	\$357.23	\$134.57	\$277.64	\$326.33	\$293.28	\$462.58	\$465.36
78	\$332.58	\$402.84	\$389.92	\$360.60	\$135.83	\$280.25	\$329.40	\$296.04	\$466.93	\$469.74
79	\$332.58	\$402.84	\$389.92	\$360.60	\$135.83	\$280.25	\$329.40	\$296.04	\$466.93	\$469.74
80+	\$363.56	\$440.36	\$426.25	\$394.18	\$148.50	\$306.36	\$360.08	\$323.60	\$510.42	\$513.50

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

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

**2 IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.

3 You must use a network hospital with Select Plans G and N.

## FLORIDA Area 1 ZIP Codes

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

33077	33147	33192	33313	33407	33460
33081	33149	33193	33314	33408	33461
33082	33150	33194	33315	33409	33462
33083	33151	33195	33316	33410	33463
33084	33152	33196	33317	33411	33464
33090	33153	33197	33318	33412	33465
33092	33154	33198	33319	33413	33466
33093	33155	33199	33320	33414	33467
33097	33156	33206	33321	33415	33468
33101	33157	33222	33322	33416	33469
33102	33158	33231	33323	33417	33470
33106	33160	33233	33324	33418	33472
33109	33161	33234	33325	33419	33473
33111	33162	33238	33326	33420	33474
33112	33163	33239	33327	33421	33476
33114	33164	33242	33328	33422	33477
33116	33165	33243	33329	33424	33478
33119	33166	33245	33330	33425	33480
33122	33167	33247	33331	33426	33481
33124	33168	33255	33332	33427	33482
33125	33169	33256	33334	33428	33483
33126	33170	33257	33335	33429	33484
33127	33172	33261	33336	33430	33486
33128	33173	33265	33337	33431	33487
33129	33174	33266	33338	33432	33488
33130	33175	33269	33339	33433	33493
33131	33176	33280	33340	33434	33496
33132	33177	33283	33345	33435	33497
33133	33178	33296	33346	33436	33498
33134	33179	33299	33348	33437	33499
33135	33180	33301	33349	33438	
33136	33181	33302	33351	33441	
33137	33182	33303	33355	33442	
33138	33183	33304	33359	33443	
33139	33184	33305	33388	33444	
33140	33185	33306	33394	33445	
33141	33186	33307	33401	33446	
33142	33187	33308	33402	33448	
33143	33188	33309	33403	33449	
33144	33189	33310	33404	33454	
33145	33190	33311	33405	33458	
33146	33191	33312	33406	33459	



**Cover Page - Rates**  
**Female Non-Tobacco Monthly Plan Rates for Florida - Area 2**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$671.27	\$790.48	\$852.75	\$717.74	\$285.58	\$549.36	\$664.78	\$559.54	\$915.85	\$921.18
65	\$156.35	\$189.38	\$183.31	\$169.52	\$63.86	\$131.75	\$154.86	\$139.17	\$219.51	\$220.83
66	\$161.57	\$195.71	\$189.43	\$175.18	\$65.99	\$136.15	\$160.03	\$143.82	\$226.84	\$228.21
67	\$167.96	\$203.44	\$196.92	\$182.11	\$68.60	\$141.53	\$166.36	\$149.50	\$235.81	\$237.23
68	\$174.15	\$210.94	\$204.18	\$188.82	\$71.13	\$146.75	\$172.49	\$155.01	\$244.50	\$245.97
69	\$180.54	\$218.67	\$211.66	\$195.75	\$73.74	\$152.13	\$178.81	\$160.70	\$253.47	\$254.99
70	\$186.53	\$225.94	\$218.70	\$202.25	\$76.19	\$157.19	\$184.75	\$166.04	\$261.89	\$263.47
71	\$192.53	\$233.21	\$225.73	\$208.75	\$78.64	\$162.24	\$190.70	\$171.38	\$270.31	\$271.94
72	\$198.34	\$240.24	\$232.54	\$215.05	\$81.01	\$167.13	\$196.45	\$176.54	\$278.46	\$280.14
73	\$204.34	\$247.50	\$239.57	\$221.55	\$83.46	\$172.19	\$202.39	\$181.88	\$286.88	\$288.61
74	\$209.75	\$254.07	\$245.92	\$227.43	\$85.67	\$176.75	\$207.75	\$186.71	\$294.49	\$296.26
75	\$215.56	\$261.10	\$252.73	\$233.72	\$88.05	\$181.64	\$213.50	\$191.87	\$302.64	\$304.46
76	\$220.78	\$267.42	\$258.85	\$239.38	\$90.18	\$186.05	\$218.68	\$196.52	\$309.97	\$311.84
77	\$226.39	\$274.22	\$265.43	\$245.47	\$92.47	\$190.78	\$224.24	\$201.52	\$317.85	\$319.77
78	\$228.52	\$276.80	\$267.93	\$247.78	\$93.34	\$192.57	\$226.34	\$203.41	\$320.84	\$322.77
79	\$228.52	\$276.80	\$267.93	\$247.78	\$93.34	\$192.57	\$226.34	\$203.41	\$320.84	\$322.77
80+	\$249.81	\$302.58	\$292.88	\$270.85	\$102.03	\$210.50	\$247.43	\$222.36	\$350.72	\$352.84

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

**Cover Page - Rates**  
**Female Tobacco Monthly Plan Rates for Florida - Area 2**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$738.39	\$869.52	\$938.02	\$789.51	\$314.13	\$604.29	\$731.25	\$615.49	\$1,007.43	\$1,013.29
65	\$171.98	\$208.31	\$201.64	\$186.47	\$70.24	\$144.92	\$170.34	\$153.08	\$241.46	\$242.91
66	\$177.72	\$215.28	\$208.37	\$192.69	\$72.58	\$149.76	\$176.03	\$158.20	\$249.52	\$251.03
67	\$184.75	\$223.78	\$216.61	\$200.32	\$75.46	\$155.68	\$182.99	\$164.45	\$259.39	\$260.95
68	\$191.56	\$232.03	\$224.59	\$207.70	\$78.24	\$161.42	\$189.73	\$170.51	\$268.95	\$270.56
69	\$198.59	\$240.53	\$232.82	\$215.32	\$81.11	\$167.34	\$196.69	\$176.77	\$278.81	\$280.48
70	\$205.18	\$248.53	\$240.57	\$222.47	\$83.80	\$172.90	\$203.22	\$182.64	\$288.07	\$289.81
71	\$211.78	\$256.53	\$248.30	\$229.62	\$86.50	\$178.46	\$209.77	\$188.51	\$297.34	\$299.13
72	\$218.17	\$264.26	\$255.79	\$236.55	\$89.11	\$183.84	\$216.09	\$194.19	\$306.30	\$308.15
73	\$224.77	\$272.25	\$263.52	\$243.70	\$91.80	\$189.40	\$222.62	\$200.06	\$315.56	\$317.47
74	\$230.72	\$279.47	\$270.51	\$250.17	\$94.23	\$194.42	\$228.52	\$205.38	\$323.93	\$325.88
75	\$237.11	\$287.21	\$278.00	\$257.09	\$96.85	\$199.80	\$234.85	\$211.05	\$332.90	\$334.90
76	\$242.85	\$294.16	\$284.73	\$263.31	\$99.19	\$204.65	\$240.54	\$216.17	\$340.96	\$343.02
77	\$249.02	\$301.64	\$291.97	\$270.01	\$101.71	\$209.85	\$246.66	\$221.67	\$349.63	\$351.74
78	\$251.37	\$304.48	\$294.72	\$272.55	\$102.67	\$211.82	\$248.97	\$223.75	\$352.92	\$355.04
79	\$251.37	\$304.48	\$294.72	\$272.55	\$102.67	\$211.82	\$248.97	\$223.75	\$352.92	\$355.04
80+	\$274.79	\$332.83	\$322.16	\$297.93	\$112.23	\$231.55	\$272.17	\$244.59	\$385.79	\$388.12

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

**Cover Page - Rates**  
**Male Non-Tobacco Monthly Plan Rates for Florida - Area 2**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$698.81	\$822.91	\$887.73	\$747.18	\$297.30	\$571.89	\$692.06	\$582.49	\$953.43	\$958.97
65	\$162.76	\$197.15	\$190.83	\$176.47	\$66.48	\$137.15	\$161.21	\$144.88	\$228.51	\$229.89
66	\$168.20	\$203.73	\$197.20	\$182.37	\$68.70	\$141.74	\$166.60	\$149.72	\$236.15	\$237.57
67	\$174.85	\$211.79	\$205.00	\$189.58	\$71.42	\$147.34	\$173.18	\$155.64	\$245.48	\$246.96
68	\$181.29	\$219.59	\$212.55	\$196.57	\$74.05	\$152.77	\$179.57	\$161.37	\$254.53	\$256.07
69	\$187.94	\$227.65	\$220.35	\$203.78	\$76.77	\$158.37	\$186.15	\$167.29	\$263.87	\$265.45
70	\$194.19	\$235.21	\$227.67	\$210.55	\$79.32	\$163.63	\$192.33	\$172.85	\$272.63	\$274.27
71	\$200.43	\$242.77	\$234.99	\$217.32	\$81.87	\$168.90	\$198.52	\$178.41	\$281.40	\$283.09
72	\$206.47	\$250.09	\$242.08	\$223.87	\$84.33	\$173.99	\$204.51	\$183.79	\$289.89	\$291.63
73	\$212.72	\$257.66	\$249.40	\$230.64	\$86.89	\$179.25	\$210.69	\$189.35	\$298.65	\$300.45
74	\$218.36	\$264.49	\$256.01	\$236.76	\$89.19	\$184.00	\$216.28	\$194.37	\$306.57	\$308.42
75	\$224.40	\$271.81	\$263.10	\$243.31	\$91.66	\$189.10	\$222.26	\$199.75	\$315.06	\$316.95
76	\$229.84	\$278.40	\$269.47	\$249.20	\$93.88	\$193.68	\$227.65	\$204.59	\$322.69	\$324.63
77	\$235.68	\$285.47	\$276.32	\$255.54	\$96.27	\$198.60	\$233.44	\$209.79	\$330.89	\$332.89
78	\$237.90	\$288.16	\$278.92	\$257.94	\$97.17	\$200.47	\$235.63	\$211.76	\$334.00	\$336.01
79	\$237.90	\$288.16	\$278.92	\$257.94	\$97.17	\$200.47	\$235.63	\$211.76	\$334.00	\$336.01
80+	\$260.06	\$314.99	\$304.90	\$281.97	\$106.22	\$219.14	\$257.58	\$231.48	\$365.11	\$367.31

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

**Cover Page - Rates**  
**Male Tobacco Monthly Plan Rates for Florida - Area 2**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$768.69	\$905.20	\$976.50	\$821.89	\$327.03	\$629.07	\$761.26	\$640.73	\$1,048.77	\$1,054.86
65	\$179.03	\$216.86	\$209.91	\$194.11	\$73.12	\$150.86	\$177.33	\$159.36	\$251.36	\$252.87
66	\$185.02	\$224.10	\$216.92	\$200.60	\$75.57	\$155.91	\$183.26	\$164.69	\$259.76	\$261.32
67	\$192.33	\$232.96	\$225.50	\$208.53	\$78.56	\$162.07	\$190.49	\$171.20	\$270.02	\$271.65
68	\$199.41	\$241.54	\$233.80	\$216.22	\$81.45	\$168.04	\$197.52	\$177.50	\$279.98	\$281.67
69	\$206.73	\$250.41	\$242.38	\$224.15	\$84.44	\$174.20	\$204.76	\$184.01	\$290.25	\$291.99
70	\$213.60	\$258.73	\$250.43	\$231.60	\$87.25	\$179.99	\$211.56	\$190.13	\$299.89	\$301.69
71	\$220.47	\$267.04	\$258.48	\$239.05	\$90.05	\$185.79	\$218.37	\$196.25	\$309.54	\$311.39
72	\$227.11	\$275.09	\$266.28	\$246.25	\$92.76	\$191.38	\$224.96	\$202.16	\$318.87	\$320.79
73	\$233.99	\$283.42	\$274.34	\$253.70	\$95.57	\$197.17	\$231.75	\$208.28	\$328.51	\$330.49
74	\$240.19	\$290.93	\$281.61	\$260.43	\$98.10	\$202.40	\$237.90	\$213.80	\$337.22	\$339.26
75	\$246.84	\$298.99	\$289.41	\$267.64	\$100.82	\$208.01	\$244.48	\$219.72	\$346.56	\$348.64
76	\$252.82	\$306.24	\$296.41	\$274.12	\$103.26	\$213.04	\$250.41	\$225.04	\$354.95	\$357.09
77	\$259.24	\$314.01	\$303.95	\$281.09	\$105.89	\$218.46	\$256.78	\$230.76	\$363.97	\$366.17
78	\$261.69	\$316.97	\$306.81	\$283.73	\$106.88	\$220.51	\$259.19	\$232.93	\$367.40	\$369.61
79	\$261.69	\$316.97	\$306.81	\$283.73	\$106.88	\$220.51	\$259.19	\$232.93	\$367.40	\$369.61
80+	\$286.06	\$346.48	\$335.39	\$310.16	\$116.84	\$241.05	\$283.33	\$254.62	\$401.62	\$404.04

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

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

**2 IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.

3 You must use a network hospital with Select Plans G and N.

## FLORIDA Area 2 ZIP Codes

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

32003	32214	32403	32509	32572	32780	32832	32912	32978	33558	33615	33689
32004	32216	32404	32511	32577	32781	32833	32919	33001	33559	33616	33694
32006	32217	32405	32512	32578	32783	32834	32920	33036	33563	33617	33701
32009	32218	32406	32513	32579	32789	32835	32922	33037	33564	33618	33702
32011	32219	32407	32514	32580	32790	32836	32923	33040	33565	33619	33703
32030	32220	32408	32516	32583	32791	32837	32924	33041	33566	33620	33704
32033	32221	32409	32520	32588	32792	32839	32925	33042	33567	33621	33705
32034	32222	32410	32521	32591	32793	32853	32926	33043	33568	33622	33706
32035	32223	32411	32522	32656	32794	32854	32927	33045	33569	33623	33707
32041	32224	32412	32523	32701	32795	32855	32931	33050	33570	33624	33708
32043	32225	32413	32524	32703	32796	32856	32932	33051	33571	33625	33709
32046	32226	32417	32526	32704	32798	32857	32934	33052	33572	33626	33710
32050	32227	32422	32530	32707	32799	32858	32935	33070	33573	33629	33711
32065	32228	32425	32531	32708	32801	32859	32936	33440	33574	33630	33712
32067	32229	32427	32533	32709	32802	32860	32937	33455	33575	33631	33713
32068	32231	32428	32534	32710	32803	32861	32940	33471	33576	33633	33714
32073	32232	32433	32535	32712	32804	32862	32941	33475	33578	33634	33715
32079	32233	32434	32536	32714	32805	32867	32948	33503	33579	33635	33716
32080	32234	32435	32537	32715	32806	32868	32949	33508	33583	33637	33729
32081	32235	32437	32538	32716	32807	32869	32950	33509	33584	33646	33730
32082	32236	32438	32539	32718	32808	32872	32951	33510	33586	33647	33731
32084	32237	32439	32540	32719	32809	32877	32952	33511	33587	33650	33732
32085	32238	32444	32541	32730	32810	32878	32953	33523	33592	33655	33733
32086	32239	32452	32542	32732	32811	32885	32954	33524	33593	33660	33734
32092	32240	32455	32544	32733	32812	32886	32955	33525	33594	33661	33736
32095	32241	32456	32547	32745	32814	32887	32956	33526	33595	33662	33738
32097	32244	32457	32548	32746	32815	32891	32957	33527	33596	33663	33740
32099	32245	32459	32549	32747	32816	32896	32958	33530	33598	33664	33741
32145	32246	32461	32550	32750	32817	32897	32959	33534	33601	33672	33742
32160	32247	32462	32559	32751	32818	32898	32960	33537	33602	33673	33743
32201	32250	32463	32560	32752	32819	32899	32961	33539	33603	33674	33744
32202	32254	32464	32561	32754	32820	32901	32962	33540	33604	33675	33747
32203	32255	32465	32562	32762	32821	32902	32963	33541	33605	33677	33755
32204	32256	32466	32563	32765	32822	32903	32964	33542	33606	33679	33756
32205	32257	32501	32564	32766	32824	32904	32965	33543	33607	33680	33757
32206	32258	32502	32565	32768	32825	32905	32966	33544	33608	33681	33758
32207	32259	32503	32566	32771	32826	32906	32967	33545	33609	33682	33759
32208	32260	32504	32567	32772	32827	32907	32968	33547	33610	33684	33760
32209	32266	32505	32568	32773	32828	32908	32969	33548	33611	33685	33761
32210	32277	32506	32569	32775	32829	32909	32970	33549	33612	33686	33762
32211	32401	32507	32570	32777	32830	32910	32971	33550	33613	33687	33763
32212	32402	32508	32571	32779	32831	32911	32976	33556	33614	33688	33764

## FLORIDA Area 2 ZIP Codes

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

33765	33907	33966	34141	34243	34613	34746	34994
33766	33908	33967	34142	34249	34614	34747	34995
33767	33909	33970	34143	34250	34636	34758	34996
33769	33910	33971	34145	34251	34637	34760	34997
33770	33911	33972	34146	34260	34638	34761	
33771	33912	33973	34201	34264	34639	34769	
33772	33913	33974	34202	34265	34652	34770	
33773	33914	33975	34203	34266	34653	34771	
33774	33915	33976	34204	34267	34654	34772	
33775	33916	33980	34205	34268	34655	34773	
33776	33917	33981	34206	34269	34656	34777	
33777	33918	33982	34207	34270	34660	34778	
33778	33919	33983	34208	34272	34661	34786	
33779	33920	33990	34209	34274	34667	34787	
33780	33921	33991	34210	34275	34668	34945	
33781	33922	33993	34211	34276	34669	34946	
33782	33924	33994	34212	34277	34673	34947	
33784	33927	34101	34215	34280	34674	34948	
33785	33928	34102	34216	34281	34677	34949	
33786	33929	34103	34217	34282	34679	34950	
33825	33930	34104	34218	34284	34680	34951	
33826	33931	34105	34219	34285	34681	34952	
33834	33932	34106	34220	34286	34682	34953	
33848	33935	34107	34221	34287	34683	34954	
33852	33936	34108	34222	34288	34684	34956	
33857	33938	34109	34223	34289	34685	34957	
33862	33944	34110	34224	34290	34688	34958	
33865	33945	34112	34228	34291	34689	34972	
33870	33946	34113	34229	34292	34690	34973	
33871	33947	34114	34230	34293	34691	34974	
33872	33948	34116	34231	34295	34692	34979	
33873	33949	34117	34232	34601	34695	34981	
33875	33950	34119	34233	34602	34697	34982	
33876	33951	34120	34234	34603	34698	34983	
33890	33952	34133	34235	34604	34734	34984	
33900	33953	34134	34236	34605	34739	34985	
33901	33954	34135	34237	34606	34740	34986	
33902	33955	34136	34238	34607	34741	34987	
33903	33956	34137	34239	34608	34742	34988	
33904	33957	34138	34240	34609	34743	34990	
33905	33960	34139	34241	34610	34744	34991	
33906	33965	34140	34242	34611	34745	34992	





**Cover Page - Rates**  
**Female Non-Tobacco Monthly Plan Rates for Florida - Area 3**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$633.11	\$745.54	\$804.26	\$676.93	\$269.35	\$518.12	\$626.98	\$527.72	\$863.78	\$868.81
65	\$147.46	\$178.61	\$172.88	\$159.88	\$60.23	\$124.26	\$146.05	\$131.26	\$207.03	\$208.27
66	\$152.39	\$184.58	\$178.66	\$165.22	\$62.24	\$128.41	\$150.93	\$135.64	\$213.95	\$215.23
67	\$158.41	\$191.87	\$185.72	\$171.75	\$64.70	\$133.49	\$156.90	\$141.00	\$222.40	\$223.74
68	\$164.25	\$198.95	\$192.57	\$178.09	\$67.09	\$138.41	\$162.68	\$146.20	\$230.60	\$231.99
69	\$170.27	\$206.24	\$199.63	\$184.62	\$69.55	\$143.48	\$168.65	\$151.56	\$239.06	\$240.50
70	\$175.93	\$213.09	\$206.26	\$190.75	\$71.86	\$148.25	\$174.25	\$156.60	\$247.00	\$248.49
71	\$181.59	\$219.95	\$212.90	\$196.88	\$74.17	\$153.02	\$179.85	\$161.63	\$254.94	\$256.48
72	\$187.06	\$226.58	\$219.32	\$202.82	\$76.41	\$157.63	\$185.28	\$166.51	\$262.63	\$264.21
73	\$192.72	\$233.43	\$225.95	\$208.95	\$78.72	\$162.40	\$190.88	\$171.54	\$270.57	\$272.20
74	\$197.83	\$239.62	\$231.94	\$214.49	\$80.80	\$166.70	\$195.94	\$176.09	\$277.75	\$279.42
75	\$203.30	\$246.25	\$238.36	\$220.43	\$83.04	\$171.32	\$201.36	\$180.96	\$285.43	\$287.15
76	\$208.23	\$252.22	\$244.14	\$225.77	\$85.05	\$175.47	\$206.24	\$185.35	\$292.35	\$294.11
77	\$213.52	\$258.63	\$250.34	\$231.51	\$87.21	\$179.93	\$211.49	\$190.06	\$299.78	\$301.59
78	\$215.53	\$261.06	\$252.69	\$233.69	\$88.03	\$181.62	\$213.47	\$191.85	\$302.60	\$304.42
79	\$215.53	\$261.06	\$252.69	\$233.69	\$88.03	\$181.62	\$213.47	\$191.85	\$302.60	\$304.42
80+	\$235.60	\$285.38	\$276.23	\$255.45	\$96.23	\$198.54	\$233.36	\$209.72	\$330.78	\$332.78

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

**Cover Page - Rates**  
**Female Tobacco Monthly Plan Rates for Florida - Area 3**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Female Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$696.42	\$820.09	\$884.68	\$744.62	\$296.28	\$569.93	\$689.67	\$580.49	\$950.15	\$955.69
65	\$162.20	\$196.47	\$190.16	\$175.86	\$66.25	\$136.68	\$160.65	\$144.38	\$227.73	\$229.09
66	\$167.62	\$203.03	\$196.52	\$181.74	\$68.46	\$141.25	\$166.02	\$149.20	\$235.34	\$236.75
67	\$174.25	\$211.05	\$204.29	\$188.92	\$71.17	\$146.83	\$172.59	\$155.10	\$244.64	\$246.11
68	\$180.67	\$218.84	\$211.82	\$195.89	\$73.79	\$152.25	\$178.94	\$160.82	\$253.66	\$255.18
69	\$187.29	\$226.86	\$219.59	\$203.08	\$76.50	\$157.82	\$185.51	\$166.71	\$262.96	\$264.55
70	\$193.52	\$234.39	\$226.88	\$209.82	\$79.04	\$163.07	\$191.67	\$172.26	\$271.70	\$273.33
71	\$199.74	\$241.94	\$234.19	\$216.56	\$81.58	\$168.32	\$197.83	\$177.79	\$280.43	\$282.12
72	\$205.76	\$249.23	\$241.25	\$223.10	\$84.05	\$173.39	\$203.80	\$183.16	\$288.89	\$290.63
73	\$211.99	\$256.77	\$248.54	\$229.84	\$86.59	\$178.64	\$209.96	\$188.69	\$297.62	\$299.42
74	\$217.61	\$263.58	\$255.13	\$235.93	\$88.88	\$183.37	\$215.53	\$193.69	\$305.52	\$307.36
75	\$223.63	\$270.87	\$262.19	\$242.47	\$91.34	\$188.45	\$221.49	\$199.05	\$313.97	\$315.86
76	\$229.05	\$277.44	\$268.55	\$248.34	\$93.55	\$193.01	\$226.86	\$203.88	\$321.58	\$323.52
77	\$234.87	\$284.49	\$275.37	\$254.66	\$95.93	\$197.92	\$232.63	\$209.06	\$329.75	\$331.74
78	\$237.08	\$287.16	\$277.95	\$257.05	\$96.83	\$199.78	\$234.81	\$211.03	\$332.86	\$334.86
79	\$237.08	\$287.16	\$277.95	\$257.05	\$96.83	\$199.78	\$234.81	\$211.03	\$332.86	\$334.86
80+	\$259.16	\$313.91	\$303.85	\$280.99	\$105.85	\$218.39	\$256.69	\$230.69	\$363.85	\$366.05

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

**Cover Page - Rates**  
**Male Non-Tobacco Monthly Plan Rates for Florida - Area 3**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Non-Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$659.08	\$776.13	\$837.26	\$704.70	\$280.40	\$539.38	\$652.71	\$549.37	\$899.22	\$904.45
65	\$153.51	\$185.94	\$179.98	\$166.44	\$62.70	\$129.36	\$152.04	\$136.64	\$215.52	\$216.82
66	\$158.64	\$192.15	\$185.99	\$172.00	\$64.80	\$133.68	\$157.12	\$141.21	\$222.72	\$224.06
67	\$164.91	\$199.74	\$193.34	\$178.80	\$67.36	\$138.96	\$163.33	\$146.79	\$231.53	\$232.92
68	\$170.99	\$207.11	\$200.47	\$185.39	\$69.84	\$144.08	\$169.36	\$152.20	\$240.06	\$241.51
69	\$177.26	\$214.70	\$207.82	\$192.19	\$72.40	\$149.37	\$175.57	\$157.78	\$248.86	\$250.36
70	\$183.15	\$221.84	\$214.73	\$198.58	\$74.81	\$154.33	\$181.40	\$163.02	\$257.13	\$258.68
71	\$189.04	\$228.97	\$221.63	\$204.96	\$77.21	\$159.29	\$187.23	\$168.26	\$265.40	\$267.00
72	\$194.73	\$235.87	\$228.31	\$211.14	\$79.54	\$164.10	\$192.88	\$173.34	\$273.40	\$275.05
73	\$200.62	\$243.01	\$235.22	\$217.53	\$81.95	\$169.06	\$198.71	\$178.58	\$281.67	\$283.37
74	\$205.94	\$249.45	\$241.45	\$223.29	\$84.12	\$173.54	\$203.98	\$183.32	\$289.14	\$290.88
75	\$211.64	\$256.35	\$248.14	\$229.47	\$86.45	\$178.34	\$209.63	\$188.39	\$297.14	\$298.93
76	\$216.77	\$262.57	\$254.15	\$235.04	\$88.54	\$182.67	\$214.71	\$192.95	\$304.34	\$306.18
77	\$222.28	\$269.24	\$260.61	\$241.01	\$90.79	\$187.31	\$220.16	\$197.86	\$312.08	\$313.96
78	\$224.37	\$271.77	\$263.06	\$243.28	\$91.65	\$189.07	\$222.23	\$199.72	\$315.01	\$316.91
79	\$224.37	\$271.77	\$263.06	\$243.28	\$91.65	\$189.07	\$222.23	\$199.72	\$315.01	\$316.91
80+	\$245.27	\$297.09	\$287.56	\$265.93	\$100.18	\$206.68	\$242.93	\$218.32	\$344.35	\$346.43

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

**Cover Page - Rates**  
**Male Tobacco Monthly Plan Rates for Florida - Area 3**  
**AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company**

Plans Available to All Applicants									Medicare first eligible before 2020 only <sup>2</sup>	
Male Tobacco Standard Rates										
Age <sup>1</sup>	Plan A	Plan B	Plan G	Select G <sup>3</sup>	Plan K	Plan L	Plan N	Select N <sup>3</sup>	Plan C <sup>2</sup>	Plan F <sup>2</sup>
50-64	\$724.98	\$853.74	\$920.98	\$775.17	\$308.44	\$593.31	\$717.98	\$604.30	\$989.14	\$994.89
65	\$168.86	\$204.53	\$197.97	\$183.08	\$68.97	\$142.29	\$167.24	\$150.30	\$237.07	\$238.50
66	\$174.50	\$211.36	\$204.58	\$189.20	\$71.28	\$147.04	\$172.83	\$155.33	\$244.99	\$246.46
67	\$181.40	\$219.71	\$212.67	\$196.68	\$74.09	\$152.85	\$179.66	\$161.46	\$254.68	\$256.21
68	\$188.08	\$227.82	\$220.51	\$203.92	\$76.82	\$158.48	\$186.29	\$167.42	\$264.06	\$265.66
69	\$194.98	\$236.17	\$228.60	\$211.40	\$79.64	\$164.30	\$193.12	\$173.55	\$273.74	\$275.39
70	\$201.46	\$244.02	\$236.20	\$218.43	\$82.29	\$169.76	\$199.54	\$179.32	\$282.84	\$284.54
71	\$207.94	\$251.86	\$243.79	\$225.45	\$84.93	\$175.21	\$205.95	\$185.08	\$291.94	\$293.70
72	\$214.20	\$259.45	\$251.14	\$232.25	\$87.49	\$180.51	\$212.16	\$190.67	\$300.74	\$302.55
73	\$220.68	\$267.31	\$258.74	\$239.28	\$90.14	\$185.96	\$218.58	\$196.43	\$309.83	\$311.70
74	\$226.53	\$274.39	\$265.59	\$245.61	\$92.53	\$190.89	\$224.37	\$201.65	\$318.05	\$319.96
75	\$232.80	\$281.98	\$272.95	\$252.41	\$95.09	\$196.17	\$230.59	\$207.22	\$326.85	\$328.82
76	\$238.44	\$288.82	\$279.56	\$258.54	\$97.39	\$200.93	\$236.18	\$212.24	\$334.77	\$336.79
77	\$244.50	\$296.16	\$286.67	\$265.11	\$99.86	\$206.04	\$242.17	\$217.64	\$343.28	\$345.35
78	\$246.80	\$298.94	\$289.36	\$267.60	\$100.81	\$207.97	\$244.45	\$219.69	\$346.51	\$348.60
79	\$246.80	\$298.94	\$289.36	\$267.60	\$100.81	\$207.97	\$244.45	\$219.69	\$346.51	\$348.60
80+	\$269.79	\$326.79	\$316.31	\$292.52	\$110.19	\$227.34	\$267.22	\$240.15	\$378.78	\$381.07

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

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

**2 IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.

3 You must use a network hospital with Select Plans G and N.

## FLORIDA Area 3 ZIP Codes

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

32007	32120	32179	32332	32448	32663	32784	33855	34461	34788
32008	32121	32180	32333	32449	32664	33513	33856	34464	34789
32013	32122	32181	32334	32460	32666	33514	33858	34465	34797
32024	32123	32182	32335	32601	32667	33521	33859	34470	
32025	32124	32183	32336	32602	32668	33538	33860	34471	
32026	32125	32185	32337	32603	32669	33585	33863	34472	
32038	32126	32187	32340	32604	32680	33597	33867	34473	
32040	32127	32189	32341	32605	32681	33801	33868	34474	
32042	32128	32190	32343	32606	32683	33802	33877	34475	
32044	32129	32192	32344	32607	32686	33803	33880	34476	
32052	32130	32193	32345	32608	32692	33804	33881	34477	
32053	32131	32195	32346	32609	32693	33805	33882	34478	
32054	32132	32198	32347	32610	32694	33806	33883	34479	
32055	32133	32301	32348	32611	32696	33807	33884	34480	
32056	32134	32302	32350	32612	32697	33809	33885	34481	
32058	32135	32303	32351	32614	32702	33810	33888	34482	
32059	32136	32304	32352	32615	32706	33811	33896	34483	
32060	32137	32305	32353	32616	32713	33812	33897	34484	
32061	32138	32306	32355	32617	32720	33813	33898	34487	
32062	32139	32307	32356	32618	32721	33815	34420	34488	
32063	32140	32308	32357	32619	32722	33820	34421	34489	
32064	32141	32309	32358	32621	32723	33823	34423	34491	
32066	32142	32310	32359	32622	32724	33827	34428	34492	
32071	32143	32311	32360	32625	32725	33830	34429	34498	
32072	32147	32312	32361	32626	32726	33831	34430	34705	
32083	32148	32313	32362	32627	32727	33835	34431	34711	
32087	32149	32314	32395	32628	32728	33836	34432	34712	
32091	32157	32315	32399	32631	32735	33837	34433	34713	
32094	32158	32316	32420	32633	32736	33838	34434	34714	
32096	32159	32317	32421	32634	32738	33839	34436	34715	
32102	32162	32318	32423	32635	32739	33840	34441	34729	
32105	32163	32320	32424	32639	32744	33841	34442	34731	
32110	32164	32321	32426	32640	32753	33843	34445	34736	
32111	32168	32322	32430	32641	32756	33844	34446	34737	
32112	32169	32323	32431	32643	32757	33845	34447	34748	
32113	32170	32324	32432	32644	32759	33846	34448	34749	
32114	32173	32326	32440	32648	32763	33847	34449	34753	
32115	32174	32327	32442	32653	32764	33849	34450	34755	
32116	32175	32328	32443	32654	32767	33850	34451	34756	
32117	32176	32329	32445	32655	32774	33851	34452	34759	
32118	32177	32330	32446	32658	32776	33853	34453	34762	
32119	32178	32331	32447	32662	32778	33854	34460	34785	

## Plan A

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

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

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

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

## Plan A

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

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

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

#### PARTS A & B

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

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

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

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

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

## Plan B

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

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

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

### PARTS A & B

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

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

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

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

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

## Plan C+

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> <li>▪ First \$233 of Medicare Approved                amounts*</li> <li>▪ Remainder of Medicare Approved                amounts</li> </ul>	100%  \$0 80%	\$0  \$233 (Part B Deductible) 20%	\$0  \$0 \$0
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+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

## Plan C+

### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**



## Plan F+

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

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

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

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

## Plan F+

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

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

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

### PARTS A & B

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**



# Plan F+

## OTHER BENEFITS – NOT COVERED BY MEDICARE

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

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.



# Plan G

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

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

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

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

## Plan G

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

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

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

### PARTS A & B

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

# Plan G

## OTHER BENEFITS – NOT COVERED BY MEDICARE

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

\* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

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

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

# Plan K

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

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

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

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$6620 per year. However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

### PARTS A & B

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



## Plan L

\* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,167 (75% of Part A Deductible) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0	\$389 (25% of Part A Deductible)♦ \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$145.88 a day \$0	\$0 \$48.62 a day♦ All costs
<b>BLOOD –</b> First 3 Pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/ coinsurance	25% of copayment/ coinsurance♦

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

## Plan L

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

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

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

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3310 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

### PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> - Medically necessary skilled care services and medical supplies - Durable medical equipment:	100%  \$0 80%	\$0  \$0 15%	\$0  \$233 (Part B Deductible)◆ 5%◆
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\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

# Plan N

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

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

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

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

## Plan N

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

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

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

### PARTS A & B

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

### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

\*\* Provider restrictions apply.

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

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

# Medicare Select - Plan G

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

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

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

### PARTS A & B

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

# Medicare Select - Plan G

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

### OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Medicare Select Plan G Pays	You Pay
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each calendar year 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





# Medicare Select - 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.

\*\* Provider restrictions apply.

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

\*\*\*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.

# Medicare Select - Plan N

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

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

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

# Medicare Select - Plan N

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

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

### PARTS A & B

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

### OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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To help you choose your AARP Medicare Supplement or Medicare Select 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

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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.

### Guaranteed Acceptance

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- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period** which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. Also, there is a **2-month open enrollment period** after the loss of group health insurance coverage. Applicants with a **65th birthday or a Medicare Part A Effective Date prior to 1/1/2020** may apply for Plans A, B, C, F, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N. Applicants with a **65th birthday and a Medicare Part A Effective Date on or after 1/1/2020** may apply for Plans A, B, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N. **Proof of loss of the group health insurance coverage must be submitted with the Application Form.**
- If you are age 50-64 and are eligible for Medicare due to disability or End-Stage Renal Disease, your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which is the first 6 months you are enrolled in Medicare Part B, unless you are entitled to one of the following Guaranteed Issue situations.
- 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. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at [www.medicare.gov/publications](http://www.medicare.gov/publications). You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

## Additional Information

### Exclusions

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

**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.

## Medicare Select Disclosure Statement – If You Are Applying for an AARP Medicare Select Plan

Please read this information carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan.

### Medicare Select Provider Restrictions \_\_\_\_\_

**In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:**

(1) there is a Medical Emergency; (2) covered services are not available from any select hospital in the Service Area; or (3) covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period; and
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare.

**Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.**

### Right to Replace Your Medicare Select Plan \_\_\_\_\_

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare, that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

### Quality Assurance \_\_\_\_\_

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

## For Your Protection, Please Be Aware of the Following:

### You Cannot Be Singled Out for Cancellation \_\_\_\_\_

Your AARP Medicare Supplement or Medicare Select Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement or Medicare Select Plan may be canceled due to nonpayment of premium or material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement or Medicare Select Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement or Medicare Select Plan any time you wish. Any premium for days after the date of cancellation or death will be refunded.

## The AARP Insurance Trust

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AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement and Medicare Select Plans are 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 or Medicare Select 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 or Medicare Select 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 and Medicare Select 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 and Medicare Select 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.





# Florida Resident Directory

## Participating Hospitals - Effective January 2022 For AARP® Medicare Select Plans

### Florida

#### Alachua County

UF Health Shands Hospital\*  
1600 SW Archer Road  
Gainesville, FL 32608  
(352) 265-5491

UF Health Shands  
Rehab Hospital\*  
4101 NW 89th Boulevard  
Gainesville, FL 32606  
(352) 265-8938

#### Bay County

Bay Medical Center  
615 North Bonita Avenue  
Panama City, FL 32401  
(850) 769-1511

#### Brevard County

Melbourne Regional Medical  
Center\*  
250 N Wickham Road  
Melbourne, FL 32935  
(321) 752-1200

Parrish Medical Center\*  
951 North Washington Avenue  
Titusville, FL 32796  
(321) 268-6111

Rockledge Regional Medical  
Center\*  
110 Longwood Avenue  
Rockledge, FL 32955  
(321) 636-2211

#### Broward County

Broward Health Coral Springs  
3000 Coral Hills Drive  
Coral Springs, FL 33065  
(954) 344-3000

Broward Health Imperial Point  
6401 North Federal Highway  
Ft. Lauderdale, FL 33308  
(954) 776-8500

Broward Health Medical Center  
1600 South Andrews Avenue  
Ft. Lauderdale, FL 33316  
(954) 355-4400

Broward Health North  
201 East Sample Road  
Deerfield Beach, FL 33064  
(954) 941-8300

Cleveland Clinic Florida – Weston  
2950 Cleveland Clinic Boulevard  
Weston, FL 33331  
(954) 659-5000

North Shore Medical Center –  
FMC Campus  
5000 West Oakland Park  
Boulevard  
Lauderdale Lakes, FL 33313  
(954) 735-6000

#### Calhoun County

Calhoun Liberty Hospital  
20370 NE Burns Avenue  
Blountstown, FL 32424  
(850) 674-5411

#### Charlotte County

Bayfront Health Port Charlotte\*\*  
2500 Harbor Boulevard  
Port Charlotte, FL 33952  
(941) 766-4122

Bayfront Health Punta Gorda\*\*  
809 East Marion Avenue  
Punta Gorda, FL 33950  
(941) 639-3131

Fawcett Memorial Hospital  
21298 Olean Boulevard  
Port Charlotte, FL 33952  
(941) 629-1181

#### Citrus County

Bayfront Health Seven Rivers\*\*  
6201 North Suncoast Boulevard  
Crystal River, FL 34428  
(352) 795-6560

Citrus Memorial Hospital  
502 West Highland Boulevard  
Inverness, FL 34452  
(352) 726-1551

#### Collier County

NCH Downtown Naples Hospital  
350 Seventh Street North  
Naples, FL 34102  
(239) 624-5000

NCH North Naples Hospital  
11190 Health Park Boulevard  
Naples, FL 34110  
(239) 552-7000

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

\*\*This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

## Florida (Continued)

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### **Collier County** *(Continued)*

Physicians Regional Collier\*\*  
8300 Collier Boulevard  
Naples, FL 34114  
(239) 354-6000

Physicians Regional Pine Ridge\*\*  
6101 Pine Ridge Road  
Naples, FL 34119  
(239) 348-4000

Willough at Naples\*  
9001 Tamiami Trail East  
Naples, FL 34113  
(239) 775-4500

### **Duval County**

UF Health Jacksonville\*  
655 West Eighth Street  
Jacksonville, FL 32209  
(904) 244-0411

### **Franklin County**

George E. Weems  
Memorial Hospital  
135 Avenue G  
Apalachicola, FL 32320  
(850) 653-8853

### **Hernando County**

Bayfront Health Brooksville\*  
17240 Cortez Boulevard  
Brooksville, FL 34601  
(352) 796-5111

Bayfront Health Spring Hill\*  
10461 Quality Drive  
Spring Hill, FL 34609  
(352) 688-8200

Oak Hill Hospital  
11375 Cortez Boulevard  
Brooksville, FL 34613  
(352) 596-6632

### **Hernando County** *(Continued)*

Springbrook Hospital\*  
7007 Grove Road  
Brooksville, FL 34609  
(352) 600-3288

### **Hillsborough County**

Brandon Regional Hospital  
119 Oakfield Drive  
Brandon, FL 33511  
(813) 681-5551

H. Lee Moffitt Cancer Center\*\*  
12902 USF Magnolia Drive  
Tampa, FL 33612  
(813) 972-4673

Memorial Hospital of Tampa  
2901 Swann Avenue  
Tampa, FL 33609  
(813) 873-6400

South Bay Hospital  
4016 Sun City Center Boulevard  
Sun City Center, FL 33573  
(813) 634-3301

South Florida Baptist Hospital\*\*  
301 North Alexander Street  
Plant City, FL 33563  
(813) 757-1200

St. Joseph's Hospital\*\*  
3001 West Dr. Martin Luther King  
Jr. Boulevard  
Tampa, FL 33607  
(813) 870-4000

St. Joseph's Hospital South\*\*  
6901 Simmons Loop  
Riverview, FL 33578  
(813) 302-8000

Tampa Community Hospital  
6001 Webb Road  
Tampa, FL 33615  
(813) 888-7060

### **Holmes County**

Doctors Memorial  
Hospital – Holmes County  
2600 Hospital Drive  
Bonifay, FL 32425  
(850) 547-8000

### **Indian River County**

Indian River Medical Center\*\*  
1000 36th Street  
Vero Beach, FL 32960  
(772) 567-4311

### **Lake County**

South Lake Hospital\*  
1900 Don Wickham Drive  
Clermont, FL 34711  
(352) 394-4071

### **Lee County**

Lehigh Regional Medical Center\*\*  
1500 Lee Boulevard  
Lehigh Acres, FL 33936  
(941) 369-2101

### **Leon County**

Tallahassee Memorial Healthcare  
1300 Miccosukee Road  
Tallahassee, FL 32308  
(850) 431-1155

### **Manatee County**

Blake Medical Center  
2020 59th Street West  
Bradenton, FL 34209  
(941) 792-6611

Lakewood Ranch Medical Center  
8330 Lakewood Ranch Boulevard  
Lakewood Ranch, FL 34202  
(941) 782-2100

Manatee Memorial Hospital  
206 Second Street East  
Bradenton, FL 34208  
(941) 746-5111

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

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## Florida (Continued)

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### **Miami-Dade County**

Coral Gables Hospital  
3100 Douglas Road  
Coral Gables, FL 33134  
(305) 445-8461

Hiialeah Hospital  
651 East 25th Street  
Hiialeah, FL 33013  
(305) 693-6100

Jackson Memorial Hospital\*  
1611 NW 12th Avenue  
Miami, FL 33136  
(305) 585-1111

Jackson North Medical Center\*  
160 NW 170th Street  
North Miami Beach, FL 33169  
(305) 651-1100

Jackson South  
Community Hospital\*  
9333 SW 152nd Street  
Miami, FL 33157  
(305) 251-2500

Miami Jewish Home and Hospital\*  
5200 NE 2nd Avenue  
Miami, FL 33137  
(305) 751-8626

North Shore Medical Center  
1100 NW 95th Street  
Miami, FL 33150  
(305) 835-6000

Palmetto General Hospital  
2001 West 68th Street  
Hiialeah, FL 33016  
(305) 823-5000

Westchester General Hospital\*  
2500 SW 75th Avenue  
Miami, FL 33155  
(305) 264-5252

### **Okaloosa County**

North Okaloosa Medical Center\*  
151 E Redstone Avenue  
Crestview, FL 32539  
(580) 689-8100

### **Orange County**

Dr. P. Phillips Hospital\*  
9400 Turkey Lake Road  
Orlando, FL 32819  
(407) 351-8500

Health Central Hospital\*\*  
10000 West Colonial Drive  
Ocoee, FL 34761  
(407) 296-1000

Orlando Regional  
Medical Center\*  
52 West Underwood Street  
Orlando, FL 32806  
(321) 841-5111

University Behavioral Center\*  
2500 Discovery Drive  
Orlando, FL 32826  
(407) 281-7000

### **Osceola County**

Orlando Health St. Cloud  
Hospital\*  
2906 17th Street  
Saint Cloud, FL 34769  
(407) 892-2135

The Blackberry Center\*  
91 Beehive Circle  
Saint Cloud, FL 34769  
(321) 805-5090

### **Palm Beach County**

Bethesda Hospital  
2815 S Seacrest Boulevard  
Boynton Beach, FL 33435  
(561) 737-7733

### **Palm Beach County** *(Continued)*

Delray Medical Center  
5352 Linton Boulevard  
Delray Beach, FL 33484  
(561) 498-4440

Good Samaritan Medical Center  
1309 North Flagler Drive  
West Palm Beach, FL 33401  
(561) 655-5511

Jupiter Medical Center  
1210 South Old Dixie Highway  
Jupiter, FL 33458  
(561) 263-2234

Lakeside Medical Center\*  
39200 Hooker Highway  
Belle Glade, FL 33430  
(561) 996-6571

Palm Beach Gardens  
Medical Center  
3360 Burns Road  
Palm Beach Gardens, FL 33410  
(561) 622-1411

Pinecrest Rehabilitation Hospital  
5360 Linton Boulevard  
Delray Beach, FL 33484  
(561) 495-0400

Saint Mary's Medical Center  
901 45th Street  
West Palm Beach, FL 33407  
(561) 844-6300

Wellington Regional  
Medical Center  
10101 Forest Hill Boulevard  
Wellington, FL 33414  
(561) 798-8500

West Boca Medical Center  
21644 State Road 7  
Boca Raton, FL 33428  
(561) 488-8000

\*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

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## Florida (Continued)

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### **Pasco County**

AdventHealth Dade City\*  
13100 Fort King Road  
Dade City, FL 33525  
(352) 521-1100

Florida Hospital Zephyrhills INC\*  
7050 Gall Boulevard  
Zephyrhills, FL 33541  
(813) 788-0411

Medical Center of Trinity  
9330 State Road 54  
Trinity, FL 34655  
(727) 834-4000

Medical Center of Trinity –  
West Pasco Campus  
5637 Marine Parkway  
New Port Richey, FL 34652  
(727) 845-9180

Morton Plant North Bay Hospital\*  
6600 Madison Street  
New Port Richey, FL 34625  
(727) 842-8468

Regional Medical Center –  
Bayonet Point  
14000 Fivay Road  
Hudson, FL 34667  
(727) 819-2929

### **Pinellas County**

Bayfront Health Saint Petersburg\*\*  
701 6th Street South  
St. Petersburg, FL 33701  
(727) 823-1234

Florida Hospital North Pinellas\*\*  
1395 South Pinellas Avenue  
Tarpon Springs, FL 34689  
(727) 942-5000

Largo Medical Center  
201 14th Street SW  
Largo, FL 33770  
(727) 588-5200

### **Pinellas County (Continued)**

Largo Medical Center Indian  
Rocks Campus  
2025 Indian Rocks Road  
Largo, FL 33774  
(727) 588-5200

Mease Countryside Hospital\*\*  
3231 McMullen Booth Road  
Safety Harbor, FL 34695  
(727) 725-6111

Mease Dunedin Hospital\*\*  
601 Main Street  
Dunedin, FL 34698  
(727) 733-1111

Morton Plant Hospital\*\*  
300 Pinellas Street  
Clearwater, FL 33756  
(727) 462-7000

Northside Hospital and  
Heart Institute  
6000 49th Street North  
St. Petersburg, FL 33709  
(727) 521-4411

Palms of Pasadena Hospital  
1501 Pasadena Avenue South  
St. Petersburg, FL 33707  
(727) 381-1000

St. Anthony Hospital\*\*  
1200 7th Avenue North  
St. Petersburg, FL 33705  
(727) 825-1100

St. Petersburg General Hospital  
6500 38th Avenue North  
St. Petersburg, FL 33710  
(727) 384-1414

### **Polk County**

AdventHealth Heart of Florida\*\*  
40100 U.S. Highway 27  
Davenport, FL 33837  
(863) 422-4971

### **Saint Lucie County**

Port Saint Lucie Hospital\*  
2550 SE Walton Road  
Port Saint Lucie, FL 34952  
(772) 335-0400

### **Santa Rosa County**

Santa Rosa Medical Center\*  
6002 Berryhill Road  
Milton, FL 32570  
(850) 626-7762

### **Sarasota County**

Doctors Hospital of Sarasota  
5731 Bee Ridge Road  
Sarasota, FL 34233  
(941) 342-1100

Englewood Community Hospital  
700 Medical Boulevard  
Englewood, FL 34223  
(941) 475-6571

Venice Regional Medical Center\*\*  
540 The Rialto  
Venice, FL 34285  
(941) 485-7711

### **Seminole County**

South Seminole Hospital\*  
555 West State Road 434  
Longwood, FL 32750  
(407) 767-1200

### **Taylor County**

Doctors Memorial Hospital –  
Taylor County  
333 North Byron Butler Parkway  
Perry, FL 32347  
(850) 584-0800

### **Volusia County**

Halifax Medical Center of  
Daytona Beach  
303 North Clyde Morris Boulevard  
Daytona Beach, FL 32114  
(386) 254-4000

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## Florida (Continued)

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### **Volusia County** *(Continued)*

Halifax Medical Center  
of Port Orange  
1041 Dunlawton Avenue  
Port Orange, FL 32127  
(386) 322-4700

### **Walton County**

Healthmark Regional Medical  
Center\*\*  
4413 U.S. Highway 331 South  
Defuniak Springs, FL 32435  
(850) 951-4500

### **Washington County**

Northwest Florida Community  
Hospital\*\*  
1360 Brickyard Road  
Chipley, FL 32428  
(850) 638-1610

## Alabama

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### **Coffee County**

Medical Center Enterprise\*\*  
400 North Edwards Street  
Enterprise, AL 36330  
(334) 347-0584

### **Conecuh County**

Evergreen Medical Center  
101 Crestview Avenue  
Evergreen, AL 36401  
(251) 578-2480

### **Covington County**

Andalusia Regional Hospital\*  
849 South Three Notch Street  
Andalusia, AL 36420  
(334) 222-8466

### **Covington County** *(Continued)*

Mizell Memorial Hospital\*  
702 N Main Street  
Opp, AL 36467  
(334) 493-3541

### **Dale County**

Dale Medical Center\*  
126 Hospital Avenue  
Ozark, AL 36360  
(334) 774-2601

### **Houston County**

Flowers Hospital  
4370 West Main Street  
Dothan, AL 36305  
(334) 793-5000

### **Houston County** *(Continued)*

Southeast Health Medical Center  
1108 Ross Clark Circle  
Dothan, AL 36301  
(334) 793-8111

### **Monroe County**

Monroe County Hospital  
2016 South Alabama Avenue  
Monroeville, AL 36460  
(251) 575-3111

## Georgia

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### **Brooks County**

Brooks County Hospital  
903 North Court Street  
Quitman, GA 31643  
(229) 263-4171

### **Decatur County**

Memorial Hospital and Manor  
1500 East Shotwell Street  
Bainbridge, GA 39819  
(229) 246-3500

### **Grady County**

Grady General Hospital  
1155 Fifth Street SE  
Cairo, GA 39828  
(229) 377-1150

### **Mitchell County**

Mitchell County Hospital  
90 East Stephens Street  
Camilla, GA 31730  
(229) 336-5284

### **Thomas County**

John D. Archbold  
Memorial Hospital  
915 Gordon Avenue  
Thomasville, GA 31792  
(229) 228-2000

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Participating Hospitals listed in this directory are subject to change. For health systems with multiple hospitals, all locations may not participate. Check with your doctor to make sure he or she has admitting privileges at a network hospital. Prior to scheduling any inpatient hospital service, it is recommended you call UnitedHealthcare Customer Service at 1-800-523-5800, TTY 711, weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m. Eastern Time for a current listing of participating hospitals in your area. You may also call this number to obtain a directory of participating hospitals for other areas when you will be traveling.

All participating hospitals are open 24 hours a day, 7 days a week.

Network changes will be communicated annually to insureds impacted by hospitals who no longer participate. Coverage will remain until insured is notified in writing.

**Your Medicare Select policy will only pay full supplemental benefits if covered services are obtained through specified participating hospitals. Medicare Select policies deny payment or pay less than the full benefit if you use a non-participating hospital for non-emergency services.**

# For AARP® Medicare Select Plans Only

## Florida - Effective October 2021

Medicare Select Plans are available to individuals in the following zip code areas:

32003	32061	32112	32142	32190	32228	32305	32337	32409	32447	32521	32567
32004	32062	32113	32143	32192	32229	32306	32340	32410	32448	32522	32568
32006	32063	32114	32145	32193	32231	32307	32341	32411	32449	32523	32569
32007	32064	32115	32147	32195	32232	32308	32343	32412	32452	32524	32570
32008	32065	32116	32148	32198	32233	32309	32344	32413	32455	32526	32571
32009	32066	32117	32149	32201	32234	32310	32345	32417	32456	32530	32572
32011	32067	32118	32157	32202	32235	32311	32346	32420	32457	32531	32577
32013	32068	32119	32158	32203	32236	32312	32347	32421	32459	32533	32578
32024	32071	32120	32159	32204	32238	32313	32348	32422	32460	32534	32579
32025	32073	32121	32160	32205	32239	32314	32350	32423	32461	32535	32580
32030	32079	32122	32162	32206	32240	32315	32351	32424	32462	32536	32583
32033	32080	32123	32163	32207	32241	32316	32352	32425	32463	32537	32588
32034	32081	32124	32164	32208	32244	32317	32353	32426	32464	32538	32591
32035	32082	32125	32168	32209	32245	32318	32355	32427	32465	32539	32601
32038	32083	32126	32169	32210	32246	32320	32356	32428	32466	32540	32602
32040	32084	32127	32170	32211	32247	32321	32357	32430	32501	32541	32603
32041	32085	32128	32173	32212	32250	32322	32358	32431	32502	32542	32604
32042	32086	32129	32174	32214	32254	32323	32359	32432	32503	32544	32605
32043	32087	32130	32175	32216	32255	32324	32360	32433	32504	32547	32606
32044	32091	32131	32176	32217	32256	32326	32361	32434	32505	32548	32607
32046	32092	32132	32177	32218	32257	32327	32362	32435	32506	32549	32608
32050	32094	32133	32178	32219	32258	32328	32399	32437	32507	32550	32609
32052	32095	32134	32179	32220	32259	32329	32401	32438	32508	32559	32610
32053	32096	32135	32180	32221	32260	32330	32402	32439	32509	32560	32611
32054	32097	32136	32181	32222	32266	32331	32403	32440	32511	32561	32612
32055	32099	32137	32182	32223	32277	32332	32404	32442	32512	32562	32614
32056	32102	32138	32183	32224	32301	32333	32405	32443	32513	32563	32615
32058	32105	32139	32185	32225	32302	32334	32406	32444	32514	32564	32616
32059	32110	32140	32187	32226	32303	32335	32407	32445	32516	32565	32617
32060	32111	32141	32189	32227	32304	32336	32408	32446	32520	32566	32618

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32619	32696	32746	32795	32835	32910	32965	33033	33102	33152	33190	33305
32621	32697	32747	32796	32836	32911	32966	33034	33106	33153	33191	33306
32622	32701	32750	32798	32837	32912	32967	33035	33109	33154	33192	33307
32625	32702	32751	32799	32839	32919	32968	33036	33111	33155	33193	33308
32626	32703	32752	32801	32853	32920	32969	33037	33112	33156	33194	33309
32627	32704	32753	32802	32854	32922	32970	33039	33114	33157	33195	33310
32628	32706	32754	32803	32855	32923	32971	33054	33116	33158	33196	33311
32631	32707	32756	32804	32856	32924	32976	33055	33119	33160	33197	33312
32633	32708	32757	32805	32857	32925	32978	33056	33122	33161	33198	33313
32634	32709	32759	32806	32858	32926	33002	33060	33124	33162	33199	33314
32635	32710	32762	32807	32859	32927	33004	33061	33125	33163	33206	33315
32639	32712	32763	32808	32860	32931	33008	33062	33126	33164	33222	33316
32640	32713	32764	32809	32861	32932	33009	33063	33127	33165	33231	33317
32641	32714	32765	32810	32862	32934	33010	33064	33128	33166	33233	33318
32643	32715	32766	32811	32867	32935	33011	33065	33129	33167	33234	33319
32644	32716	32767	32812	32868	32936	33012	33066	33130	33168	33238	33320
32648	32718	32768	32814	32869	32937	33013	33067	33131	33169	33239	33321
32653	32719	32771	32815	32872	32940	33014	33068	33132	33170	33242	33322
32654	32720	32772	32816	32877	32941	33015	33069	33133	33172	33243	33323
32655	32721	32773	32817	32878	32948	33016	33070	33134	33173	33245	33324
32656	32722	32774	32818	32885	32949	33017	33071	33135	33174	33247	33325
32658	32723	32775	32819	32886	32950	33018	33072	33136	33175	33255	33326
32662	32724	32776	32820	32887	32951	33019	33073	33137	33176	33256	33327
32663	32725	32777	32821	32891	32952	33020	33074	33138	33177	33257	33328
32664	32726	32778	32822	32896	32953	33021	33075	33139	33178	33261	33329
32666	32727	32779	32824	32897	32954	33022	33076	33140	33179	33265	33330
32667	32728	32780	32825	32899	32955	33023	33077	33141	33180	33266	33331
32668	32730	32781	32826	32901	32956	33024	33081	33142	33181	33269	33332
32669	32732	32783	32827	32902	32957	33025	33082	33143	33182	33280	33334
32680	32733	32784	32828	32903	32958	33026	33083	33144	33183	33283	33335
32681	32735	32789	32829	32904	32959	33027	33084	33145	33184	33296	33336
32683	32736	32790	32830	32905	32960	33028	33090	33146	33185	33299	33337
32686	32738	32791	32831	32906	32961	33029	33092	33147	33186	33301	33338
32692	32739	32792	32832	32907	32962	33030	33093	33149	33187	33302	33339
32693	32744	32793	32833	32908	32963	33031	33097	33150	33188	33303	33340
32694	32745	32794	32834	32909	32964	33032	33101	33151	33189	33304	33345

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33346	33430	33474	33540	33594	33635	33713	33774	33838	33882	33931	33993
33348	33431	33475	33541	33595	33637	33714	33775	33839	33883	33932	33994
33349	33432	33476	33542	33596	33646	33715	33776	33840	33884	33935	34101
33351	33433	33477	33543	33597	33647	33716	33777	33841	33885	33936	34102
33355	33434	33478	33544	33598	33650	33729	33778	33843	33888	33938	34103
33359	33435	33480	33545	33601	33655	33730	33779	33844	33890	33944	34104
33388	33436	33481	33547	33602	33660	33731	33780	33845	33896	33945	34105
33394	33437	33482	33548	33603	33664	33732	33781	33846	33897	33946	34106
33401	33438	33483	33549	33604	33672	33733	33782	33847	33898	33947	34107
33402	33440	33484	33550	33605	33673	33734	33784	33848	33901	33948	34108
33403	33441	33486	33556	33606	33674	33736	33785	33849	33902	33949	34109
33404	33442	33487	33558	33607	33675	33738	33786	33850	33903	33950	34110
33405	33443	33488	33559	33608	33677	33740	33801	33851	33904	33951	34112
33406	33444	33493	33563	33609	33679	33741	33802	33852	33905	33952	34113
33407	33445	33496	33564	33610	33680	33742	33803	33853	33906	33953	34114
33408	33446	33497	33565	33611	33681	33743	33804	33854	33907	33954	34116
33409	33448	33498	33566	33612	33682	33744	33805	33855	33908	33955	34117
33410	33449	33499	33567	33613	33684	33747	33806	33856	33909	33956	34119
33411	33454	33503	33568	33614	33685	33755	33807	33857	33910	33957	34120
33412	33455	33508	33569	33615	33686	33756	33809	33858	33911	33960	34133
33413	33458	33509	33570	33616	33687	33757	33810	33859	33912	33965	34134
33414	33459	33510	33571	33617	33688	33758	33811	33860	33913	33966	34135
33415	33460	33511	33572	33618	33689	33759	33812	33862	33914	33967	34136
33416	33461	33513	33573	33619	33694	33760	33813	33863	33915	33970	34137
33417	33462	33514	33574	33620	33701	33761	33815	33865	33916	33971	34138
33418	33463	33521	33575	33621	33702	33762	33820	33867	33917	33972	34139
33419	33464	33523	33576	33622	33703	33763	33823	33868	33918	33973	34140
33420	33465	33524	33578	33623	33704	33764	33825	33870	33919	33974	34141
33421	33466	33525	33579	33624	33705	33765	33826	33871	33920	33975	34142
33422	33467	33526	33583	33625	33706	33766	33827	33872	33921	33976	34143
33424	33468	33527	33584	33626	33707	33767	33830	33873	33922	33980	34145
33425	33469	33530	33585	33629	33708	33769	33831	33875	33924	33981	34146
33426	33470	33534	33586	33630	33709	33770	33834	33876	33927	33982	34201
33427	33471	33537	33587	33631	33710	33771	33835	33877	33928	33983	34202
33428	33472	33538	33592	33633	33711	33772	33836	33880	33929	33990	34203
33429	33473	33539	33593	33634	33712	33773	33837	33881	33930	33991	34204

**CONTINUED ON REVERSE** 

**CONTINUED**

34205	34251	34433	34491	34682	34756	34981
34206	34260	34434	34492	34683	34758	34982
34207	34264	34436	34498	34684	34759	34983
34208	34265	34441	34601	34685	34760	34984
34209	34266	34442	34602	34688	34761	34985
34210	34267	34445	34603	34689	34762	34986
34211	34268	34446	34604	34690	34769	34987
34212	34269	34447	34605	34691	34770	34988
34215	34270	34448	34606	34692	34771	34990
34216	34272	34449	34607	34695	34772	34991
34217	34274	34450	34608	34697	34773	34992
34218	34275	34451	34609	34698	34777	34994
34219	34276	34452	34610	34705	34778	34995
34220	34277	34453	34611	34711	34785	34996
34221	34280	34460	34613	34712	34786	34997
34222	34281	34461	34614	34713	34787	
34223	34282	34464	34636	34714	34788	
34224	34284	34465	34637	34715	34789	
34228	34285	34470	34638	34729	34797	
34229	34286	34471	34639	34731	34945	
34230	34287	34472	34652	34734	34946	
34231	34288	34473	34653	34736	34947	
34232	34289	34474	34654	34737	34948	
34233	34290	34475	34655	34739	34949	
34234	34291	34476	34656	34740	34950	
34235	34292	34477	34660	34741	34951	
34236	34293	34478	34661	34742	34952	
34237	34295	34479	34667	34743	34953	
34238	34420	34480	34668	34744	34954	
34239	34421	34481	34669	34745	34956	
34240	34423	34482	34673	34746	34957	
34241	34428	34483	34674	34747	34958	
34242	34429	34484	34677	34748	34972	
34243	34430	34487	34679	34749	34973	
34249	34431	34488	34680	34753	34974	
34250	34432	34489	34681	34755	34979	



# Forms



Forms

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

AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25710ST

## Enrollment Checklist

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

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



### Application Form

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



### AARP Membership Form

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

- Log on to [AGNTU.aarpenrollment.com](http://AGNTU.aarpenrollment.com);
- Call toll-free 1-866-331-1964; or
- Complete the membership form and submit it with the plan application, along with a separate check for \$16.00 payable to AARP.
  - Note: One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.



### Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you may deduct \$2 from the first month's household premium check.

- Submit the completed form (signed and dated).



### Notice to Applicants Regarding Replacement of Coverage

If you are replacing or losing current coverage as indicated on the form:

- Complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records.
  - The licensed insurance agent must also sign and date both copies of the form.



### If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare Insurance Company  
P.O. Box 105331  
Atlanta, GA 30348-5331

(Over Please)

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

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

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

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

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

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

# Application Form

## AARP® Medicare Supplement Insurance Plans

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

### Instructions

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

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

TEAR HERE

**AARP Membership Number** (If you are already a member) \_\_\_\_\_

Applicant First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

Permanent Home Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address Line 1 (if different from permanent address) \_\_\_\_\_

Mailing Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TEAR HERE

### 1 Provide additional information about yourself and your Medicare Insurance.

( ) - \_\_\_\_\_

**1A.** Phone Number \_\_\_\_\_ **1B.** Email address (optional). Include periods (.) and symbols (@). \_\_\_\_\_

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

**1C.** Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **1D.** Gender  Male  Female  
Month Day Year

**1E.** Medicare Number \_\_\_\_\_ (From your Medicare card.)

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

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

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First Name

Last Name

## 2 Choose your Plan and start date.

### Plan Choice

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time,
- if you are age 65 or older and are entitled to guaranteed acceptance, please look at "Your Guide" to determine which Plans you are eligible for guaranteed acceptance in without having to answer health questions.
- if you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you are eligible only if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed acceptance in certain Plans as shown in "Your Guide."

**Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or who will be age 50 or older on or after 1/1/2020 with a Medicare Part A Effective Date prior to 1/1/2020. Please call if you have questions.**

- Plan A       Plan B
- Plan C
- Plan F       Plan G
- Plan K       Plan L
- Plan N
- Medicare Select Plan G
- Medicare Select Plan N

### Plan Start Date

**2B.** Your Plan will start on the first day of the month following receipt and approval of this Application Form and receipt of your first month's payment. If you would like your Plan to start on a later date (the first day of a future month), please indicate the date:

\_\_\_\_ / 01 / \_\_\_\_  
Month      Day      Year

## 3 Is your acceptance guaranteed?

**3A.** Will your AARP Medicare Supplement Plan start date be within 6 months after you turn age 65 **or** enroll in Medicare Part B?

Yes     No

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

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

Yes     No

• If **YES**, and you are applying for a Plan that is eligible for guaranteed acceptance as defined in the Guaranteed Acceptance Section in "Your Guide", skip directly to **Section 7**.

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

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

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



First Name

Last Name

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

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

Yes  No  Not Sure

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

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

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

Yes  No  Not Sure

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

Yes  No  Not Sure

**5C.** Within the past 2 years, did a licensed medical professional tell you that you may need any of the following treatments for a medical condition that has NOT been completed?

Yes  No  Not Sure

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

**5D.** Within the past 2 years, did you have (as determined by a licensed medical professional) a Heart Attack, Stroke, Transient Ischemic Attack (TIA) or mini-stroke?

Yes  No  Not Sure

**5E.** Within the past 2 years, did you have (as determined by a licensed medical professional) or were you diagnosed, treated, given medical advice or prescribed medication/refills for any of the following conditions?

- |  |  |
|--|--|
| • Atrial Fibrillation or Flutter                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Artery or Vein Blockage  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Peripheral Vascular Disease (PVD)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Cardiomyopathy   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Congestive Heart Failure (CHF)                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Coronary Artery Disease (CAD)                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Chronic Obstructive Pulmonary Disease (COPD) or Emphysema          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • End Stage Renal (Kidney) Disease or Require Dialysis               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Chronic Kidney Disease   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| • Diabetes, but only if you have circulation problems or Retinopathy | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

TEAR HERE

TEAR HERE



First Name

Last Name

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

- Cancer including Melanoma (but not other skin cancers), Leukemia and Lymphoma  Yes  No  Not Sure
- Cirrhosis of the Liver  Yes  No  Not Sure
- Macular Degeneration, but only if you have the wet form  Yes  No  Not Sure
- Multiple Sclerosis  Yes  No  Not Sure
- Rheumatoid Arthritis  Yes  No  Not Sure
- Systemic Lupus Erythematosus (SLE)  Yes  No  Not Sure

**Answering YES to any question in Section 5 will result in a denial of coverage.**

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

**If you answered NOT SURE to any question in Section 5, we may follow up for additional information.**

**6 Tell us about your medical providers.**

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

\_\_\_\_\_  
 Primary Physician (     )     -  
Phone #

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Specialist Name \_\_\_\_\_ Specialty \_\_\_\_\_

Diagnosis/Condition \_\_\_\_\_

Specialist Name \_\_\_\_\_ Specialty \_\_\_\_\_

Diagnosis/Condition \_\_\_\_\_

TEAR HERE

TEAR HERE



First Name

Last Name

## 7 Tell us about your tobacco usage.

7A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

Yes  No

**If you answered YES to Question 7A, your rate will be the tobacco rate. See "Cover Page - Rates."**

## 8 Your past and current coverage

### Review the statements.

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your Enrollment Form.

### PLEASE ANSWER ALL QUESTIONS.

**To the best of your knowledge,**

8A. Did you turn age 65 in the last 6 months?

Yes  No

8B. Did you enroll in Medicare Part B within the last 6 months?

Yes  No

8C. If YES, what is the effective date?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year





First Name

Last Name

## 8 Your past and current coverage (continued)

### Questions about Medicaid

**8D.** Are you covered for medical assistance through the state Medicaid program?  
 (Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question.

Yes  No

**If YES, you must answer Questions 8E and 8F.**

**8E.** Will Medicaid pay your premiums for this Medicare supplement policy?

Yes  No

**8F.** Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?

Yes  No

### Questions about Medicare Advantage plans (sometimes called Medicare Part C)

**8G.** Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?

Yes  No

**If YES, you must answer Questions 8H through 8K.**

**8H.** Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.

**Start Date**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**End Date**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**8I.** If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.)

Yes  No

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

**8J.** Was this your first time in this type of Medicare plan?

Yes  No

**8K.** Did you drop a Medicare supplement policy to enroll in the Medicare plan?

Yes  No

### Questions about Medicare supplement plans

**8L.** Do you have another Medicare supplement policy in force?  
 If so, what insurance company and what plan do you have?  
 Insurance Company: \_\_\_\_\_  
 Policy: \_\_\_\_\_

Yes  No

**If YES, you must answer Question 8M.**

**8M.** Do you intend to replace your current Medicare supplement policy with this policy?

Yes  No

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

### Questions about any other type of health insurance coverage

**8N.** Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

Yes  No

**If YES, you must answer Questions 8O through 8Q.**



First Name

Last Name

## 8 Your past and current coverage (continued)

80. If so, with what insurance company and what kind of policy?

Insurance Company: \_\_\_\_\_

**Policy:**

- HMO/PPO
- Major Medical
- Employer Plan
- Union Plan
- Other \_\_\_\_\_

8P. What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.

**Start Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**End Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

8Q. Are you replacing this health insurance?

Yes  No

X

\_\_\_\_\_  
**Your Signature** (required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Today's Date** (required)  
Month Day Year

## 9 Authorization and Verification of Application Information

**Read carefully, and sign and date in the signature box.**

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

• Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

• I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.

• I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

• If you are enrolling in a Medicare Select Plan: I acknowledge that I have received an Outline of Coverage, Grievance Procedure, Provider Directory and a Medicare Select Disclosure Statement covering Provider Restrictions, Right to Replace Your Medicare Supplement Plan and Quality Assurance Program. I affirm that I understand the benefits, restrictions, limitations and other provisions of the Medicare Select Plan for which I am applying.

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

• I understand the Florida-licensed Insurance agent or broker discussing Plan options with me is appointed by UnitedHealthcare Insurance Company, and may be compensated based on my enrollment in a Plan.

• I understand that an agent or broker cannot change or waive any terms or requirements related to this Application Form and its contents, underwriting, premium or coverage and cannot grant approval.



First Name

Last Name

## 9 Authorization and Verification of Application Information (continued)

### Authorization for the Release of Medical Information

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

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

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

TEAR HERE

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

X

\_\_\_\_\_  
**Your Signature** (required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Today's Date** (required)  
Month Day Year

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

## 10 Authorization for Verification of Information

### Read carefully, and sign and date in the signature box below.

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

TEAR HERE

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

X

\_\_\_\_\_  
**Your Signature** (required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Today's Date** (required)  
Month Day Year

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



First Name

Last Name

# 11 For Agent/Broker Use Only

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

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

\_\_\_\_\_  
\_\_\_\_\_

2. List policies issued which are still in force:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

TEAR HERE

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Agent Name (PLEASE PRINT)		
_____	_____	_____
First Name	MI	Last Name
<b>X</b> _____	_____	_____/_____/_____ Today's Date (required) Month Day Year
Agent Signature (required)	Agent ID (required) ( )	
_____	_____	_____
Agent Email Address	Agent Phone Number	
<b>X</b> _____	_____	_____
Broker Name	Broker ID	





**MEDICARE SUPPLEMENT INSURANCE  
AGENT CERTIFICATION FORM**

I, the undersigned insurance agent certify:

THAT, I have taken an application for Policy Form No. G-36000-4 offered by the UnitedHealthcare Insurance Company to \_\_\_\_\_ (Applicant).

THAT, I have explained the provisions of the policy being applied for, including specifically, all the different benefits, exceptions and limitations of the plan.

THAT, I am a licensed agent of this insurance company and have given a company receipt for an initial premium in the amount of \$\_\_\_\_\_ (Insert zero if no premium received) which has been paid to me by ( ) Check ( ) Cash ( ) Money Order (Check appropriate method of payment).

THAT, I have clearly explained any benefits of this plan are a supplement to any benefits that the applicant may be entitled to receive from the Medicare Program of the Federal Government.

THAT, I have not made any representation to the applicant that there is any endorsement whatsoever by the Social Security Administration or the Centers for Medicare & Medicaid Services of the Federal Government in connection with this insurance policy being applied for.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
I, the undersigned applicant, have received  
a copy of this form

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address of Agent or Agency

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Phone No.

TEAR HERE

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

## HEALTHCARE PRODUCTS & SERVICES

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

## AWARD-WINNING PUBLICATIONS

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

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

## PROTECTION OF YOUR RIGHTS

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

## TRAVEL DISCOUNTS

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

## COMMUNITY INVOLVEMENT

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



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

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

Visit [agntu.aarpenrollment.com](http://agntu.aarpenrollment.com)  
Or call 1-866-331-1964

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

BA25522ST



## MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### For FREE Spouse/Partner Membership

Spouse's/Partner's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

VCGFDAUH

AA25002ST

**OR**

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

**SAVE 25%**



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



Or call 1-866-331-1964

### Why sign up for Automatic Renewal?

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

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

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


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




**Act now and make the most of membership.**

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

**SAVE  
25%**

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

 Or call 1-866-331-1964



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

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

TEAR HERE

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

---

## The Easiest Way to Pay

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

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

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

## Signing Up is Easy

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

## Your EFT Effective Date

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

**Complete Form on Reverse** ►

**This side for your information only, return not required.**

TEAR HERE

## AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

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

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

Street Address

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

City

State

Zip Code

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

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

(9 digit number)

Account Type:  Checking

Savings (statement savings only)

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

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

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

### IMPORTANT

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

Account Holder Name

Check Number

John Doe  
Street Address  
Town, City Zip Code

Check #1234

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

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

SAMPLE

Bank Name  
& Address

\_\_\_\_\_ Dollars

Memo: \_\_\_\_\_

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

| : 123456789 : | 12345678 ||# 1234 ||#

Bank Routing  
Transit Number –  
Must be 9 numbers

Bank Account  
Number –  
Include all zeros

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

We look forward to continuing to serve you.

TEAR HERE

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

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

Street Address

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

City

State

Zip Code

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

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

(9 digit number)

Account Type:  Checking

Savings (statement savings only)

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

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

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

### IMPORTANT

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

Account Holder Name

Check Number

John Doe  
Street Address  
Town, City Zip Code

Check #1234

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

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

SAMPLE

\_\_\_\_\_ Dollars

Bank Name & Address

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

| : 123456789 : | 12345678 || 1234 ||

Bank Routing  
Transit Number –  
Must be 9 numbers

Bank Account  
Number –  
Include all zeros

Check Number –  
Do not include the check number (it may be  
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**

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Additional benefits.  | <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"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D. | _____   |

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

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

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

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

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

TEAR HERE

TEAR HERE



**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
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UNITEDHEALTHCARE INSURANCE COMPANY**

Horsham, Pennsylvania

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Additional benefits.  | <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"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D. | _____   |

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

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

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

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

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

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# Glossary: Prescription Drugs

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

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

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

## Partial Prescription Drug List

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

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

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

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



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

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

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

















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

## For Your Records:

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

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

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

## What's Next:

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

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



### Welcome Kit.

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



### Educational Materials.

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



### Dedicated Customer Service.

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



### Exclusive AARP Member Benefits.

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



## Let's stay connected.

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

Name

Email

Phone



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

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

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

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

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

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

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