



Instructions Page Please Read Before Printing

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

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

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

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

Please mail completed applications to:

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

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



Dear Prospective Member,

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

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

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

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

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

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

Sincerely,

A handwritten signature in cursive script that reads "Susan Morisato".

Susan Morisato,
President, Insurance Solutions
UnitedHealthcare Insurance Company

Important disclosure on back



(10-10)

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-I (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

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

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

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

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

Your Plans and Rates

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

1 Review plan

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

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

2 Find your rate

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

Applicants Age 65 and older

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

If the time period between your 65th birthday or your Medicare Part B effective date, if later, is within:	
Number of years:	You are in:
Less than 6	Group 1
6 or more but less than 10	Group 2
10 or more	Group 3



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

If you are in Group 1 and under age 75, you may be eligible for the Standard rates with Enrollment Discount. You can find information about the Enrollment Discount on the next page. If you are in Group 2 or 3, your rate is shown on the rate page.

Applicants Age 50-64

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

3 Enroll

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

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

Enrollment Discount

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company

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

Who is eligible?

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

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

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

How it works

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

Example #1:

JANE IS ELIGIBLE FOR THE ENROLLMENT DISCOUNT



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

Jane's discount will begin at age of 72

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

Example #2:

BILL IS NOT ELIGIBLE FOR THE ENROLLMENT DISCOUNT



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

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

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

JANE

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

AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, AARP Medicare Supplement Plans are available to eligible individuals under age 65 enrolled in Medicare due to disability. All plans may not be available in your state/area.

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

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

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



Rates shown are valid for Plan effective dates through March 1, 2012.

Cover Page - Rates for California - Area 1 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$100.80	\$134.92	\$157.67	\$158.37	\$64.22	\$93.62	\$105.17
66	\$105.12	\$140.70	\$164.43	\$165.16	\$66.97	\$97.63	\$109.68
67	\$109.44	\$146.49	\$171.19	\$171.95	\$69.73	\$101.65	\$114.19
68	\$113.76	\$152.27	\$177.94	\$178.73	\$72.48	\$105.66	\$118.69
69	\$118.08	\$158.05	\$184.70	\$185.52	\$75.23	\$109.67	\$123.20
70	\$122.40	\$163.83	\$191.46	\$192.31	\$77.98	\$113.68	\$127.71
71	\$126.72	\$169.62	\$198.22	\$199.10	\$80.74	\$117.70	\$132.22
72	\$131.04	\$175.40	\$204.97	\$205.88	\$83.49	\$121.71	\$136.72
73	\$135.36	\$181.18	\$211.73	\$212.67	\$86.24	\$125.72	\$141.23
74	\$139.68	\$186.96	\$218.49	\$219.46	\$88.99	\$129.73	\$145.74
Standard Rates for ages 75 and older							
75+	\$144.00	\$192.75	\$225.25	\$226.25	\$91.75	\$133.75	\$150.25

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$158.40	\$212.02	\$247.77	\$248.87	\$100.92	\$147.12	\$165.27	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$180.00	\$240.93	\$281.56	\$282.81	\$114.68	\$167.18	\$187.81	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 1

Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$110.88	\$148.41	\$173.43	\$174.20	\$70.64	\$102.98	\$115.68
66	\$115.63	\$154.77	\$180.87	\$181.67	\$73.67	\$107.39	\$120.64
67	\$120.38	\$161.13	\$188.30	\$189.14	\$76.69	\$111.81	\$125.60
68	\$125.13	\$167.49	\$195.73	\$196.60	\$79.72	\$116.22	\$130.56
69	\$129.88	\$173.85	\$203.17	\$204.07	\$82.75	\$120.63	\$135.52
70	\$134.64	\$180.21	\$210.60	\$211.53	\$85.78	\$125.05	\$140.47
71	\$139.39	\$186.57	\$218.03	\$219.00	\$88.80	\$129.46	\$145.43
72	\$144.14	\$192.93	\$225.47	\$226.47	\$91.83	\$133.87	\$150.39
73	\$148.89	\$199.29	\$232.90	\$233.93	\$94.86	\$138.29	\$155.35
74	\$153.64	\$205.65	\$240.33	\$241.40	\$97.89	\$142.70	\$160.31
Standard Rates for ages 75 and older							
75+	\$158.40	\$212.02	\$247.77	\$248.87	\$100.92	\$147.12	\$165.27

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$174.24	\$233.22	\$272.54	\$273.75	\$111.01	\$161.83	\$181.79	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$198.00	\$265.02	\$309.71	\$311.08	\$126.15	\$183.90	\$206.58	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 1

Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Non-Tobacco Rates							
50-64	\$179.99	\$240.92	\$281.55	\$282.80	\$114.67	N/A	N/A

The rates above are for plan effective dates from January - December 2011.

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.

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

CALIFORNIA Area 1 ZIP Codes, Effective August 1, 2010

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

90001	90046	90094	90274	90601	90717	90899	91126	91330	91405	91616	91790
90002	90047	90095	90275	90602	90720	91001	91129	91331	91406	91617	91791
90003	90048	90096	90277	90603	90721	91003	91182	91333	91407	91618	91792
90004	90049	90099	90278	90604	90723	91006	91184	91334	91408	91702	91793
90005	90050	90101	90280	90605	90731	91007	91185	91335	91409	91706	91795
90006	90051	90103	90290	90606	90732	91008	91188	91337	91410	91711	91797
90007	90052	90189	90291	90607	90733	91009	91189	91340	91411	91714	91801
90008	90053	90201	90292	90608	90734	91010	91199	91341	91412	91715	91802
90009	90054	90202	90293	90609	90740	91011	91201	91342	91413	91716	91803
90010	90055	90209	90294	90610	90742	91012	91202	91343	91416	91722	91804
90011	90056	90210	90295	90620	90743	91016	91203	91344	91423	91723	91896
90012	90057	90211	90296	90621	90744	91017	91204	91345	91426	91724	91899
90013	90058	90212	90301	90622	90745	91020	91205	91346	91436	91731	92602
90014	90059	90213	90302	90623	90746	91021	91206	91350	91470	91732	92603
90015	90060	90220	90303	90624	90747	91023	91207	91351	91482	91733	92604
90016	90061	90221	90304	90630	90748	91024	91208	91352	91495	91734	92605
90017	90062	90222	90305	90631	90749	91025	91209	91353	91496	91735	92606
90018	90063	90223	90306	90632	90755	91030	91210	91354	91499	91740	92607
90019	90064	90224	90307	90633	90801	91031	91214	91355	91501	91741	92609
90020	90065	90230	90308	90637	90802	91040	91221	91356	91502	91744	92610
90021	90066	90231	90309	90638	90803	91041	91222	91357	91503	91745	92612
90022	90067	90232	90310	90639	90804	91042	91224	91364	91504	91746	92614
90023	90068	90233	90311	90640	90805	91043	91225	91365	91505	91747	92615
90024	90069	90239	90312	90650	90806	91046	91226	91367	91506	91748	92616
90025	90070	90240	90401	90651	90807	91066	91301	91371	91507	91749	92617
90026	90071	90241	90402	90652	90808	91077	91302	91372	91508	91750	92618
90027	90072	90242	90403	90660	90809	91101	91303	91376	91510	91754	92619
90028	90073	90245	90404	90661	90810	91102	91304	91380	91521	91755	92620
90029	90074	90247	90405	90662	90813	91103	91305	91381	91522	91756	92623
90030	90075	90248	90406	90670	90814	91104	91306	91382	91523	91759	92624
90031	90076	90249	90407	90671	90815	91105	91307	91383	91526	91765	92625
90032	90077	90250	90408	90680	90822	91106	91308	91384	91601	91766	92626
90033	90078	90251	90409	90701	90831	91107	91309	91385	91602	91767	92627
90034	90079	90254	90410	90702	90832	91108	91310	91386	91603	91768	92628
90035	90080	90255	90411	90703	90833	91109	91311	91387	91604	91769	92629
90036	90081	90260	90501	90704	90834	91110	91313	91390	91605	91770	92630
90037	90082	90261	90502	90706	90835	91114	91316	91392	91606	91771	92637
90038	90083	90262	90503	90707	90840	91115	91321	91393	91607	91772	92646
90039	90084	90263	90504	90710	90842	91116	91322	91394	91608	91773	92647
90040	90086	90264	90505	90711	90844	91117	91324	91395	91609	91775	92648
90041	90087	90265	90506	90712	90846	91118	91325	91396	91610	91776	92649
90042	90088	90266	90507	90713	90847	91121	91326	91401	91611	91778	92650
90043	90089	90267	90508	90714	90848	91123	91327	91402	91612	91780	92651
90044	90091	90270	90509	90715	90853	91124	91328	91403	91614	91788	92652
90045	90093	90272	90510	90716	90895	91125	91329	91404	91615	91789	92653

CALIFORNIA Area 1 ZIP Codes CONTINUED

92654	92801	92869
92655	92802	92870
92656	92803	92871
92657	92804	92885
92658	92805	92886
92659	92806	92887
92660	92807	92899
92661	92808	93510
92662	92809	93532
92663	92811	93534
92672	92812	93535
92673	92814	93536
92674	92815	93539
92675	92816	93543
92676	92817	93544
92677	92821	93550
92678	92822	93551
92679	92823	93552
92683	92825	93553
92684	92831	93563
92685	92832	93584
92688	92833	93586
92690	92834	93590
92691	92835	93591
92692	92836	93599
92693	92837	
92694	92838	
92697	92840	
92698	92841	
92701	92842	
92702	92843	
92703	92844	
92704	92845	
92705	92846	
92706	92850	
92707	92856	
92708	92857	
92711	92859	
92712	92861	
92725	92862	
92728	92863	
92735	92864	
92780	92865	
92781	92866	
92782	92867	
92799	92868	

Cover Page - Rates for California - Area 2

Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$88.37	\$118.30	\$138.25	\$138.95	\$56.35	\$82.07	\$92.22
66	\$92.16	\$123.37	\$144.17	\$144.90	\$58.76	\$85.59	\$96.17
67	\$95.95	\$128.44	\$150.10	\$150.86	\$61.18	\$89.11	\$100.13
68	\$99.73	\$133.51	\$156.02	\$156.81	\$63.59	\$92.62	\$104.08
69	\$103.52	\$138.58	\$161.95	\$162.77	\$66.01	\$96.14	\$108.03
70	\$107.31	\$143.65	\$167.87	\$168.72	\$68.42	\$99.66	\$111.98
71	\$111.10	\$148.72	\$173.80	\$174.68	\$70.84	\$103.18	\$115.94
72	\$114.88	\$153.79	\$179.72	\$180.63	\$73.25	\$106.69	\$119.89
73	\$118.67	\$158.86	\$185.65	\$186.59	\$75.67	\$110.21	\$123.84
74	\$122.46	\$163.93	\$191.57	\$192.54	\$78.08	\$113.73	\$127.79
Standard Rates for ages 75 and older							
75+	\$126.25	\$169.00	\$197.50	\$198.50	\$80.50	\$117.25	\$131.75

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$138.87	\$185.90	\$217.25	\$218.35	\$88.55	\$128.97	\$144.92	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$157.81	\$211.25	\$246.87	\$248.12	\$100.62	\$146.56	\$164.68	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm
Cover Page - Rates for California - Area 2
Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$97.20	\$130.13	\$152.07	\$152.84	\$61.98	\$90.27	\$101.44
66	\$101.37	\$135.70	\$158.59	\$159.39	\$64.64	\$94.14	\$105.79
67	\$105.54	\$141.28	\$165.11	\$165.94	\$67.29	\$98.01	\$110.13
68	\$109.70	\$146.86	\$171.62	\$172.49	\$69.95	\$101.88	\$114.48
69	\$113.87	\$152.43	\$178.14	\$179.04	\$72.61	\$105.75	\$118.83
70	\$118.03	\$158.01	\$184.66	\$185.59	\$75.26	\$109.62	\$123.18
71	\$122.20	\$163.59	\$191.18	\$192.14	\$77.92	\$113.49	\$127.52
72	\$126.37	\$169.16	\$197.69	\$198.69	\$80.58	\$117.36	\$131.87
73	\$130.53	\$174.74	\$204.21	\$205.24	\$83.23	\$121.23	\$136.22
74	\$134.70	\$180.32	\$210.73	\$211.79	\$85.89	\$125.10	\$140.57
Standard Rates for ages 75 and older							
75+	\$138.87	\$185.90	\$217.25	\$218.35	\$88.55	\$128.97	\$144.92

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$152.75	\$204.49	\$238.97	\$240.18	\$97.40	\$141.86	\$159.41	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$173.58	\$232.37	\$271.56	\$272.93	\$110.68	\$161.21	\$181.15	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 2

Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Non-Tobacco Rates							
50-64	\$157.80	\$211.24	\$246.86	\$248.11	\$100.61	N/A	N/A

The rates above are for plan effective dates from January - December 2011.

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.

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

CALIFORNIA Area 2 ZIP Codes, Effective August 1, 2010**The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"**

91319	91979	92066	92124	92178	92254	92544	93003
91320	91980	92067	92126	92179	92255	92545	93004
91358	91987	92068	92127	92182	92257	92546	93005
91359	92003	92069	92128	92184	92258	92548	93006
91360	92004	92070	92129	92186	92259	92549	93007
91361	92007	92071	92130	92187	92260	92551	93009
91362	92008	92072	92131	92190	92261	92552	93010
91377	92009	92074	92132	92191	92262	92553	93011
91752	92010	92075	92134	92192	92263	92554	93012
91901	92011	92078	92135	92193	92264	92555	93015
91902	92013	92079	92136	92194	92266	92556	93016
91903	92014	92081	92137	92195	92270	92557	93020
91905	92018	92082	92138	92196	92273	92561	93021
91906	92019	92083	92139	92197	92274	92562	93022
91908	92020	92084	92140	92198	92275	92563	93023
91909	92021	92085	92142	92199	92276	92564	93024
91910	92022	92086	92143	92201	92281	92567	93030
91911	92023	92088	92145	92202	92282	92570	93031
91912	92024	92091	92147	92203	92283	92571	93032
91913	92025	92092	92149	92210	92292	92572	93033
91914	92026	92093	92150	92211	92320	92581	93034
91915	92027	92096	92152	92220	92501	92582	93035
91916	92028	92101	92153	92222	92502	92583	93036
91917	92029	92102	92154	92223	92503	92584	93040
91921	92030	92103	92155	92225	92504	92585	93041
91931	92033	92104	92158	92226	92505	92586	93042
91932	92036	92105	92159	92227	92506	92587	93043
91933	92037	92106	92160	92230	92507	92589	93044
91934	92038	92107	92161	92231	92508	92590	93060
91935	92039	92108	92162	92232	92509	92591	93061
91941	92040	92109	92163	92233	92513	92592	93062
91942	92046	92110	92164	92234	92514	92593	93063
91943	92049	92111	92165	92235	92515	92595	93064
91944	92051	92112	92166	92236	92516	92596	93065
91945	92052	92113	92167	92239	92517	92599	93066
91946	92054	92114	92168	92240	92518	92860	93094
91947	92055	92115	92169	92241	92519	92877	93099
91948	92056	92116	92170	92243	92521	92878	
91950	92057	92117	92171	92244	92522	92879	
91951	92058	92118	92172	92247	92530	92880	
91962	92059	92119	92173	92248	92531	92881	
91963	92060	92120	92174	92249	92532	92882	
91976	92061	92121	92175	92250	92536	92883	
91977	92064	92122	92176	92251	92539	93001	
91978	92065	92123	92177	92253	92543	93002	

Cover Page - Rates for California - Area 3 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$81.37	\$108.85	\$127.22	\$127.75	\$51.80	\$75.42	\$84.87
66	\$84.86	\$113.51	\$132.67	\$133.22	\$54.02	\$78.65	\$88.51
67	\$88.35	\$118.18	\$138.13	\$138.70	\$56.24	\$81.89	\$92.15
68	\$91.83	\$122.84	\$143.58	\$144.17	\$58.46	\$85.12	\$95.78
69	\$95.32	\$127.51	\$149.03	\$149.65	\$60.68	\$88.35	\$99.42
70	\$98.81	\$132.17	\$154.48	\$155.12	\$62.90	\$91.58	\$103.06
71	\$102.30	\$136.84	\$159.94	\$160.60	\$65.12	\$94.82	\$106.70
72	\$105.78	\$141.50	\$165.39	\$166.07	\$67.34	\$98.05	\$110.33
73	\$109.27	\$146.17	\$170.84	\$171.55	\$69.56	\$101.28	\$113.97
74	\$112.76	\$150.83	\$176.29	\$177.02	\$71.78	\$104.51	\$117.61
Standard Rates for ages 75 and older							
75+	\$116.25	\$155.50	\$181.75	\$182.50	\$74.00	\$107.75	\$121.25

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$127.87	\$171.05	\$199.92	\$200.75	\$81.40	\$118.52	\$133.37	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$145.31	\$194.37	\$227.18	\$228.12	\$92.50	\$134.68	\$151.56	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 3

Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$89.50	\$119.73	\$139.94	\$140.52	\$56.98	\$82.96	\$93.35
66	\$93.34	\$124.86	\$145.94	\$146.54	\$59.42	\$86.51	\$97.36
67	\$97.18	\$129.99	\$151.93	\$152.57	\$61.86	\$90.07	\$101.36
68	\$101.01	\$135.12	\$157.93	\$158.59	\$64.30	\$93.63	\$105.36
69	\$104.85	\$140.26	\$163.93	\$164.61	\$66.74	\$97.18	\$109.36
70	\$108.68	\$145.39	\$169.93	\$170.63	\$69.19	\$100.74	\$113.36
71	\$112.52	\$150.52	\$175.92	\$176.66	\$71.63	\$104.29	\$117.36
72	\$116.36	\$155.65	\$181.92	\$182.68	\$74.07	\$107.85	\$121.36
73	\$120.19	\$160.78	\$187.92	\$188.70	\$76.51	\$111.40	\$125.36
74	\$124.03	\$165.91	\$193.92	\$194.72	\$78.95	\$114.96	\$129.36
Standard Rates for ages 75 and older							
75+	\$127.87	\$171.05	\$199.92	\$200.75	\$81.40	\$118.52	\$133.37

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$140.65	\$188.15	\$219.91	\$220.82	\$89.54	\$130.37	\$146.70	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$159.83	\$213.81	\$249.90	\$250.93	\$101.75	\$148.15	\$166.71	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 3

Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Non-Tobacco Rates							
50-64	\$145.30	\$194.36	\$227.17	\$228.11	\$92.49	N/A	N/A

The rates above are for plan effective dates from January - December 2011.

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.

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

CALIFORNIA Area 3 ZIP Codes, Effective August 1, 2010**The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"**

91701	92323	92386	93130	93314	93449	94017	94124	94229	94293	94540	94595
91708	92324	92391	93140	93380	93451	94018	94125	94230	94294	94541	94596
91709	92325	92392	93150	93383	93452	94019	94126	94232	94295	94542	94597
91710	92326	92393	93160	93384	93453	94020	94127	94234	94296	94543	94598
91729	92327	92394	93190	93385	93454	94021	94128	94235	94297	94544	94599
91730	92329	92395	93199	93386	93455	94025	94129	94236	94298	94545	94601
91737	92331	92397	93203	93387	93456	94026	94130	94237	94299	94546	94602
91739	92332	92398	93205	93388	93457	94027	94131	94239	94303	94547	94603
91743	92333	92399	93206	93389	93458	94028	94132	94240	94401	94548	94604
91758	92334	92401	93215	93390	93460	94030	94133	94244	94402	94549	94605
91761	92335	92402	93216	93401	93461	94037	94134	94245	94403	94550	94606
91762	92336	92403	93220	93402	93463	94038	94137	94246	94404	94551	94607
91763	92337	92404	93222	93403	93464	94044	94139	94247	94497	94552	94608
91764	92338	92405	93224	93405	93465	94060	94140	94248	94501	94553	94609
91784	92339	92406	93225	93406	93475	94061	94141	94249	94502	94555	94610
91785	92340	92407	93226	93407	93483	94062	94142	94250	94503	94556	94611
91786	92341	92408	93238	93408	93501	94063	94143	94252	94505	94557	94612
92242	92342	92410	93240	93409	93502	94064	94144	94254	94506	94558	94613
92252	92344	92411	93241	93410	93504	94065	94145	94256	94507	94559	94614
92256	92345	92412	93243	93412	93505	94066	94146	94257	94508	94560	94615
92267	92346	92413	93249	93420	93516	94070	94147	94258	94509	94561	94617
92268	92347	92414	93250	93421	93518	94074	94151	94259	94511	94562	94618
92277	92350	92415	93251	93422	93519	94080	94153	94261	94513	94563	94619
92278	92352	92418	93252	93423	93523	94083	94154	94262	94514	94564	94620
92280	92354	92423	93254	93424	93524	94101	94156	94263	94515	94565	94621
92284	92356	92424	93255	93427	93527	94102	94158	94267	94516	94566	94622
92285	92357	92427	93263	93428	93528	94103	94159	94268	94517	94567	94623
92286	92358	93013	93268	93429	93531	94104	94160	94269	94518	94568	94624
92301	92359	93014	93276	93430	93554	94105	94161	94271	94519	94569	94649
92304	92363	93067	93280	93432	93555	94107	94162	94273	94520	94570	94659
92305	92364	93101	93283	93433	93556	94108	94163	94274	94521	94572	94660
92307	92365	93102	93285	93434	93558	94109	94164	94277	94522	94573	94661
92308	92366	93103	93287	93435	93560	94110	94171	94278	94523	94574	94662
92309	92368	93105	93301	93436	93561	94111	94172	94279	94524	94575	94666
92310	92369	93106	93302	93437	93562	94112	94177	94280	94525	94576	94701
92311	92371	93107	93303	93438	93581	94114	94188	94282	94526	94577	94702
92312	92372	93108	93304	93440	93592	94115	94199	94283	94527	94578	94703
92313	92373	93109	93305	93441	93596	94116	94203	94284	94528	94579	94704
92314	92374	93110	93306	93442	94002	94117	94204	94285	94529	94580	94705
92315	92375	93111	93307	93443	94005	94118	94205	94286	94530	94581	94706
92316	92376	93116	93308	93444	94010	94119	94206	94287	94531	94582	94707
92317	92377	93117	93309	93445	94011	94120	94207	94288	94536	94583	94708
92318	92378	93118	93311	93446	94014	94121	94208	94289	94537	94586	94709
92321	92382	93120	93312	93447	94015	94122	94209	94290	94538	94587	94710
92322	92385	93121	93313	93448	94016	94123	94211	94291	94539	94588	94712

CALIFORNIA Area 3 ZIP Codes CONTINUED

94720	95337	95690	95866
94801	95366	95693	95867
94802	95376	95741	95887
94803	95377	95742	95894
94804	95378	95757	95899
94805	95385	95758	
94806	95391	95759	
94807	95422	95763	
94808	95423	95811	
94820	95424	95812	
94850	95426	95813	
95201	95435	95814	
95202	95443	95815	
95203	95451	95816	
95204	95453	95817	
95205	95457	95818	
95206	95458	95819	
95207	95461	95820	
95208	95464	95821	
95209	95467	95822	
95210	95485	95823	
95211	95493	95824	
95212	95608	95825	
95213	95609	95826	
95215	95610	95827	
95219	95611	95828	
95220	95615	95829	
95227	95621	95830	
95230	95624	95831	
95231	95626	95832	
95234	95628	95833	
95236	95630	95834	
95237	95632	95835	
95240	95638	95836	
95241	95639	95837	
95242	95641	95838	
95253	95652	95840	
95258	95655	95841	
95267	95660	95842	
95269	95662	95843	
95296	95670	95851	
95297	95671	95852	
95304	95673	95853	
95320	95680	95860	
95330	95683	95864	
95336	95686	95865	

Cover Page - Rates for California - Area 4 Non-Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$73.32	\$98.17	\$114.80	\$115.32	\$46.72	\$68.07	\$76.47
66	\$76.46	\$102.38	\$119.72	\$120.26	\$48.72	\$70.99	\$79.75
67	\$79.61	\$106.59	\$124.64	\$125.21	\$50.73	\$73.91	\$83.03
68	\$82.75	\$110.79	\$129.56	\$130.15	\$52.73	\$76.82	\$86.30
69	\$85.89	\$115.00	\$134.48	\$135.09	\$54.73	\$79.74	\$89.58
70	\$89.03	\$119.21	\$139.40	\$140.03	\$56.73	\$82.66	\$92.86
71	\$92.18	\$123.42	\$144.32	\$144.98	\$58.74	\$85.58	\$96.14
72	\$95.32	\$127.62	\$149.24	\$149.92	\$60.74	\$88.49	\$99.41
73	\$98.46	\$131.83	\$154.16	\$154.86	\$62.74	\$91.41	\$102.69
74	\$101.60	\$136.04	\$159.08	\$159.80	\$64.74	\$94.33	\$105.97
Standard Rates for ages 75 and older							
75+	\$104.75	\$140.25	\$164.00	\$164.75	\$66.75	\$97.25	\$109.25

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$115.22	\$154.27	\$180.40	\$181.22	\$73.42	\$106.97	\$120.17	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$130.93	\$175.31	\$205.00	\$205.93	\$83.43	\$121.56	\$136.56	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm
Cover Page - Rates for California - Area 4
Tobacco Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 1		Applies to individuals whose plan effective date will be within six years following their 65th birthday or Medicare Part B effective date, if later.					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Standard Rates with Enrollment Discount² for individuals ages 65-74							
65	\$80.65	\$107.98	\$126.28	\$126.85	\$51.39	\$74.87	\$84.11
66	\$84.11	\$112.61	\$131.69	\$132.29	\$53.59	\$78.08	\$87.72
67	\$87.56	\$117.24	\$137.10	\$137.72	\$55.79	\$81.29	\$91.32
68	\$91.02	\$121.87	\$142.51	\$143.16	\$58.00	\$84.50	\$94.93
69	\$94.48	\$126.50	\$147.92	\$148.60	\$60.20	\$87.71	\$98.53
70	\$97.93	\$131.12	\$153.34	\$154.03	\$62.40	\$90.92	\$102.14
71	\$101.39	\$135.75	\$158.75	\$159.47	\$64.60	\$94.13	\$105.74
72	\$104.85	\$140.38	\$164.16	\$164.91	\$66.81	\$97.34	\$109.35
73	\$108.30	\$145.01	\$169.57	\$170.34	\$69.01	\$100.55	\$112.95
74	\$111.76	\$149.64	\$174.98	\$175.78	\$71.21	\$103.76	\$116.56
Standard Rates for ages 75 and older							
75+	\$115.22	\$154.27	\$180.40	\$181.22	\$73.42	\$106.97	\$120.17

Group 2		Applies to individuals whose plan effective date will be between 6 years and less than 10 years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 1 Rates							
\$126.74	\$169.69	\$198.44	\$199.34	\$80.76	\$117.66	\$132.18	

Group 3		Applies to individuals whose plan effective date will be 10 or more years following their 65th birthday or Medicare Part B effective date, if later.					
Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N	
Level 2 Rates							
\$144.02	\$192.83	\$225.50	\$226.52	\$91.77	\$133.71	\$150.21	

The rates above are for plan effective dates from January - December 2011.

For more info http://www.steveshorr.com/medi_gap_medicare_advantage/aarp_medi_gap.htm

Cover Page - Rates for California - Area 4

Under 65 Monthly Plan Rates

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Group 4		Applies to individuals under the age of 65 who are eligible for Medicare by reason of disability					
Age ¹	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Non-Tobacco Rates							
50-64	\$130.92	\$175.30	\$204.99	\$205.92	\$83.42	N/A	N/A

The rates above are for plan effective dates from January - December 2011.

- 1 Your age as of your plan effective date.
- 2 **The Enrollment Discount** is available to applicants age 65 and over. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date.

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

CALIFORNIA Area 4 ZIP Codes, Effective August 1, 2010**The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"**

92328	93290	93628	93707	93792	94086	94942	95015	95101	95159	95315	95373
92384	93291	93630	93708	93793	94087	94945	95017	95103	95160	95316	95374
92389	93292	93631	93709	93794	94088	94946	95018	95106	95161	95317	95375
93201	93426	93633	93710	93844	94089	94947	95019	95108	95164	95318	95379
93202	93450	93634	93711	93888	94301	94948	95020	95109	95170	95319	95380
93204	93512	93635	93712	93901	94302	94949	95021	95110	95172	95321	95381
93207	93513	93636	93714	93902	94304	94950	95023	95111	95173	95322	95382
93208	93514	93637	93715	93905	94305	94951	95024	95112	95190	95323	95383
93210	93515	93638	93716	93906	94306	94952	95026	95113	95191	95324	95386
93212	93517	93639	93717	93907	94309	94953	95030	95115	95192	95325	95387
93218	93522	93640	93718	93908	94510	94954	95031	95116	95193	95326	95388
93219	93526	93641	93720	93912	94512	94955	95032	95117	95194	95327	95389
93221	93529	93642	93721	93915	94533	94956	95033	95118	95196	95328	95397
93223	93530	93643	93722	93920	94534	94957	95035	95119	95221	95329	95401
93227	93541	93644	93723	93921	94535	94960	95036	95120	95222	95333	95402
93230	93542	93645	93724	93922	94571	94963	95037	95121	95223	95334	95403
93232	93545	93646	93725	93923	94585	94964	95038	95122	95224	95335	95404
93234	93546	93647	93726	93924	94589	94965	95039	95123	95225	95338	95405
93235	93549	93648	93727	93925	94590	94966	95041	95124	95226	95340	95406
93237	93601	93649	93728	93926	94591	94970	95042	95125	95228	95341	95407
93239	93602	93650	93729	93927	94592	94971	95043	95126	95229	95343	95409
93242	93603	93651	93730	93928	94901	94972	95044	95127	95232	95344	95410
93244	93604	93652	93740	93930	94903	94973	95045	95128	95233	95345	95412
93245	93605	93653	93741	93932	94904	94974	95046	95129	95245	95346	95415
93246	93606	93654	93744	93933	94912	94975	95050	95130	95246	95347	95416
93247	93607	93656	93745	93940	94913	94976	95051	95131	95247	95348	95417
93256	93608	93657	93747	93942	94914	94977	95052	95132	95248	95350	95418
93257	93609	93660	93750	93943	94915	94978	95053	95133	95249	95351	95419
93258	93610	93661	93755	93944	94920	94979	95054	95134	95250	95352	95420
93260	93611	93662	93760	93950	94922	94998	95055	95135	95251	95353	95421
93261	93612	93664	93761	93953	94923	94999	95056	95136	95252	95354	95425
93262	93613	93665	93764	93954	94924	95001	95060	95138	95254	95355	95427
93265	93614	93666	93765	93955	94925	95002	95061	95139	95255	95356	95428
93266	93615	93667	93771	93960	94926	95003	95062	95140	95257	95357	95429
93267	93616	93668	93772	93962	94927	95004	95063	95141	95301	95358	95430
93270	93618	93669	93773	94022	94928	95005	95064	95148	95303	95360	95431
93271	93619	93670	93774	94023	94929	95006	95065	95150	95305	95361	95432
93272	93620	93673	93775	94024	94930	95007	95066	95151	95306	95363	95433
93274	93621	93675	93776	94035	94931	95008	95067	95152	95307	95364	95436
93275	93622	93701	93777	94039	94933	95009	95070	95153	95309	95365	95437
93277	93623	93702	93778	94040	94937	95010	95071	95154	95310	95367	95439
93278	93624	93703	93779	94041	94938	95011	95073	95155	95311	95368	95441
93279	93625	93704	93786	94042	94939	95012	95075	95156	95312	95369	95442
93282	93626	93705	93790	94043	94940	95013	95076	95157	95313	95370	95444
93286	93627	93706	93791	94085	94941	95014	95077	95158	95314	95372	95445

CALIFORNIA Area 4 ZIP Codes CONTINUED

95446	95536	95617	95687	95922	95972	96034	96092	96145
95448	95537	95618	95688	95923	95973	96035	96093	96146
95449	95538	95619	95689	95924	95974	96037	96094	96148
95450	95540	95620	95691	95925	95975	96038	96095	96150
95452	95542	95623	95692	95926	95976	96039	96096	96151
95454	95543	95625	95694	95927	95977	96040	96097	96152
95456	95545	95627	95695	95928	95978	96041	96099	96154
95459	95546	95629	95696	95929	95979	96044	96101	96155
95460	95547	95631	95697	95930	95980	96046	96103	96156
95462	95548	95633	95698	95932	95981	96047	96104	96157
95463	95549	95634	95699	95934	95982	96048	96105	96158
95465	95550	95635	95701	95935	95983	96049	96106	96160
95466	95551	95636	95703	95936	95984	96050	96107	96161
95468	95552	95637	95709	95937	95986	96051	96108	96162
95469	95553	95640	95712	95938	95987	96052	96109	
95470	95554	95642	95713	95939	95988	96054	96110	
95471	95555	95644	95714	95940	95991	96055	96111	
95472	95556	95645	95715	95941	95992	96056	96112	
95473	95558	95646	95717	95942	95993	96057	96113	
95476	95559	95648	95720	95943	96001	96058	96114	
95480	95560	95650	95721	95944	96002	96059	96115	
95481	95562	95651	95722	95945	96003	96061	96116	
95482	95563	95653	95724	95946	96006	96062	96117	
95486	95564	95654	95726	95947	96007	96063	96118	
95487	95565	95656	95728	95948	96008	96064	96119	
95488	95567	95658	95735	95949	96009	96065	96120	
95490	95568	95659	95736	95950	96010	96067	96121	
95492	95569	95661	95746	95951	96011	96068	96122	
95494	95570	95663	95747	95953	96013	96069	96123	
95497	95571	95664	95762	95954	96014	96070	96124	
95501	95573	95665	95765	95955	96015	96071	96125	
95502	95585	95666	95776	95956	96016	96073	96126	
95503	95587	95667	95798	95957	96017	96074	96127	
95511	95589	95668	95799	95958	96019	96075	96128	
95514	95595	95669	95901	95959	96020	96076	96129	
95518	95601	95672	95903	95960	96021	96078	96130	
95519	95602	95674	95910	95961	96022	96079	96132	
95521	95603	95675	95912	95962	96023	96080	96133	
95524	95604	95676	95913	95963	96024	96084	96134	
95525	95605	95677	95914	95965	96025	96085	96135	
95526	95606	95678	95915	95966	96027	96086	96136	
95527	95607	95679	95916	95967	96028	96087	96137	
95528	95612	95681	95917	95968	96029	96088	96140	
95531	95613	95682	95918	95969	96031	96089	96141	
95532	95614	95684	95919	95970	96032	96090	96142	
95534	95616	95685	95920	95971	96033	96091	96143	

Overview of Available Plans

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

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

Plans E, H, I, and J are no longer available for sale.

Basic Benefits:

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

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 co-payment for office visit, and up to \$50 copayment for ER
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	50% Skilled nursing facility co-insurance	75% Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible					
				Part B excess (100%)	Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
						Out-of-pocket limit \$4640; paid at 100% after limit reached	Out-of-pocket limit \$2320; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This option is not currently offered by UnitedHealthcare Insurance Company. This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.



Your Guide to AARP Medicare Supplement Insurance Portfolio of Plans

How to Use Your Guide

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

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

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

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

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are not yet age 65, you are only eligible to apply if you do not have End Stage Renal Disease and then you may only apply for A, B, C, F or K, unless you are in your Birthday Open Enrollment Period and replacing a Medicare supplement plan. You must apply within 6 months after enrolling in Medicare Part B or receiving notification of your retroactive eligibility for Medicare Part B, unless you are entitled to Guaranteed Issue as shown under the following "Guaranteed Issue" section.)

Guaranteed Issue

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- Your acceptance may also be guaranteed if, within the last 6 months, either a) you lost an employer sponsored health plan; b) you lost "Medi-Cal" due to an increase in your income or assets; c) you are a military retiree, or spouse of a retiree, and had your health care services canceled due to a base closure, because the base no longer offers services, or because you relocated; or d) you had your Medicare supplement coverage canceled because your residence changed to a location not serviced by your plan.
- If you lost other health insurance coverage and are an eligible AARP member, you may be considered an "Eligible Person" entitled to guaranteed issue and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health insurance plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan's termination and describe your right to guaranteed issue of Medicare supplement insurance.

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

You may also be entitled to guaranteed issue in certain AARP Medicare Supplement Plans during your annual 30-day birthday open enrollment period beginning on your birthday.

Glossary of Terms

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

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

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

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

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

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

This package describes the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards.

However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

Exclusions

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

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

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

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

Premiums are collected from you on behalf of the trustees of the Trust. These premiums are used to pay expenses incurred by the Trust in connection with the insurance programs and to pay the insurance company for your insurance coverage. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP and its members.



AARP Medicare Supplement Plans insured by: UnitedHealthcare Insurance Company

1-800-523-5800

For information about the family of health products and services

www.aarphealthcare.com

Plan A

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$0 \$283 a day \$566 a day 100% of Medicare eligible expenses \$0	\$1,132 (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$141.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

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

Plan A

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

* Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$162 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$162 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100% \$0 80%	\$0 \$0 20%	\$0 \$162 (Part B Deductible) \$0
■ First \$162 of Medicare Approved amounts* ■ Remainder of Medicare Approved amounts			

Plan B

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$141.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

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

Plan B

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

* Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$162 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$162 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100%	\$0	\$0
■ First \$162 of Medicare Approved amounts*	\$0	\$0	\$162 (Part B Deductible)
■ Remainder of Medicare Approved amounts	80%	20%	\$0

Plan C

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

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

Plan C

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

* Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$162 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$162 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES– Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment:	100% \$0 80%	\$0 \$162 (Part B Deductible) 20%	\$0 \$0 \$0
■ First \$162 of Medicare Approved amounts* ■ Remainder of Medicare Approved amounts			

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

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

Plan F

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

* Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$162 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$162 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$162 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$162 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4640 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$566 (50% of Part A Deductible) \$283 a day \$566 a day 100% of Medicare Eligible Expenses \$0	\$566 (50% of Part A Deductible)♦ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE** You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$70.75 a day \$0	\$0 \$70.75 a day♦ All costs
BLOOD – First 3 Pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	50% of copayment/coinsurance	50% of copayment/coinsurance♦

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

Plan K

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

**** Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 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%	\$162 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 10%◆
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4640)*
BLOOD First 3 Pints Next \$162 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$162 (Part B Deductible)****◆ Generally 10%◆
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4640 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment:	100% \$0 80%	\$0 \$0 10%	\$0 \$162 (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 \$2320 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days 	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$849 (75% of Part A Deductible) \$283 a day \$566 a day 100% of Medicare Eligible Expenses \$0	\$283 (25% of Part A Deductible)♦ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$106.13 a day \$0	\$0 \$35.37 a day♦ All costs
BLOOD – First 3 Pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	75% of copayment/ coinsurance	25% of copayment/ coinsurance♦

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

Plan L

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

**** Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 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%	\$162 (Part B Deductible)****♦ All costs above Medicare Approved amounts Generally 5%♦
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$2320)*
BLOOD First 3 Pints Next \$162 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%♦ \$162 (Part B Deductible)****♦ Generally 5%♦
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2320 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment:	100% 80%	\$0 15%	\$0 \$162 (Part B Deductible)♦ 5%♦
- First \$162 of Medicare Approved Amounts**** - Remainder of Medicare Approved Amounts	\$0 80%	\$0 15%	\$162 (Part B Deductible)♦ 5%♦

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

Plan N

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

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

Plan N

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

* Once you have been billed \$162 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 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.	\$162 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$162 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$162 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$162 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$162 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

Premium information

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

Disclosures

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

Read your certificate very carefully

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

Your right to return the certificate

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

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

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

Policy replacement

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

Notice

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

Complete answers are very important

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

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



SILVERSNEAKERS® FITNESS PROGRAM provided by Healthways

Live healthier with free access to fitness centers and classes.

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

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

centers as your fitness levels progress. Designated Senior AdvisorsSM will also help you all along the way.

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

Visit www.silversneakers.com to find a health center location near you.



AARP® VISION DISCOUNTS provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

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

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

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



NURSE HEALTHLINE provided by OptumHealthSM

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

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

Make informed decisions on how to get proper care. Nurses will review your symptoms and recommended

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

Start healthy lifestyle changes with personal coaching and guidance.

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

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

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

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

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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



PHARMACY SERVICES

Save on prescriptions, over-the-counter products and medical supplies.

Access the AARP Prescription Discount Program from Walgreens. Save on all FDA-approved prescription medications at thousands of participating pharmacies nationwide, or by mail with free home delivery. Already have drug coverage? Use the discount card to save on prescriptions not covered by your plan.

This discount program is not intended to be the same as Medicare Part D insurance nor would it take the place of your Medicare Part D coverage.

AARP Health Essentials Catalog from Walgreens.

AARP members get exclusive discounts on a huge selection of vitamins and nutrition, beauty and personal care, plus thousands of other products in many other categories. Visit www.aarp-pharmacycatalog.com to learn more.

Save on diabetes testing from AARP® Medical Supply Services. Enjoy no cost home delivery on a wide range of Medicare Part B-reimbursed diabetes testing supplies. Insurance claims are submitted for you, and you'll receive diabetes self-care information, reminder cards and calls when it's time to re-order.

Note: AARP Medical Supply Services is provided by Prescription Solutions.

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

The SilverSneakers program is made available as a value added service to AARP members insured by UnitedHealthcare. Neither AARP nor UnitedHealthcare endorse or are responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program. **AARP Medical Supply Services is provided by Prescription Solutions, a licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company (United).** United 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. **The AARP Prescription Discount Program, provided by Walgreens,** offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens 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. The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time. All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. **OptumHealth is the provider of Nurse HealthLine.** OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

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

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

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

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



Medicare Supplement Plans

insured by **UnitedHealthcare**
Insurance Company

Enrollment Checklist

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

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

✓ **Application Form**

- Be sure to review and complete each applicable section.
- Please only write comments where indicated on the application. Written comments in other areas of the form will slow down processing of the application.
- Be sure to sign and date the application in all the places indicated. The agent must also sign and date the application and include his or her agent identification number.

✓ **AARP Membership Form**

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

✓ **Automatic Payments Authorization Form**

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

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

If you are replacing current coverage as indicated on the form, complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records. The agent must also sign and date both copies of the form.

Application Form

AARP® Medicare Supplement Insurance Plans

Insured by UnitedHealthcare Insurance Company
Horsham, PA 19044

AARP Membership Number (If you are already a member)

_____ - _____

_____ MI _____ Last Name

Address Line 1

Address Line 2

City _____ ST _____ Zip _____

Note: Plans and rates described in this package are good only for residents of California

Instructions

1. Fill in all requested information on this form and be sure to sign where indicated.
2. Print clearly. Use CAPITAL letters.
3. Fill in the circles with black or blue ink. Not pencil.

Example: Y N

☞ If you are not already an AARP Member, please include your AARP Membership Application and a check or money order for your annual Membership dues with this application.

☒ If reply envelope is missing, please mail to: UnitedHealthcare Insurance Company, P.O. Box 105331, Atlanta, GA 30348-5331.

1 Tell us about yourself

Birthdate

_____|_____|_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y


Gender

M F

Phone

_____|_____|_____|_____|_____|_____|_____|_____|
Area Code and Phone Number

Please supply the following information, found on your Medicare card.

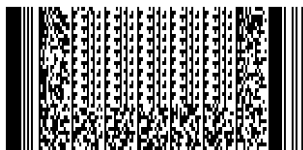
MEDICARE  HEALTH INSURANCE	
NAME	_____ First / Middle Initial / Last
MEDICARE CLAIM #	_____ _____ _____ _____ _____ _____ _____ _____
HOSPITAL (PART A) EFFECTIVE DATE:	_____ _____ _____ _____ _____ _____ _____ _____ M M D D Y Y Y Y
MEDICAL (PART B) EFFECTIVE DATE:	_____ _____ _____ _____ _____ _____ _____ _____ M M D D Y Y Y Y

E-mail address (optional)

ARE BOTH MEDICARE PARTS A & B COVERAGE ACTIVE? Y N

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

By providing your email address, you are agreeing to receive important account information and product offers. Be sure to write all necessary periods (.) and symbols (@) in their space.



2460720307

Continued on next page 

2 Choose your plan and effective date

Please indicate your plan choice below:

- A
 B
 C
 F
 K
 L
 N

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A&B,
- you are not duplicating Medicare supplement coverage.

If you are not yet age 65, you must apply within 6 months after enrolling in Medicare Part B or receiving notification of your retroactive eligibility

for Medicare Part B (Open Enrollment), unless you are entitled to guaranteed issue as shown in Section 3. You can only apply for Plan A, B, C, F or K.

Coverage Effective Date

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

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

Requested Effective Date

				0	1				
M	M	D	D	Y	Y	Y	Y		

3 Answer these questions to determine if your acceptance is guaranteed

3A. Are you enrolling during your 30-day birthday open enrollment period that begins on your birthday?

- Y
 N

If you answered **YES** and you are:

- replacing a Medicare Supplement Plan, skip to **Section 7**.
- **not** replacing a Medicare Supplement Plan, go to question **3B**.

If you answered **NO**, go to question **3B**.

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

- Y
 N

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

- Y
 N

3D. Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?

- Y
 N

3E. Have you lost an employer-sponsored health plan within the last 6 months?

- Y
 N

3F. Have you lost Medi-Cal within the last 6 months due to an increase in your income or assets?

- Y
 N

3G. Are you a military retiree, or spouse of a retiree, and within the last 6 months were your health care services cancelled due to a base closure, because the base no longer offers services, or because you relocated?

- Y
 N

3H. Was your Medicare supplement coverage cancelled within the last 6 months because your residence changed to a location not serviced by your plan?

- Y
 N

Continued on next page 

3 Answer these questions to determine if your acceptance is guaranteed – continued

3I. Have you lost other health insurance coverage and, if so, are you an eligible person as defined within the termination notice you received from your prior insurer? If the answer is “yes,” you may be guaranteed issue in certain AARP Medicare Supplement Plans.

Please include a copy of the termination notice with your application.

Y N

If you answered YES to any question from 3B through 3I in Section 3, your acceptance may be guaranteed.

If you are:

- Age 65 or older, skip to Section 7.
- Age 50 to 64, skip to Section 6.

If you answered NO to all questions in Section 3, and you are:

- Age 65 or older, continue to Section 4.
- Age 50 to 64, you are not eligible to apply for these plans.

4 Tell us about your tobacco usage — Do not answer this question if you are in your Open Enrollment or entitled to guaranteed issue.

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

5 Answer these health questions if you are age 65 or older to determine if you are eligible for this coverage

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

5A. During the past two years, were you diagnosed or treated for end-stage renal (kidney) disease?

Y N Not Sure

5B. During the past two years, did a medical professional tell you that you may require dialysis?

Y N Not Sure

5C. Are you currently receiving dialysis?

Y N Not Sure

5D. Were you admitted to a hospital as an inpatient within the past 90 days?

Y N Not Sure

5E. Within the past two years, has a medical professional told you that you may need to be hospitalized as an inpatient **and you have not yet had that hospitalization?**

Y N Not Sure

5F. Within the past two years, has a medical professional told you that you may need to have any of the following surgeries **and you have not yet had that surgery?**

- Organ transplant Y N Not Sure
- Back or spine surgery Y N Not Sure
- Joint replacement Y N Not Sure
- Surgery for cancer Y N Not Sure
- Heart surgery Y N Not Sure
- Vascular surgery Y N Not Sure



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

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

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

If you answered “NO” or “Not Sure” to all of the questions in this section, please skip to Section 7.

Continued on next page ►

6 Answer this health question if you are not yet age 65 to determine if you are eligible for this coverage

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

6A. During the past two years, were you diagnosed or treated for end-stage renal (kidney) disease?

- Y N Not Sure



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

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

If you answered **“NO”** or **“Not Sure”** to question **6A**, please continue to **Section 7**.

7 Tell us about your past and current coverage

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

- You do not need more than one Medicare Supplement insurance policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in, a Medicare supplement policy by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your

Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).
- For additional information concerning policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for a free referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

Continued on next page ►

7 Tell us about your past and current coverage – continued

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

7A. Are you covered for medical assistance through California’s Medi-Cal program?

Note to applicant: If you have a share of cost under the Medi-Cal program, please answer **NO** to this question.

Y N

If NO, skip to question **7D.** **If YES,** please continue to **7B** and **7C.**

7B. If yes, will Medi-Cal pay your premiums for this Medicare supplement policy?

Y N

7C. Do you receive benefits from Medi-Cal OTHER THAN payments toward your Medicare Part B premium?

Y N

7D. Have you had coverage from any Medicare plan other than Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?

Y N

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

If YES, fill in your start and end dates and continue to question **7E.** If you are still covered under this plan, leave the end date blank.

Start Date	End Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M M D D Y Y Y Y	M M D D Y Y Y Y

7E. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?

Y N

7F. Was this your first time in this type of Medicare plan?

Y N

7G. Did you drop a Medicare Supplement policy to enroll in the Medicare plan?

Y N

7H. Do you have another Medicare Supplement policy in force?

Y N

If NO, skip to question **7J.**
If YES, please continue.

7I. If YES, do you intend to replace your current Medicare Supplement policy with this policy?

Y N

7J. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

Y N

If NO, please sign below, then continue to **Section 8.**
If YES, please list with what company and what type of policy in the space provided below. Then continue to question **7K.**

Company Name

Policy Type


HMO/PPO Major Medical Employer Plan
 Union Plan Other _____

7K. What are your dates of coverage under the policy you listed in **7J?** Leave the end date blank if you are still covered under the other policy.

Start Date	End Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M M D D Y Y Y Y	M M D D Y Y Y Y

7L. Are you replacing this health insurance?

Y N

 **Your Signature – 1** (required)

X _____

Continued on next page ►

8 IMPORTANT INFORMATION

PLEASE READ CAREFULLY, AND SIGN AND DATE WHERE INDICATED

- My signature indicates I have read and understand the contents of this application form.
- I affirm that the answers on this application are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that the enrollment form becomes a part of the insurance contract and that if the answers are untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage or adjust my premium.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand the agent or broker cannot grant approval. This application and payment of the initial premium does not guarantee coverage will be provided. I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, and actual rates are not determined until coverage is issued.

- I understand the agent or broker may not change or waive any terms or requirements related to this application and its contents, underwriting, premium, or coverage.
- I acknowledge receipt of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage.
- I understand the person discussing plan options with me is either employed by or contracted with UnitedHealthcare Insurance Company. This person may be compensated based on my enrollment in a plan.

Please see "Your Guide" to determine if the following pre-existing condition waiting period applies to you. The pre-existing condition exclusion does not apply to you if you are in your Open Enrollment or entitled to guaranteed issue.

I understand the plan will not pay benefits for 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.

<p>I have read all information and have answered all questions to the best of my ability.</p> <p> Your Signature – 2 (required)</p> <p>_____</p>	<p>Today's Date (required)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y										
<p>Note: If you are signing as the legal representative for the applicant, please enclose a copy of the appropriate legal documentation.</p>																	

Continued on next page

8 IMPORTANT INFORMATION – continued

PLEASE READ CAREFULLY, AND SIGN AND DATE WHERE INDICATED

Authorization for the Release of Medical Information

Not required if you answered “yes” to any question in Section 3. I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic, or other medical facility, health care clearinghouse, pharmacy benefit manager or insurance company to give UnitedHealthcare Insurance Company and its affiliates (“The Company”) any medical 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. I understand this authorization is voluntary and I may

refuse to sign the authorization. My refusal may, however; affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed only as permitted under applicable federal or state law. I understand that I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is valid for 24 months from the date of my signature. I understand that I or my authorized representative may obtain a copy of this form.

Not required if you answered “yes” to any question in Section 3.

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

Today’s Date (required)

 Your Signature – 3 (required)

____ | ____ | ____ | ____ |
M M D D Y Y Y Y

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

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager or insurance company, 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 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 the term of the coverage.

 Your Signature – 4

Today’s Date

____ | ____ | ____ | ____ |
M M D D Y Y Y Y

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

Plan Rates

Please refer to the “Cover Page – Rates” for the monthly cost of the plan you have selected. Once your application is processed, you’ll be notified of your acceptance, rate and insurance start date.

Please submit your first month’s payment with this application. Make your check or money order payable to: UnitedHealthcare Insurance Company. If you are currently insured under an AARP Medicare Supplement Plan, Send No Money Now. You will receive updated payment instructions later.

Continued on next page 

9 For Agent Use Only

If application is being made through an Agent, he or she must complete the following; and if appropriate, the notice of replacement coverage included with this application. All information must be completed or the application will be returned.


1. List any other medical or health insurance policies sold to the applicant:

2. List any policies that are still in force:

3. List policies sold in the past five years that are no longer in force:

For Agents who assist the Applicant in answering the health questions on the Application: I attest that the information on this Application Form is complete and accurate to the best of my knowledge; and that I have explained to the Applicant in clear, easy to understand language the risk of providing inaccurate information, and the Applicant understood. I understand that an Agent who willfully attests falsely is subject to a civil penalty of up to \$10,000.

If you did not assist in answering the health questions on this Application, please darken this circle:

Agent Name (PLEASE PRINT)	Steve Shorr																			
	First Name		MI		Last Name															
Agent Phone Number	310	519	1335																	
	Agent Signature (required)			204	4254															
				Agent ID (required)				M	M	D	D	Y	Y	Y	Y					



AARP membership offers so much for so little.

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

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

BA9999 (9-11) AGT



Yes, I'd like to join AARP today!

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

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

Address _____ Apt. _____

City _____ State _____ Zip _____

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

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

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

E-mail Address _____ V7FYUHG

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

I agree to pay for the term I select.



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

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

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

AA1035 (9-11) AGT



As a member, you have access to:

Travel Discounts

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

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

Health-Related Benefits

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

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

Local Opportunities

AARP offers many ways to get active in your community.

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



Protection of Your Rights

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

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

Dependable Financial Programs

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

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



Valuable Information

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

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

Specially Priced Products & Services

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

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

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

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

Value our members appreciate.

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

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





Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

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

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

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

Sign Up in Two Easy Steps

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

Your Automatic Payments Effective Date

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

BA9957 (6-11)

Cut along the dotted line.

AUTOMATIC PAYMENT AUTHORIZATION FORM

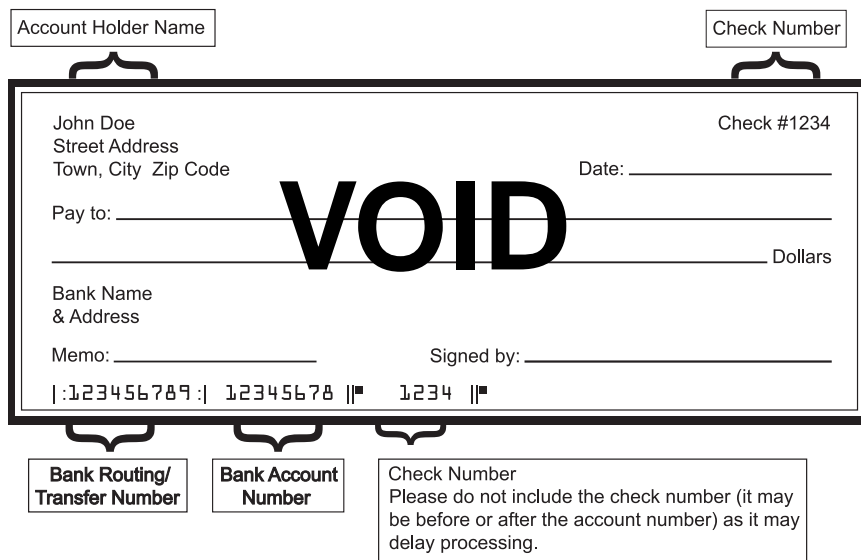
I (we) authorize UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) to initiate monthly withdrawals, in the amount of the then-current monthly rate, from the account named on this form, and authorize the named banking facility BANK to charge such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

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

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

IMPORTANT

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



We look forward to continuing to serve you.

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

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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



Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

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

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

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

Sign Up in Two Easy Steps

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

Your Automatic Payments Effective Date

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

BA9957 (6-11)

Cut along the dotted line.

AUTOMATIC PAYMENT AUTHORIZATION FORM

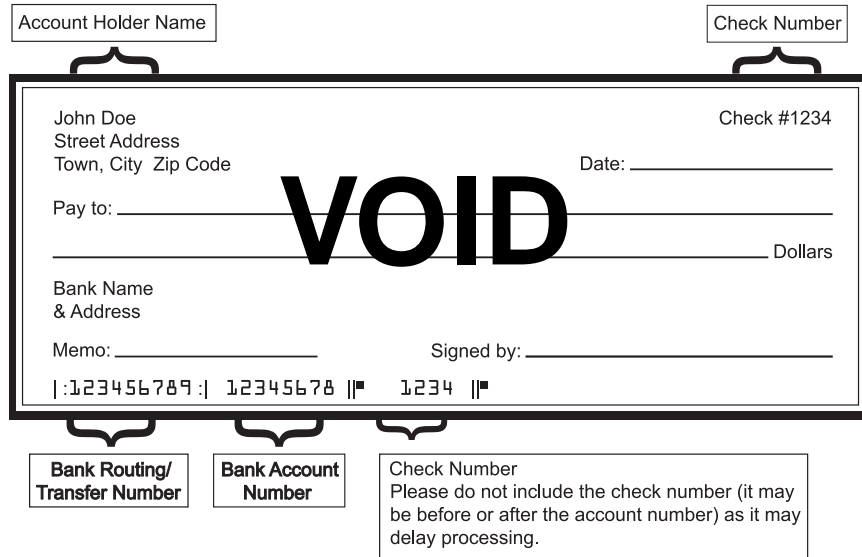
I (we) authorize UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents) to initiate monthly withdrawals, in the amount of the then-current monthly rate, from the account named on this form, and authorize the named banking facility BANK to charge such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

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

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

IMPORTANT

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



We look forward to continuing to serve you.

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

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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

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

Horsham, Pennsylvania

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

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

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

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

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

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

- _____ Additional benefits that are: _____
- _____ No change in benefits, but lower premiums.
- _____ Fewer benefits and lower premiums
- _____ Plan has outpatient prescription drug coverage and applicant is enrolled in Medicare Part D.

- _____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.
- _____ Other (Please Specify) _____
- _____
- _____

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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(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)



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

For your records:

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

What's Next

Once Your Application Is Approved, You Will Receive:

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

A continuing relationship with your agent/producer

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