

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* (see below). It includes:

- Rates – Cover Page(s)
- Overview of Available Plans
- Your Guide to AARP's Medicare Supplement Insurance Portfolio of Plans*
- Plan Benefit Tables
- Medicare Select Participating Hospitals and Zip Code Availability Listing
- Value-Added Member Services Description
- Enrollment Checklist
- Enrollment Application
- AARP Membership Application
- Automatic Payments Authorization Form** (see below)
- Replacement Notice*** (see below)

The *2010 Choosing a Medigap Policy* booklet is published by the federal government as an aid for people with Medicare. **Agents can get these documents 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 licensed insurance agent 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,



Jay Fleming,
Licensed Agent,
Customer Service

Important disclosure on back



The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer. Insured by **UnitedHealthcare Insurance Company**, Horsham, PA (**UnitedHealthcare Insurance Company of New York**, Islandia, NY for New York residents). **Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.** Policy Form No. GRP79171 GPS-I (G36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

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, brokers, representatives or advisors.

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

Cover Page - Monthly Rates for Florida - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Non-Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$395.00	\$473.50	\$551.00	\$494.75	\$555.00	\$499.50	\$256.25	\$378.50	\$399.75
65	\$167.25	\$200.50	\$233.25	\$209.50	\$235.00	\$211.50	\$108.50	\$160.25	\$169.25
66-69	\$181.00	\$217.00	\$252.50	\$227.00	\$254.50	\$229.00	\$117.50	\$173.50	\$183.25
70-74	\$201.75	\$242.00	\$281.50	\$253.00	\$283.75	\$255.00	\$130.75	\$193.25	\$204.25
75-79	\$219.50	\$263.25	\$306.50	\$275.25	\$308.75	\$277.75	\$142.50	\$210.50	\$222.25
80+	\$240.00	\$288.00	\$335.00	\$301.00	\$337.50	\$303.50	\$155.75	\$230.00	\$243.00

Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$434.50	\$520.85	\$606.10	\$544.22	\$610.50	\$549.45	\$281.87	\$416.35	\$439.72
65	\$183.97	\$220.55	\$256.57	\$230.45	\$258.50	\$232.65	\$119.35	\$176.27	\$186.17
66-69	\$199.10	\$238.70	\$277.75	\$249.70	\$279.95	\$251.90	\$129.25	\$190.85	\$201.57
70-74	\$221.92	\$266.20	\$309.65	\$278.30	\$312.12	\$280.50	\$143.82	\$212.57	\$224.67
75-79	\$241.45	\$289.57	\$337.15	\$302.77	\$339.62	\$305.52	\$156.75	\$231.55	\$244.47
80+	\$264.00	\$316.80	\$368.50	\$331.10	\$371.25	\$333.85	\$171.32	\$253.00	\$267.30

The rates above are for plan effective dates from June - December 2010.

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

2 You must use a network hospital with Select Plans C and F.

FLORIDA Area 1 Zip Codes, Effective January 1, 2010

The Zip Codes below apply to rates included on the page headed "Cover Page – Rates"

33002	33033	33084	33137	33165	33196	33304	33331	33410	33438	33476
33004	33034	33090	33138	33166	33197	33305	33332	33411	33439	33477
33008	33035	33092	33139	33167	33199	33306	33334	33412	33441	33478
33009	33039	33093	33140	33168	33222	33307	33335	33413	33442	33480
33010	33054	33097	33141	33169	33231	33308	33336	33414	33443	33481
33011	33055	33101	33142	33170	33233	33309	33337	33415	33444	33482
33012	33056	33102	33143	33172	33234	33310	33338	33416	33445	33483
33013	33060	33109	33144	33173	33238	33311	33339	33417	33446	33484
33014	33061	33111	33145	33174	33239	33312	33340	33418	33448	33486
33015	33062	33112	33146	33175	33242	33313	33345	33419	33449	33487
33016	33063	33114	33147	33176	33243	33314	33346	33420	33454	33488
33017	33064	33116	33149	33177	33245	33315	33348	33421	33458	33493
33018	33065	33119	33150	33178	33247	33316	33349	33422	33459	33496
33019	33066	33122	33151	33179	33255	33317	33351	33424	33460	33497
33020	33067	33124	33152	33180	33256	33318	33355	33425	33461	33498
33021	33068	33125	33153	33181	33257	33319	33359	33426	33462	33499
33022	33069	33126	33154	33182	33261	33320	33388	33427	33463	
33023	33071	33127	33155	33183	33265	33321	33394	33428	33464	
33024	33072	33128	33156	33184	33266	33322	33401	33429	33465	
33025	33073	33129	33157	33185	33269	33323	33402	33430	33466	
33026	33074	33130	33158	33186	33280	33324	33403	33431	33467	
33027	33075	33131	33159	33187	33283	33325	33404	33432	33468	
33028	33076	33132	33160	33188	33296	33326	33405	33433	33469	
33029	33077	33133	33161	33189	33299	33327	33406	33434	33470	
33030	33081	33134	33162	33190	33301	33328	33407	33435	33472	
33031	33082	33135	33163	33193	33302	33329	33408	33436	33473	
33032	33083	33136	33164	33194	33303	33330	33409	33437	33474	

Cover Page - Monthly Rates for Florida - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Non-Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$278.25	\$333.00	\$388.00	\$348.50	\$391.00	\$351.25	\$180.00	\$266.25	\$281.75
65	\$117.75	\$141.00	\$164.25	\$147.50	\$165.50	\$148.75	\$76.25	\$112.75	\$119.25
66-69	\$127.50	\$152.75	\$177.75	\$159.75	\$179.25	\$161.25	\$82.75	\$122.00	\$129.00
70-74	\$142.00	\$170.25	\$198.25	\$178.00	\$199.75	\$179.50	\$92.00	\$136.00	\$143.75
75-79	\$154.50	\$185.50	\$215.75	\$193.75	\$217.50	\$195.50	\$100.25	\$148.00	\$156.50
80+	\$169.00	\$202.75	\$235.75	\$212.00	\$237.75	\$213.75	\$109.75	\$162.00	\$171.25

Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$306.07	\$366.30	\$426.80	\$383.35	\$430.10	\$386.37	\$198.00	\$292.87	\$309.92
65	\$129.52	\$155.10	\$180.67	\$162.25	\$182.05	\$163.62	\$83.87	\$124.02	\$131.17
66-69	\$140.25	\$168.02	\$195.52	\$175.72	\$197.17	\$177.37	\$91.02	\$134.20	\$141.90
70-74	\$156.20	\$187.27	\$218.07	\$195.80	\$219.72	\$197.45	\$101.20	\$149.60	\$158.12
75-79	\$169.95	\$204.05	\$237.32	\$213.12	\$239.25	\$215.05	\$110.27	\$162.80	\$172.15
80+	\$185.90	\$223.02	\$259.32	\$233.20	\$261.52	\$235.12	\$120.72	\$178.20	\$188.37

The rates above are for plan effective dates from June - December 2010.

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

2 You must use a network hospital with Select Plans C and F.

FLORIDA Area 2 Zip Codes, Effective January 1, 2010

The Zip Codes below apply to rates included on the page headed "Cover Page -- Rates"

32003	32201	32232	32407	32501	32541	32656	32773	32814	32859	32919	32962	33509
32004	32202	32233	32408	32502	32542	32701	32775	32815	32860	32920	32963	33510
32006	32203	32234	32409	32503	32544	32703	32777	32816	32861	32922	32964	33511
32009	32204	32235	32410	32504	32547	32704	32779	32817	32862	32923	32965	33523
32011	32205	32236	32411	32505	32548	32707	32780	32818	32867	32924	32966	33524
32030	32206	32237	32412	32506	32549	32708	32781	32819	32868	32925	32967	33525
32033	32207	32238	32413	32507	32550	32709	32782	32820	32869	32926	32968	33526
32034	32208	32239	32417	32508	32559	32710	32783	32821	32872	32927	32969	33527
32035	32209	32240	32422	32509	32560	32712	32789	32822	32877	32931	32970	33530
32041	32210	32241	32425	32511	32561	32714	32790	32824	32878	32932	32971	33534
32043	32211	32244	32427	32512	32562	32715	32791	32825	32885	32934	32976	33537
32046	32212	32245	32428	32513	32563	32716	32792	32826	32886	32935	32978	33539
32050	32214	32246	32433	32514	32564	32718	32793	32827	32887	32936	33001	33540
32065	32215	32247	32434	32516	32565	32719	32794	32828	32891	32937	33036	33541
32067	32216	32250	32435	32520	32566	32730	32795	32829	32896	32940	33037	33542
32068	32217	32254	32437	32521	32567	32732	32796	32830	32897	32941	33040	33543
32073	32218	32255	32438	32522	32568	32733	32798	32831	32898	32948	33041	33544
32079	32219	32256	32439	32523	32569	32745	32799	32832	32899	32949	33042	33545
32080	32220	32257	32444	32524	32570	32746	32801	32833	32901	32950	33043	33547
32081	32221	32258	32452	32526	32571	32747	32802	32834	32902	32951	33045	33548
32082	32222	32259	32455	32530	32572	32750	32803	32835	32903	32952	33050	33549
32084	32223	32260	32456	32531	32577	32751	32804	32836	32904	32953	33051	33550
32085	32224	32266	32457	32533	32578	32752	32805	32837	32905	32954	33052	33556
32086	32225	32277	32459	32534	32579	32754	32806	32839	32906	32955	33070	33558
32092	32226	32401	32461	32535	32580	32762	32807	32853	32907	32956	33440	33559
32095	32227	32402	32462	32536	32583	32765	32808	32854	32908	32957	33455	33563
32097	32228	32403	32463	32537	32588	32766	32809	32855	32909	32958	33471	33564
32099	32229	32404	32464	32538	32590	32768	32810	32856	32910	32959	33475	33565
32145	32230	32405	32465	32539	32591	32771	32811	32857	32911	32960	33503	33566
32160	32231	32406	32466	32540	32592	32772	32812	32858	32912	32961	33508	33567

FLORIDA Area 2 Zip Codes CONTINUED

33568	33613	33675	33732	33777	33910	33954	34112	34216	34269	34613	34698	34956
33569	33614	33677	33733	33778	33911	33955	34113	34217	34270	34614	34734	34957
33570	33615	33679	33734	33779	33912	33956	34114	34218	34272	34636	34739	34958
33571	33616	33680	33736	33780	33913	33957	34116	34219	34274	34637	34740	34972
33572	33617	33681	33737	33781	33914	33960	34117	34220	34275	34638	34741	34973
33573	33618	33682	33738	33782	33915	33965	34119	34221	34276	34639	34742	34974
33574	33619	33684	33740	33784	33916	33966	34120	34222	34277	34652	34743	34979
33575	33620	33685	33741	33785	33917	33967	34133	34223	34278	34653	34744	34981
33576	33621	33686	33742	33786	33918	33970	34134	34224	34280	34654	34745	34982
33578	33622	33687	33743	33825	33919	33971	34135	34228	34281	34655	34746	34983
33579	33623	33688	33744	33826	33920	33972	34136	34229	34282	34656	34747	34984
33583	33624	33689	33747	33834	33921	33973	34137	34230	34284	34660	34758	34985
33584	33625	33690	33755	33848	33922	33974	34138	34231	34285	34661	34760	34986
33586	33626	33694	33756	33852	33924	33975	34139	34232	34286	34667	34761	34987
33587	33629	33701	33757	33857	33927	33976	34140	34233	34287	34668	34769	34988
33592	33630	33702	33758	33862	33928	33980	34141	34234	34288	34669	34770	34990
33593	33631	33703	33759	33865	33929	33981	34142	34235	34289	34673	34771	34991
33594	33633	33704	33760	33870	33930	33982	34143	34236	34290	34674	34772	34992
33595	33634	33705	33761	33871	33931	33983	34145	34237	34291	34677	34773	34994
33596	33635	33706	33762	33872	33932	33990	34146	34238	34292	34679	34777	34995
33598	33637	33707	33763	33873	33935	33991	34201	34239	34293	34680	34778	34996
33601	33646	33708	33764	33875	33936	33993	34202	34240	34295	34681	34786	34997
33602	33647	33709	33765	33876	33938	33994	34203	34241	34601	34682	34787	
33603	33650	33710	33766	33890	33944	34101	34204	34242	34602	34683	34945	
33604	33655	33711	33767	33901	33945	34102	34205	34243	34603	34684	34946	
33605	33660	33712	33769	33902	33946	34103	34206	34250	34604	34685	34947	
33606	33661	33713	33770	33903	33947	34104	34207	34251	34605	34688	34948	
33607	33662	33714	33771	33904	33948	34105	34208	34260	34606	34689	34949	
33608	33663	33715	33772	33905	33949	34106	34209	34264	34607	34690	34950	
33609	33664	33716	33773	33906	33950	34107	34210	34265	34608	34691	34951	
33610	33672	33729	33774	33907	33951	34108	34211	34266	34609	34692	34952	
33611	33673	33730	33775	33908	33952	34109	34212	34267	34610	34695	34953	
33612	33674	33731	33776	33909	33953	34110	34215	34268	34611	34697	34954	

Cover Page - Monthly Rates for Florida - Area 3

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Non-Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$262.25	\$314.25	\$365.50	\$329.00	\$368.50	\$331.25	\$170.00	\$251.00	\$265.75
65	\$111.00	\$133.00	\$154.75	\$139.25	\$156.00	\$140.25	\$72.00	\$106.25	\$112.50
66-69	\$120.25	\$144.25	\$167.75	\$150.75	\$169.00	\$152.00	\$78.00	\$115.25	\$121.75
70-74	\$134.00	\$160.50	\$186.75	\$168.00	\$188.25	\$169.25	\$86.75	\$128.25	\$135.50
75-79	\$145.75	\$174.75	\$203.50	\$182.75	\$205.00	\$184.50	\$94.50	\$139.75	\$147.75
80+	\$159.50	\$191.25	\$222.50	\$199.75	\$224.25	\$201.50	\$103.50	\$152.75	\$161.50

Tobacco Rates									
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan K	Plan L	Plan N
50-64	\$288.47	\$345.67	\$402.05	\$361.90	\$405.35	\$364.37	\$187.00	\$276.10	\$292.32
65	\$122.10	\$146.30	\$170.22	\$153.17	\$171.60	\$154.27	\$79.20	\$116.87	\$123.75
66-69	\$132.27	\$158.67	\$184.52	\$165.82	\$185.90	\$167.20	\$85.80	\$126.77	\$133.92
70-74	\$147.40	\$176.55	\$205.42	\$184.80	\$207.07	\$186.17	\$95.42	\$141.07	\$149.05
75-79	\$160.32	\$192.22	\$223.85	\$201.02	\$225.50	\$202.95	\$103.95	\$153.72	\$162.52
80+	\$175.45	\$210.37	\$244.75	\$219.72	\$246.67	\$221.65	\$113.85	\$168.02	\$177.65

The rates above are for plan effective dates from June - December 2010.

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

2 You must use a network hospital with Select Plans C and F.

FLORIDA Area 3 Zip Codes, Effective January 1, 2010

The Zip Codes below apply to rates included on the page headed "Cover Page – Rates"

32007	32102	32138	32189	32327	32362	32611	32663	32739	33813	33867	34450	34711
32008	32105	32139	32190	32328	32395	32612	32664	32744	33815	33868	34451	34712
32013	32110	32140	32192	32329	32399	32613	32666	32753	33820	33877	34452	34713
32024	32111	32141	32193	32330	32420	32614	32667	32756	33823	33880	34453	34714
32025	32112	32142	32195	32331	32421	32615	32668	32757	33827	33881	34460	34715
32026	32113	32147	32198	32332	32423	32616	32669	32759	33830	33882	34461	34729
32038	32114	32148	32301	32333	32424	32617	32680	32763	33831	33883	34464	34731
32040	32115	32149	32302	32334	32426	32618	32681	32764	33835	33884	34465	34736
32042	32116	32157	32303	32335	32430	32619	32683	32767	33836	33885	34470	34737
32044	32117	32158	32304	32336	32431	32621	32686	32774	33837	33888	34471	34748
32052	32118	32159	32305	32337	32432	32622	32692	32776	33838	33896	34472	34749
32053	32119	32162	32306	32340	32440	32625	32693	32778	33839	33897	34473	34753
32054	32120	32163	32307	32341	32442	32626	32694	32784	33840	33898	34474	34755
32055	32121	32164	32308	32343	32443	32627	32696	33513	33841	34420	34475	34756
32056	32122	32168	32309	32344	32445	32628	32697	33514	33843	34421	34476	34759
32058	32123	32169	32310	32345	32446	32631	32702	33521	33844	34423	34477	34762
32059	32124	32170	32311	32346	32447	32633	32706	33538	33845	34428	34478	34785
32060	32125	32173	32312	32347	32448	32634	32713	33585	33846	34429	34479	34788
32061	32126	32174	32313	32348	32449	32635	32720	33597	33847	34430	34480	34789
32062	32127	32175	32314	32350	32460	32639	32721	33801	33849	34431	34481	34797
32063	32128	32176	32315	32351	32601	32640	32722	33802	33850	34432	34482	
32064	32129	32177	32316	32352	32602	32641	32723	33803	33851	34433	34483	
32066	32130	32178	32317	32353	32603	32643	32724	33804	33853	34434	34484	
32071	32131	32179	32318	32355	32604	32644	32725	33805	33854	34436	34487	
32072	32132	32180	32320	32356	32605	32648	32726	33806	33855	34442	34488	
32083	32133	32181	32321	32357	32606	32653	32727	33807	33856	34445	34489	
32087	32134	32182	32322	32358	32607	32654	32728	33809	33858	34446	34491	
32091	32135	32183	32323	32359	32608	32655	32735	33810	33859	34447	34492	
32094	32136	32185	32324	32360	32609	32658	32736	33811	33860	34448	34498	
32096	32137	32187	32326	32361	32610	32662	32738	33812	33863	34449	34705	

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UnitedHealthcare Insurance Company

OUTLINE OF COVERAGE

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

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

Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance
- ♦ Medicare Select Plans C and F contain the same benefits as standardized Medicare Supplement Plans C and F, except for restrictions on your use of hospitals.

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 \$4620; paid at 100% after limit reached	Out-of-pocket limit \$2310; paid at 100% after limit reached		

***Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has 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.**

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

Your Guide

To AARP Medicare Select and Medicare Supplement Insurance Plans

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

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

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

- Look at the Cover Page, which shows the benefits of each Medicare Select and Medicare supplement plan and 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.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or over, covered by both Part A and Part B of original Medicare, and not duplicating any Medicare supplement coverage. (If you are not yet age 65 you must enroll within 6 months of enrolling in Medicare Part B, unless you are an “Eligible Person” entitled to Guaranteed Acceptance as shown under the following “Guaranteed Acceptance” Section.)

Guaranteed Acceptance

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health insurance plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

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



Questions? Call Toll Free:

1-800-523-5800

Weekdays, 7 a.m. to 11 p.m., Saturday 9 a.m. to 5 p.m., Eastern Time.

Hablamos Español — Llame

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.

TTY — for members with speech or hearing impairments —

711

Weekdays, 9 a.m. to 5 p.m., Eastern Time.

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 Select and 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 Select and 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 Select or AARP Medicare Supplement Plan claims may 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.

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 may agree to accept Medicare's eligible expenses as their fee amount. Your physician or surgeon may charge you more.
- **Hospital or Skilled Nursing Facility** – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.
- **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.
- **Select Hospital** is a hospital that has entered into a written agreement to provide services under a UnitedHealthcare Insurance Company Medicare Select Plan.
- **Medical Emergency** is the sudden and unexpected onset of symptoms, illness, injury, or condition; that if care or services are withheld, would be deemed, under appropriate medical standards, to carry substantial risk of serious medical complication or permanent damage to you.

- **Service Area** is the geographic area within which an issuer is authorized to offer Medicare Select coverage.
- **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 focuses on comfort (controlling symptoms and pain) rather than seeking a cure.

Additional Information

Exclusions

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

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

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

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

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the Cover Page, Outlines of Coverage and Rate Information which allows you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

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

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

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

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

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

Right to Replace Your Medicare Select Plan

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

Quality Assurance

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

FOR YOUR PROTECTION, PLEASE BE AWARE OF THE FOLLOWING:

You Cannot Be Singled Out for Cancellation

Your coverage 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 your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or 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 Select and AARP Medicare Supplement Plans
Insured by UnitedHealthcare Insurance Company

1-800-523-5800

For more information about
the family of health products and services

Visit 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 \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$0 \$275 a day \$550 a day 100% of Medicare eligible expenses \$0	\$1,100 (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 \$137.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$137.50 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 \$155 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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$155 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$155 (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 \$155 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$155 (Part B Deductible) \$0
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Plan B

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days ▪ Beyond the additional 365 days	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 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 \$137.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$137.50 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 \$155 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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$155 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$155 (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 \$155 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$155 (Part B Deductible) \$0
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Plan C

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 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 \$137.50 a day \$0	\$0 Up to \$137.50 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 \$155 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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$155 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$155 (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 \$155 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$155 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 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 \$137.50 a day \$0	\$0 Up to \$137.50 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 \$155 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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$155 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$155 (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 \$155 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts 	100% \$0 80%	\$0 \$155 (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 \$4620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of the Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

Services	Medicare Pays	Plan Pays	You Pay*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days 	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$550 (50% of Part A Deductible) \$275 a day \$550 a day 100% of Medicare Eligible Expenses \$0	\$550 (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 \$137.50 a day \$0	\$0 Up to \$68.75 a day \$0	\$0 \$68.75 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 \$155 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 \$155 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%	\$155 (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 \$4620)*
BLOOD First 3 Pints Next \$155 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$155 (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 \$4620 per year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$155 of Medicare Approved Amounts**** ▪ Remainder of Medicare Approved Amounts 	100% \$0 80%	\$0 \$0 10%	\$0 \$155 (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 \$2310 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 \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$825 (75% of Part A Deductible) \$275 a day \$550 a day 100% of Medicare Eligible Expenses \$0	\$275 (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 \$137.50 a day \$0	\$0 Up to \$103.13 a day \$0	\$0 \$34.37 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 \$155 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 \$155 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%	\$155 (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 \$2310)*
BLOOD First 3 Pints Next \$155 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%♦ \$155 (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 \$2310 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 \$155 (Part B Deductible)♦ 5%♦
■ First \$155 of Medicare Approved Amounts***** ■ Remainder of Medicare Approved Amounts	\$0	\$0	

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

Plan N

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

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days 	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 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 \$137.50 a day \$0	\$0 Up to \$137.50 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 \$155 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 \$155 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.	\$155 (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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$155 (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 \$155 of Medicare Approved amounts*	\$0	\$0	\$155 (Part B Deductible)
▪ Remainder of Medicare Approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan C Pays	You Pay
<p>HOSPITALIZATION* in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> – 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 	<p>All but \$1,100</p> <p>All but \$275 a day</p> <p>All but \$550 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,100 (Part A Deductible)</p> <p>\$275 a day</p> <p>\$550 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0***</p> <p>All costs</p>
<p>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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$137.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$137.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

Medicare Select - Plan C

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

* Once you have been billed \$155 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.

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan C 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 \$155 of Medicare Approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$155 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$155 (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	\$0
■ First \$155 of Medicare Approved amounts*	\$0	\$155 (Part B Deductible)	\$0
■ Remainder of Medicare Approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan F Pays	You Pay
HOSPITALIZATION* in a Participating Hospital** 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 \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 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 \$137.50 a day \$0	\$0 Up to \$137.50 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.

Medicare Select - Plan F

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

- * Once you have been billed \$155 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.
- ** Provider restrictions apply.

Services	Medicare Pays	Medicare Select Plan F 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 \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 Generally 80%	\$155 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$155 (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	\$0
▪ First \$155 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts	\$0 80%	\$155 (Part B Deductible) 20%	\$0 \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

Premium information

UnitedHealthcare can only raise your premium if we raise the premium for all plans like yours in this State.

Disclosures

Use this outline to compare benefits and premiums among plans.

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

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.

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 *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.

Grievance Procedure

Complaint and Grievance Procedure -

UnitedHealthcare has established a formal procedure to respond to customer complaints and grievances.

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

Complaints - If you have a complaint, you may call us at 1-800-523-5880 or write to us at UnitedHealthcare, P.O. Box 1012, Montgomeryville, PA 18936-1012. We will acknowledge all complaints within 15 days and will respond to all complaints within a reasonable period of time.

Grievances - If you are dissatisfied with our handling of a complaint or a claim denial, or are dissatisfied for any other reason, you may submit a formal grievance.

Grievances must be in writing and contain the words "this is a grievance" to ensure that we understand the purpose of the communication. You must clearly state the nature of the grievance and send it to:

UnitedHealthcare, P.O. Box 1012, Montgomeryville, PA 18936-1012. We will acknowledge in writing all grievances within 15 days and respond to all grievances within a reasonable period of time. All grievances must be filed within 60 days or as soon as reasonably possible from the date of denial of benefits or other action giving rise to the grievance.

- For Medicare Select Plans Only* -

Florida Participating Hospitals

Effective March 2010

* This directory does not apply to AARP's Standard Medicare Supplement Plans.

Florida

Bay County

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

Brevard County

Wuesthoff Medical Center –
Melbourne
250 North Wickham Road
Melbourne, FL 32935
(321) 752-1200

Wuesthoff Medical Center -
Rockledge
110 Longwood Avenue
Rockledge, FL 32955
(321) 636-2211

Broward County

Broward General Medical Center
1600 South Andrews Avenue
Fort Lauderdale, FL 33316
(954) 355-4400

Cleveland Clinic Hospital
3100 Weston Road
Weston, FL 33331
(954) 689-5000

Coral Springs Medical Center
3000 Coral Hills Drive
Coral Springs, FL 33065
(954) 344-3000

Imperial Point Medical Center
6401 North Federal Highway
Fort Lauderdale, FL 33308
(954) 776-8500

North Broward Medical Center
201 Sample Road
Pompano Beach, FL 33064
(954) 941-8300

Broward County (continued)

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

Charlotte County

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

Collier County

Naples Community Hospital
350 Seventh Street North
Naples, FL 34102
(239) 436-5000

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

Escambia County

Baptist Hospital
1000 West Moreno Street
Pensacola, FL 32501
(850) 469-2313

Gulf Breeze Hospital
1110 Gulf Breeze Parkway
Gulf Breeze, FL 32561
(850) 934-2000

Hernando County

Brooksville Regional Hospital
17240 Cortez Boulevard
Brooksville, FL 34601
(352) 796-5111

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

Hernando County (continued)

Spring Hill Regional Hospital
10461 Quality Drive
Spring Hill, FL 34609
(352) 688-8200

Hillsborough County

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

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

South Bay Hospital
4016 State Road 674
Sun City Center, FL 33573
(813) 634-3301

Town and Country Hospital
6001 Webb Road
Tampa, FL 33615
(813) 888-7060

Holmes County

Doctors Memorial Hospital –
Holmes County
401 East Byrd Avenue
Bonifay, FL 32425
(850) 547-1120

Lee County

Lehigh Regional Medical Center
1500 Lee Boulevard
Lehigh Acres, FL 33936
(239) 369-2101

Leon County

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

Levy County

Nature Coast Regional Hospital
125 SW Seventh Street
Williston, FL 32696
(352) 528-2801

Manatee County

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

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

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

Marion County

Munroe Regional Medical Center
1500 SW 1st Avenue
Ocala, FL 34471
(352) 351-7200

Miami-Dade County

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

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

Mercy Hospital
3663 South Miami Avenue
Miami, FL 33133
(305) 854-4400

Metropolitan Hospital of Miami
5959 NW Seventh Street
Miami, FL 33126
(305) 264-1000

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

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

Orange County

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

Palm Beach County

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

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

Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, FL 33458
(561) 747-2234

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

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

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

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

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

Pasco County

Community Hospital
5637 Marine Parkway
New Port Richey, FL 34652
(727) 848-1733

Regional Medical Center – Bayonet
Point
14000 Fivay Road
Hudson, FL 34667
(727) 863-2411

Pinellas County

Edward White Hospital
2323 Ninth Avenue North
Saint Petersburg, FL 33713
(727) 323-1111

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

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

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

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

Polk County

Bartow Regional Medical Center
2200 Osprey Boulevard
Bartow, FL 33830
(863) 533-8111

Heart of Florida Regional Medical
Center
40100 US Highway 27
Davenport, FL 33837
(877) 834-0010

Santa Rosa County

Jay Hospital
14114 South Alabama Street
Jay, FL 32565
(850) 675-8000

Santa Rosa Medical Center
6002 Berry Hill Road
Milton, FL 32570
(850) 626-7762

Sarasota County

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

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

Taylor County

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

Alabama

Covington County

Andalusia Regional Hospital
849 South Three Notch Street
Andalusia, AL 36420
334-222-8466

Houston County

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

Georgia

Brooks County

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

Grady County

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

Decatur County

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

Thomas County

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

Prior to scheduling any inpatient or outpatient hospital service it is recommended you contact Customer Service at 1-800-523-5800 (any weekday between 7 a.m. and 11 p.m., and on Saturdays between 9 a.m. and 5 p.m., Eastern Time) for a current listing of participating hospitals in your area. You may also call this number to obtain a directory of participating hospitals for other areas when you will be traveling.

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

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

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

- For AARP Medicare Select Plans Only -

Florida

Effective March 1, 2010

Medicare Select C and Select F are available to individuals in the following zip code areas:

32007	32110	32168	32313	32348	32420	32456	32526	32570	32618	32669	32723
32008	32111	32169	32314	32350	32421	32457	32530	32571	32619	32680	32724
32013	32112	32170	32315	32351	32422	32459	32531	32572	32621	32681	32725
32024	32113	32177	32316	32352	32423	32460	32533	32577	32622	32683	32726
32025	32119	32178	32317	32353	32424	32461	32534	32578	32625	32686	32727
32026	32122	32179	32318	32355	32425	32462	32535	32579	32626	32692	32728
32038	32123	32180	32320	32356	32426	32463	32536	32580	32627	32693	32730
32042	32124	32181	32321	32357	32427	32464	32537	32583	32628	32694	32732
32044	32127	32182	32322	32358	32428	32465	32538	32588	32631	32696	32733
32052	32128	32183	32323	32359	32430	32466	32539	32590	32633	32697	32735
32053	32129	32185	32324	32360	32431	32501	32540	32591	32634	32701	32736
32054	32130	32187	32326	32361	32432	32502	32541	32592	32635	32702	32738
32055	32131	32189	32327	32362	32433	32503	32542	32601	32639	32703	32739
32056	32132	32190	32329	32395	32434	32504	32544	32602	32640	32704	32744
32058	32133	32192	32330	32399	32435	32505	32547	32603	32641	32706	32745
32059	32134	32193	32331	32401	32437	32506	32548	32604	32643	32707	32746
32060	32138	32195	32332	32402	32438	32507	32549	32605	32644	32708	32747
32061	32139	32301	32333	32403	32439	32508	32550	32606	32648	32709	32750
32062	32140	32302	32334	32404	32440	32509	32559	32607	32653	32710	32751
32064	32141	32303	32335	32405	32442	32511	32560	32608	32654	32712	32752
32066	32147	32304	32336	32406	32443	32512	32561	32609	32655	32713	32753
32071	32148	32305	32337	32407	32444	32513	32562	32610	32656	32714	32754
32072	32149	32306	32340	32408	32445	32514	32563	32611	32658	32715	32756
32083	32157	32307	32341	32409	32446	32516	32564	32612	32662	32716	32757
32091	32158	32308	32343	32410	32447	32520	32565	32613	32663	32718	32759
32094	32159	32309	32344	32411	32448	32521	32566	32614	32664	32719	32762
32096	32160	32310	32345	32412	32449	32522	32567	32615	32666	32720	32763
32102	32162	32311	32346	32413	32452	32523	32568	32616	32667	32721	32764
32105	32163	32312	32347	32417	32455	32524	32569	32617	32668	32722	32765

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32766	32803	32834	32902	32950	33011	33056	33109	33146	33177	33255	33319
32767	32804	32835	32903	32951	33012	33060	33111	33147	33178	33256	33320
32768	32805	32836	32904	32952	33013	33061	33112	33149	33179	33257	33321
32771	32806	32837	32905	32953	33014	33062	33114	33150	33180	33261	33322
32772	32807	32839	32906	32954	33015	33063	33116	33151	33181	33265	33323
32773	32808	32853	32907	32955	33016	33064	33119	33152	33182	33266	33324
32774	32809	32854	32908	32956	33017	33065	33122	33153	33183	33269	33325
32775	32810	32855	32909	32957	33018	33066	33124	33154	33184	33280	33326
32776	32811	32856	32910	32958	33019	33067	33125	33155	33185	33283	33327
32777	32812	32857	32911	32959	33020	33068	33126	33156	33186	33296	33328
32778	32814	32858	32912	32960	33021	33069	33127	33157	33187	33299	33329
32779	32815	32859	32919	32961	33022	33070	33128	33158	33188	33301	33330
32780	32816	32860	32920	32962	33023	33071	33129	33159	33189	33302	33331
32781	32817	32861	32922	32963	33024	33072	33130	33160	33190	33303	33332
32782	32818	32862	32923	32964	33025	33073	33131	33161	33193	33304	33334
32783	32819	32867	32924	32965	33026	33074	33132	33162	33194	33305	33335
32784	32820	32868	32925	32966	33027	33075	33133	33163	33196	33306	33336
32789	32821	32869	32926	32967	33028	33076	33134	33164	33197	33307	33337
32790	32822	32872	32927	32968	33029	33077	33135	33165	33199	33308	33338
32791	32824	32877	32931	32969	33030	33081	33136	33166	33222	33309	33339
32792	32825	32878	32932	32970	33031	33082	33137	33167	33231	33310	33340
32793	32826	32885	32934	32971	33032	33083	33138	33168	33233	33311	33345
32794	32827	32886	32935	32976	33033	33084	33139	33169	33234	33312	33346
32795	32828	32887	32936	32978	33034	33090	33140	33170	33238	33313	33348
32796	32829	32891	32937	33002	33035	33092	33141	33172	33239	33314	33349
32798	32830	32896	32940	33004	33037	33093	33142	33173	33242	33315	33351
32799	32831	32897	32941	33008	33039	33097	33143	33174	33243	33316	33355
32801	32832	32899	32948	33009	33054	33101	33144	33175	33245	33317	33359
32802	32833	32901	32949	33010	33055	33102	33145	33176	33247	33318	33388

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33394	33430	33466	33510	33564	33603	33635	33702	33747	33785	33841	33876
33401	33431	33467	33511	33565	33604	33637	33703	33755	33786	33843	33877
33402	33432	33468	33513	33566	33605	33646	33704	33756	33801	33844	33880
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33407	33437	33473	33525	33571	33610	33661	33709	33761	33806	33849	33885
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33414	33444	33481	33539	33579	33617	33675	33716	33769	33815	33856	33902
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33417	33448	33484	33542	33585	33620	33680	33731	33772	33825	33859	33905
33418	33449	33486	33543	33586	33621	33681	33732	33773	33826	33860	33906
33419	33454	33487	33544	33587	33622	33682	33733	33774	33827	33862	33907
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33421	33458	33493	33547	33593	33624	33685	33736	33776	33831	33865	33909
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33424	33460	33497	33549	33595	33626	33687	33738	33778	33835	33868	33911
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33428	33464	33508	33559	33601	33633	33694	33743	33782	33839	33873	33915
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33928	33973	34133	34219	34268	34431	34480	34653	34712	34770	34982
33929	33974	34134	34220	34269	34432	34481	34654	34713	34771	34983
33930	33975	34135	34221	34270	34433	34482	34655	34714	34772	34984
33931	33976	34136	34222	34272	34434	34483	34656	34715	34773	34985
33932	33980	34137	34223	34274	34436	34484	34660	34729	34777	34986
33935	33981	34138	34224	34275	34442	34487	34661	34731	34778	34987
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33938	33983	34140	34229	34277	34446	34489	34668	34736	34786	34990
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33945	33991	34142	34231	34280	34448	34492	34673	34739	34788	34992
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33949	34102	34201	34235	34285	34452	34603	34680	34743	34946	34997
33950	34103	34202	34236	34286	34453	34604	34681	34744	34947	
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33952	34105	34204	34238	34288	34461	34606	34683	34746	34949	
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33955	34108	34207	34241	34291	34470	34609	34688	34749	34952	
33956	34109	34208	34242	34292	34471	34610	34689	34753	34953	

Your Exclusive Member Services.

Get answers. Save money. Live healthy.



AARP® VISION DISCOUNTS provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

Save 30% off eyewear, including bifocals, lenses, and frames.* Contact lens wearers save 10% on disposables and 20% on non-disposables.

Pay only \$40 for routine eye exams for eyeglasses, including an Eye Health Exam

Report that details your results, and receive \$10 off contact lens exams. Plus, receive a 90-day guarantee on every eyewear purchase.

Simply show your AARP® Medicare Supplement card when you visit any participating LensCrafters®, Pearle Vision®, Sears Optical®, JCPenney Optical®, and Target Optical® location, or one of thousands of independent Doctors of Optometry.**



NURSE HEALTHLINE provided by OptumHealth

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

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

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

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

Start healthy lifestyle changes with personal coaching and guidance.

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

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



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



PHARMACY SERVICES provided by UnitedHealthcare Insurance Company and Walgreens

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

Access prescription discounts. Save on thousands of 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.*

Health Essentials catalog. Get a free catalog filled with a huge selection of vitamins, over-the-counter medications, personal care products, and more.

Save on medical supplies. Enjoy free home delivery on a wide range of Medicare Part B-reimbursed diabetes testing and respiratory supplies. Plus, Part B and supplemental insurance claims are submitted for you, and you'll even get reminder calls when it's time to re-order.

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

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

*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.

**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 fee to AARP for use of the AARP trademark. Amounts paid are used for the general purposes of AARP and its members. The AARP Prescription Discount Program is provided by Walgreens. Walgreens pays a fee to AARP for use of the AARP trademark. Amounts paid are used for the general purposes of AARP and its members. The AARP Prescription Discount Program is not a licensed pharmacy nor is it prescription drug insurance and may be discontinued at any time. These discounts are only available at participating network pharmacies, including Walgreens Mail Service. 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 license fees to AARP for use of the AARP trademark. Amounts paid are used for the general purposes of AARP and its members. In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisees and do not participate. 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. In Puerto Rico, the only available providers are Pearle Vision locations. 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. 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 Medicare Supplement Plans are insured by UnitedHealthcare Insurance Company. **Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. Group Policy Form No. GRP79171 GPS-1 (G-36000-4).** In some states, plans may be available to persons eligible for Medicare by reason of disability. See the enclosed brochure for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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.



Medicare Supplement Plans

insured by **UnitedHealthcare**
Insurance Company

Enrollment Checklist

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

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

✓ **Application Form**

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

✓ **AARP Membership Form**

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

✓ **Automatic Payments Authorization Form**

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

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

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

2 Tell us about your tobacco usage

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

3 Choose your plan and effective date

Please indicate your plan choice below:

A B C F K L N

Select Plan C

Select Plan F

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

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

Coverage Effective Date

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

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

Requested Effective Date

M M D D Y Y Y Y

4 Answer these questions to determine if your acceptance is guaranteed

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

Y N

If YES, skip to Section 6.

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

Y N

If YES, skip to Section 6.

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

Y N

If YES, skip to Section 6.

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

4D. Have you lost or are you losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy?

Y N

If YES, skip to Section 6.

- If you answered **YES to 4D**, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Call 1-800-523-5800 if you have questions and **please include a copy of the termination notice from your prior insurer with your application.**
- If you answered **NO** to all questions in Section 4, go to **Section 5**. ⇨

Continued on next page ►

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

5A. Do any of these apply to you?

- within the past two years, a licensed member of the medical profession provided medical advice or treatment for:
 - end stage renal (kidney) disease
 - kidney disease that may require dialysis
- currently receiving dialysis
- admitted to a hospital as an inpatient within the past 90 days

Y N

5B. Within the past two years, has a licensed member of the medical profession recommended any of the following treatments for a medical condition, and that treatment has **NOT** been completed?

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

Y N



If you answered YES to either question in this section and do not meet any of the Guaranteed Acceptance requirements in the previous section, you are NOT eligible for these plans at this time.

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

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

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

Continued on next page ►

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

For your protection, you are required to answer all the questions below (6A through 6M) and sign in the signature box on the next page.

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

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

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

Y N

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

Y N

If yes, what is the effective date?

□ □ □ □ □ □ □ □ □ □ □ □
M M D D Y Y Y Y

6C. Are you covered for medical assistance through the state Medicaid program?

Y N

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

If yes,

6D. Will Medicaid pay your premiums for this Medicare supplement policy?

Y N

6E. Do you receive any benefits from Medicaid **OTHER THAN** payments toward your Medicare Part B premium?

Y N

Continued on next page ►

7 Authorization and Verification of Information

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

- My signature indicates I have read and understand the contents of this application form.
- I declare that the answers on this application are complete and true and are the basis for issuing coverage. I understand that the application becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- I understand 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.
- If you are enrolling in a Medicare Select Plan: I acknowledge that I have received an Outline of Coverage, Grievance Procedure, Provider Directory and a Medicare Select Disclosure Statement covering Provider Restrictions, Right to Replace Your Medicare Supplement Plan and Quality Assurance Program. I affirm that I understand the benefits, restrictions, limitations and other provisions of the Medicare Select Plan for which I am applying.
- I acknowledge receipt of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage.
- I understand the Florida-licensed Insurance agent discussing plan options with me is either employed by or contracted with UnitedHealthcare Insurance Company. This person may be compensated based on my enrollment in a plan.

Authorization for the Release of Medical Information

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

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

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

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

 **Your Signature – 2 (required)**

Today's Date (required)

X _____

□ □ □ □ □ □ □ □ □ □
M M D D Y Y Y Y

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

Continued on next page ►



AARP membership offers so much for so little.

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

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

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Yes, I'd like to join AARP today!

Please return this form in the envelope provided.

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

Address _____ Apt. _____

City _____ State _____ Zip _____

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

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

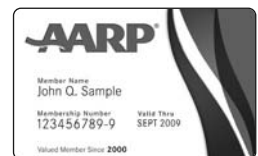
Please keep in touch with me by e-mail about AARP activities, events and member benefits.

E-mail Address _____ V7FYUHG

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

I agree to pay for the term I select.

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



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

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

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As a member, you have access to:

Travel Discounts

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

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

Health-Related Benefits

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

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

Local Opportunities

AARP offers many ways to get active in your community.

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



Protection of Your Rights

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

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

Dependable Financial Programs

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

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



Valuable Information

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

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

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

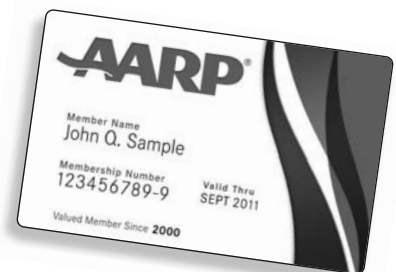
NOTE: The benefits listed are only a partial list. Your Membership Kit will supply you with a full list of approved service providers that offer exclusive services and discounts to AARP members only.

* 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 9/09

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Bank Name _____

Bank Routing No. _____

Bank Account No. _____

Account Type: Checking

Savings (statement savings only)

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

IMPORTANT

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

The diagram shows a check with the word "VOID" in large, bold letters in the center. Brackets and boxes identify key information on the check:

- Account Holder Name:** John Doe, Street Address, Town, City Zip Code
- Check Number:** Check #1234
- Bank Routing/Transfer Number:** 123456789
- Bank Account Number:** 12345678
- Check Number (MICR line):** 1234

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

Check Number Note: Please do not include the check number (it may be before or after the account number) as it may delay processing.

We look forward to continuing to serve you.

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

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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

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The easiest way to pay.

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

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- 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.

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BA9957 9/09

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Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Bank Name _____

Bank Routing No. _____

Bank Account No. _____

Account Type: Checking

Savings (statement savings only)

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

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Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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

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

Horsham, Pennsylvania

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

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

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

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

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

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

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

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

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

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

(Applicant's Signature) (Date)

(Applicant's Printed Name & Address)

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

Horsham, Pennsylvania

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

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

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

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.

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

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

the extent such time was spent (depleted) under the original policy.

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

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

