



Enrollment Kit



Florida

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

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

BC10037ST

AARP | Medicare Supplement
from  **UnitedHealthcare**®

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

Greetings!

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



Control

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



Longevity

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



Service

UnitedHealthcare is committed to offering quality service. Our member satisfaction confirms this, with 95% of surveyed members nationwide satisfied with their AARP Medicare Supplement Insurance Plan² – and 9 out of 10 of those surveyed nationwide willing to recommend their plans to a friend or family member.²

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

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

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

Warm regards,

Marie A. Pero
Licensed Agent
UnitedHealthcare

AARP | Medicare Supplement
from  UnitedHealthcare®

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



Questions? Contact your licensed insurance agent.

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

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

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

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

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

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

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

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

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



Exclusive Services & Discounts



Exclusive Services & Discounts

AARP | Medicare Supplement
from  **UnitedHealthcare**

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

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Gym Membership, Discounts, and More

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



Gym Membership

Renew Active® by UnitedHealthcare:

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



Brain Health

AARP® Staying Sharp®:

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



Dental Discount

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

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



Vision Discount

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

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



Hearing Discount

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

The Hearing Care Program by HearUSA includes:

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



24/7 Nurse line

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

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



Driver Safety

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

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

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

Renew Active by UnitedHealthcare

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

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

AARP Staying Sharp

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

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

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

Dentegra Dental Discount

†Dentegra Fee Schedules vs. Fair Health Mean Data

THIS IS NOT INSURANCE and not intended to replace insurance.

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

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

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

AARP Vision Discounts provided by EyeMed

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

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

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

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

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

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

Hearing program by HearUSA

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

Nurse line

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

AARP Driver Safety

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

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

This offer is non-transferrable and void where prohibited.

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

AARP Medicare Supplement Insurance Plans

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

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

Discover the Real Possibilities of AARP Membership

Membership with AARP means:

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



Health & Wellness

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



Retail & Dining

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



Insurance² & Finances

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



Travel & Entertainment

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



Home & Auto

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



Magazine, Advocacy & Community

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



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

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

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

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

Bright Ways To Save



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

TAKE \$24 OFF with Electronic Funds Transfer

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

SAVE \$24 per year with the Annual Payer Discount

Take \$24 off your total household premium when you pay your entire 12-month premium in June.

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

Questions? Contact your
licensed insurance agent/producer.

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Plans, Rates, & Benefits



Plans, Rates, & Benefits

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UnitedHealthcare Insurance Company

OUTLINE OF COVERAGE

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

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

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

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

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

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

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

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

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

BASIC BENEFITS

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

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

Blood – First three pints of blood each year.

Hospice – Part A coinsurance.

PREMIUM INFORMATION

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

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN THE CERTIFICATE

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

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

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments.

NOTICE

Neither UnitedHealthcare Insurance Company, nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details. Use this outline to compare benefits and premiums among policies.

POLICY REPLACEMENT

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

Grievance Procedure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.
- 2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**
Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.
- 3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 1 ZIP Codes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.
- 2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**
Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.
- 3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 2 ZIP Codes

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

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

FLORIDA Area 2 ZIP Codes

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

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

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

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

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

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

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

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

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

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

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

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

| Plans Available to All Applicants | | | | | | | | | | | | Medicare first eligible before 2020 only ² |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|

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

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

- 1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.
- 2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**
Applicants first eligible for Medicare before 1/1/2020 have (a) a 65th birthday prior to 1/1/2020 or (b) a Medicare Part A effective date prior to 1/1/2020.
- 3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 3 ZIP Codes

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

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

Plan A

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|--|---|--|---|
| 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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$0 \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$1,556 (Part A Deductible) \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 \$0 \$0 | \$0 Up to \$194.50 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 \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan Pays | You Pay |
|--|--------------------------|--------------------------|---|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$0 Generally 20% | \$233 (Part B Deductible) \$0 |
| PART B EXCESS CHARGES (Above Medicare Approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$233 (Part B Deductible) \$0 |
| 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 \$233 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$233 (Part B Deductible) \$0 |
|--|----------------------------|---------------------------|---|

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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 \$0 \$0 | \$0 Up to \$194.50 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 \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------|-----------------------------|---|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$0 Generally 20% | \$233 (Part B Deductible) \$0 |
| PART B EXCESS CHARGES (Above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$233 (Part B Deductible) \$0 |
| 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 \$233 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$233 (Part B Deductible) \$0 |
|--|----------------------------|---------------------------|---|

Plan C+

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|--|---|--|---|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days | All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$194.50 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.

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

Plan C+

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------|--|-------------------|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$233 (Part B Deductible) Generally 20% | \$0 \$0 |
| PART B EXCESS CHARGES (Above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$233 (Part B Deductible) 20% | \$0 \$0 \$0 |
| 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 \$233 of Medicare Approved amounts* ▪ Remainder of Medicare Approved amounts | 100% \$0 80% | \$0 \$233 (Part B Deductible) 20% | \$0 \$0 \$0 |
|--|------------------------|---|-----------------------|

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

Plan C+

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| 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 | \$0 | \$0 | \$250 |
| Remainder of Charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

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

Plan F+

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--|--|---|
| 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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$194.50 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.

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

Plan F+

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------|--|-------------------|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$233 (Part B Deductible) Generally 20% | \$0 \$0 |
| PART B EXCESS CHARGES (Above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$233 (Part B Deductible) 20% | \$0 \$0 \$0 |
| 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 \$233 of Medicare Approved amounts* | \$0 | \$233 (Part B Deductible) | \$0 |
| ■ Remainder of Medicare Approved amounts | 80% | 20% | \$0 |

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

Plan F+

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| 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 | \$0 | \$0 | \$250 |
| Remainder of Charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

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

Plan G

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|--|---|
| 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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$194.50 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 G

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------|-----------------------------|---|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$0 Generally 20% | \$233 (Unless Part B Deductible has been met) \$0 |
| PART B EXCESS CHARGES (Above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$233 (Unless Part B Deductible has been met) \$0 |
| 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 |
| <ul style="list-style-type: none"> ▪ First \$233 of Medicare Approved amounts* | \$0 | \$0 | \$233 (Unless Part B Deductible has been met) |
| <ul style="list-style-type: none"> ▪ Remainder of Medicare Approved amounts | 80% | 20% | \$0 |

Plan G

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 |
|--|------------|--|---|

Plan K

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

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

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

| Services | Medicare Pays | Plan Pays | You Pay* |
|--|---|---|--|
| 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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$778 (50% of Part A Deductible) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0 | \$778 (50% of Part A Deductible)♦ \$0 \$0 \$0*** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$97.25 a day \$0 | \$0 \$97.25 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 \$233 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan Pays | You Pay* |
|--|--|--|---|
| 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 \$233 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts | \$0 Generally 80% or more of Medicare Approved amounts Generally 80% | \$0 Remainder of Medicare Approved amounts Generally 10% | \$233 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 10%◆ |
| PART B EXCESS CHARGES (Above Medicare Approved Amounts) | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit of \$6620)* |
| BLOOD First 3 Pints Next \$233 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | 50% \$0 Generally 10% | 50%◆ \$233 (Part B Deductible)****◆ Generally 10%◆ |
| CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services | 100% | \$0 | \$0 |

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

PARTS A & B

| | | | |
|--|------------------------|-----------------------|---|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$233 of Medicare Approved Amounts***** ▪ Remainder of Medicare Approved Amounts | 100% \$0 80% | \$0 \$0 10% | \$0 \$233 (Part B Deductible)◆ 10%◆ |
|--|------------------------|-----------------------|---|

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

Plan L

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

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

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

| Services | Medicare Pays | Plan Pays | You Pay* |
|---|--|---|--|
| HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: ▪ Additional 365 days (lifetime) ▪ Beyond the additional 365 days | All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,167 (75% of Part A Deductible) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0 | \$389 (25% of Part A Deductible)♦ \$0 \$0 \$0*** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$145.88 a day \$0 | \$0 \$48.62 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 \$233 of Medicare Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan Pays | You Pay* |
|--|--|--|--|
| 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 \$233 of Medicare Approved Amounts**** Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts | \$0 Generally 80% or more of Medicare Approved amounts Generally 80% | \$0 Remainder of Medicare Approved amounts Generally 15% | \$233 (Part B Deductible)****◆ All costs above Medicare Approved amounts Generally 5%◆ |
| PART B EXCESS CHARGES (Above Medicare Approved Amounts) | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit of \$3310)* |
| BLOOD First 3 Pints Next \$233 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | 75% \$0 Generally 15% | 25%◆ \$233 (Part B Deductible)****◆ Generally 5%◆ |
| CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services | 100% | \$0 | \$0 |

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

PARTS A & B

| | | | |
|---|----------------------------|---------------------------|--|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment: <ul style="list-style-type: none"> ▪ First \$233 of Medicare Approved Amounts**** ▪ Remainder of Medicare Approved Amounts | 100% \$0 80% | \$0 \$0 15% | \$0 \$233 (Part B Deductible)◆ 5%◆ |
|---|----------------------------|---------------------------|--|

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

Plan N

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

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

| Services | Medicare Pays | Plan Pays | You Pay |
|--|---|--|---|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days | All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$194.50 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 \$233 of Medicare Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------|---|--|
| 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 \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 Generally 80% | \$0 Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | \$233 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| PART B EXCESS CHARGES (Above Medicare-approved amounts) | \$0 | \$0 | All Costs |
| BLOOD First 3 pints Next \$233 of Medicare Approved amounts* Remainder of Medicare Approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$233 (Part B Deductible) \$0 |
| 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 \$233 of Medicare Approved amounts* | \$0 | \$0 | \$233 (Part B Deductible) |
| ■ Remainder of Medicare Approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|---|------------|--|---|
| 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 |
|---|------------|--|---|

Medicare Select - Plan G

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

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

** Provider restrictions apply.

| Services | Medicare Pays | Medicare Select Plan G Pays | You Pay |
|--|---|--|--|
| 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: <ul style="list-style-type: none"> ▪ Additional 365 days ▪ Beyond the additional 365 days | All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0 | \$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0*** All costs |
| 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 \$194.50 a day \$0 | \$0 Up to \$194.50 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 G

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

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

| Services | Medicare Pays | Medicare Select Plan G Pays | You Pay |
|---|---------------|-----------------------------|---|
| 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 \$233 of Medicare Approved amounts* | \$0 | \$0 | \$233 (Unless Part B Deductible has been met) |
| Remainder of Medicare Approved amounts | Generally 80% | Generally 20% | \$0 |
| PART B EXCESS CHARGES (Above Medicare Approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$233 of Medicare Approved amounts* | \$0 | \$0 | \$233 (Unless Part B Deductible has been met) |
| Remainder of Medicare Approved amounts | 80% | 20% | \$0 |
| 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 \$233 of Medicare Approved amounts* | \$0 | \$0 | \$233 (Unless Part B Deductible has been met) |
| ■ Remainder of Medicare Approved amounts | 80% | 20% | \$0 |

Medicare Select - Plan G

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare Pays | Medicare Select Plan G Pays | You Pay |
|---|---------------|--|---|
| 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 |

Medicare Select - Plan N

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

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

** Provider restrictions apply.

| Services | Medicare Pays | Medicare Select Plan N Pays | You Pay |
|---|--|---|---|
| <p>HOSPITALIZATION* in a Participating Hospital** Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days 61st thru 90th day 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 \$1,556 All but \$389 a day All but \$778 a day \$0 \$0</p> | <p>\$1,556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare eligible expenses \$0</p> | <p style="color: red;">\$0 \$0 \$0 \$0*** All costs</p> |
| <p>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 21st thru 100th day 101st day and after</p> | <p>All approved amounts All but \$194.50 a day \$0</p> | <p>\$0 Up to \$194.50 a day \$0</p> | <p style="color: red;">\$0 \$0 All costs</p> |
| <p>BLOOD First 3 pints Additional amounts</p> | <p>\$0 100%</p> | <p>3 pints \$0</p> | <p style="color: red;">\$0 \$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 style="color: red;">\$0</p> |

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

Medicare Select - Plan N

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

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

| Services | Medicare Pays | Medicare Select Plan N Pays | You Pay |
|---|----------------------------------|--|---|
| <p>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.</p> <p>First \$233 of Medicare Approved amounts*</p> <p>Remainder of Medicare-approved amounts</p> | <p>\$0</p> <p>Generally 80%</p> | <p>\$0</p> <p>Balance other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> | <p>\$233 (Part B Deductible)</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> |
| <p>PART B EXCESS CHARGES (Above Medicare-approved amounts)</p> | \$0 | \$0 | All costs |
| <p>BLOOD First 3 pints</p> <p>Next \$233 of Medicare Approved amounts*</p> <p>Remainder of Medicare-approved amounts</p> | <p>\$0</p> <p>\$0</p> <p>80%</p> | <p>All costs</p> <p>\$0</p> <p>20%</p> | <p>\$0</p> <p>\$233 (Part B Deductible)</p> <p>\$0</p> |
| <p>CLINICAL LABORATORY SERVICES – Tests For Diagnostic Services</p> | 100% | \$0 | \$0 |

Medicare Select - Plan N

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

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

PARTS A & B

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

Your Guide To AARP Medicare Supplement and Medicare Select Insurance Plans.

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period** which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. Also, there is a **2-month open enrollment period** after the loss of group health insurance coverage. Applicants with a **65th birthday or a Medicare Part A Effective Date prior to 1/1/2020** may apply for Plans A, B, C, F, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N. Applicants with a **65th birthday and a Medicare Part A Effective Date on or after 1/1/2020** may apply for Plans A, B, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N. **Proof of loss of the group health insurance coverage must be submitted with the Application Form.**
- If you are age 50-64 and are eligible for Medicare due to disability or End-Stage Renal Disease, your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which is the first 6 months you are enrolled in Medicare Part B, unless you are entitled to one of the following Guaranteed Issue situations.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

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

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

Additional Information

Exclusions

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

Continued...

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

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

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

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

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

Medicare Select Provider Restrictions _____

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

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

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

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

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

Right to Replace Your Medicare Select Plan _____

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

Quality Assurance _____

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

For Your Protection, Please Be Aware of the Following:

You Cannot Be Singled Out for Cancellation _____

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

The AARP Insurance Trust

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

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

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

General Information

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

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

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

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

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

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

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

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

Florida Resident Directory

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

Florida

Alachua County

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

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

Bay County

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

Brevard County

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

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

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

Broward County

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

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

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

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

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

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

Calhoun County

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

Charlotte County

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

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

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

Citrus County

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

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

Collier County

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

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

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

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Florida (Continued)

Collier County *(Continued)*

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

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

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

Duval County

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

Franklin County

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

Hernando County

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

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

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

Hernando County *(Continued)*

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

Hillsborough County

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

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

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

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

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

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

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

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

Holmes County

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

Indian River County

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

Lake County

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

Lee County

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

Leon County

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

Manatee County

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

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

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

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Florida (Continued)

Miami-Dade County

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

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

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

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

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

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

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

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

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

Okaloosa County

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

Orange County

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

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

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

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

Osceola County

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

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

Palm Beach County

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

Palm Beach County *(Continued)*

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

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

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

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

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

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

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

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

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

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Florida (Continued)

Pasco County

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

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

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

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

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

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

Pinellas County

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

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

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

Pinellas County (Continued)

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

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

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

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

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

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

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

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

Polk County

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

Saint Lucie County

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

Santa Rosa County

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

Sarasota County

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

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

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

Seminole County

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

Taylor County

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

Volusia County

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

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Florida (Continued)

Volusia County *(Continued)*

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

Walton County

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

Washington County

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

Alabama

Coffee County

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

Conecuh County

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

Covington County

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

Covington County *(Continued)*

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

Dale County

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

Houston County

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

Houston County *(Continued)*

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

Monroe County

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

Georgia

Brooks County

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

Decatur County

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

Grady County

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

Mitchell County

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

Thomas County

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

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

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

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

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

For AARP® Medicare Select Plans Only

Florida - Effective October 2021

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

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

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

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

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CONTINUED

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



Forms



Forms

AARP | Medicare Supplement
from  **UnitedHealthcare**

AARP Medicare Supplement Insurance Plans,
insured by UnitedHealthcare Insurance Company

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

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

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

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

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

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

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

SA25710ST

Enrollment Checklist

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

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



Application Form

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



AARP Membership Form

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

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



Electronic Funds Transfer (EFT) Authorization Form

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

- Submit the completed form (signed and dated).



Notice to Applicants Regarding Replacement of Coverage

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

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



If Reply Envelope Is Missing

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

(Over Please)

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

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

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

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

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

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

Application Form

AARP® Medicare Supplement Insurance Plans

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

Instructions

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

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

TEAR HERE

AARP Membership Number (If you are already a member) _____

Applicant First Name _____ MI _____ Last Name _____

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

Permanent Home Address Line 2 _____ City _____ State _____ Zip _____

Mailing Address Line 1 (if different from permanent address) _____

Mailing Address Line 2 _____ City _____ State _____ Zip _____

TEAR HERE

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

1B. Email address (optional). Include periods (.) and symbols (@). _____

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

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

1E. Medicare Number _____ (From your Medicare card.)

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

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

2460720307 _AGT



First Name

Last Name

2 Choose your Plan and start date.

Plan Choice

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

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

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

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

Plan Start Date

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

____ / 01 / ____
Month Day Year

3 Is your acceptance guaranteed?

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

Yes No

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

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

Yes No

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

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

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

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



First Name

Last Name

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

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

Yes No Not Sure

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

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

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

Yes No Not Sure

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

Yes No Not Sure

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

Yes No Not Sure

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

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

Yes No Not Sure

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

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

TEAR HERE

TEAR HERE



First Name

Last Name

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

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

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

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

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

6 Tell us about your medical providers.

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

Primary Physician _____ () -
Phone #

Address _____

City _____ State _____ ZIP Code _____

Specialist Name _____ Specialty _____

Diagnosis/Condition _____

Specialist Name _____ Specialty _____

Diagnosis/Condition _____

TEAR HERE

TEAR HERE



First Name

Last Name

7 Tell us about your tobacco usage.

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

Yes No

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

8 Your past and current coverage

Review the statements.

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

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

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

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

Yes No

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

Yes No

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

____ / ____ / ____
Month Day Year



First Name

Last Name

8 Your past and current coverage (continued)

Questions about Medicaid

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

Yes No

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

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

Yes No

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

Yes No

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

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

Yes No

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

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

Start Date
 _____ / _____ / _____
 Month Day Year

End Date
 _____ / _____ / _____
 Month Day Year

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

Yes No

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

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

Yes No

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

Yes No

Questions about Medicare supplement plans

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

Yes No

If YES, you must answer Question 8M.

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

Yes No

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

Questions about any other type of health insurance coverage

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

Yes No

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



First Name

Last Name

8 Your past and current coverage (continued)

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

Insurance Company: _____

Policy:

- HMO/PPO
- Major Medical
- Employer Plan
- Union Plan
- Other _____

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

Start Date

____ / ____ / ____
Month Day Year

End Date

____ / ____ / ____
Month Day Year

8Q. Are you replacing this health insurance?

Yes No

X

Your Signature (required)

____ / ____ / ____
Today's Date (required)
Month Day Year

9 Authorization and Verification of Application Information

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

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

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

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

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

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

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

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

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



First Name

Last Name

9 Authorization and Verification of Application Information (continued)

Authorization for the Release of Medical Information

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

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

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

TEAR HERE

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

X

Your Signature (required)

____ / ____ / ____
Today's Date (required)
Month Day Year

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

10 Authorization for Verification of Information

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

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

TEAR HERE

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

X

Your Signature (required)

____ / ____ / ____
Today's Date (required)
Month Day Year

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



First Name

Last Name

11 For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

TEAR HERE

TEAR HERE

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



**MEDICARE SUPPLEMENT INSURANCE
AGENT CERTIFICATION FORM**

I, the undersigned insurance agent certify:

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

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

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

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

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

Date

Signature of Agent

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

Name of Agency

Address of Agent or Agency

Applicant's signature

Phone No.

TEAR HERE

TEAR HERE



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

HEALTHCARE PRODUCTS & SERVICES

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

AWARD-WINNING PUBLICATIONS

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

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

PROTECTION OF YOUR RIGHTS

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

TRAVEL DISCOUNTS

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

COMMUNITY INVOLVEMENT

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



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

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

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

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

BA25522ST



MEMBERSHIP ACTIVATION FORM

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

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

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

Your Name (please print) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month Day Year

For FREE Spouse/Partner Membership

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

VCGFDAUH
AA25002ST

OR

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

SAVE 25%



Visit agntu.aarpenrollment.com



Or call 1-866-331-1964

Why sign up for Automatic Renewal?

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

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

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


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




Act now and make the most of membership.

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

**SAVE
25%**

 Visit agntu.aarpenrollment.com

 Or call 1-866-331-1964



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

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

TEAR HERE

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

The Easiest Way to Pay

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

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

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

Signing Up is Easy

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

Your EFT Effective Date

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

Complete Form on Reverse ►

This side for your information only, return not required.

TEAR HERE

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: Checking

Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

Account Holder Name

Check Number

John Doe
Street Address
Town, City Zip Code

Check #1234

Date: _____

Pay to: _____

SAMPLE

_____ Dollars

Bank Name & Address

Memo: _____ Signed by: _____

|:123456789:| 12345678 || 1234 ||

Bank Routing
Transit Number –
Must be 9 numbers

Bank Account
Number –
Include all zeros

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

We look forward to continuing to serve you.

TEAR HERE

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Member Name _____ AARP Member Number _____

Member Address _____

Street Address

Member Address _____

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: Checking

Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

Account Holder Name

Check Number

John Doe
Street Address
Town, City Zip Code

Check #1234

Date: _____

Pay to: _____

SAMPLE

_____ Dollars

Bank Name & Address

Memo: _____ Signed by: _____

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

Bank Routing
Transit Number –
Must be 9 numbers

Bank Account
Number –
Include all zeros

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

We look forward to continuing to serve you.

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

Horsham, Pennsylvania

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

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

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

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

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

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

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)

TEAR HERE

TEAR HERE



**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

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

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

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

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

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

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

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

(Applicant's Signature) (Date)

(Applicant's Printed Name & Address)

TEAR HERE

TEAR HERE



Glossary: Prescription Drugs

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

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

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

Partial Prescription Drug List

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

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

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

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

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

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

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

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

For Your Records:

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

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

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

What's Next:

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

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



Welcome Kit.

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



Educational Materials.

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



Dedicated Customer Service.

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



Exclusive AARP Member Benefits.

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



Let's stay connected.

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

Name

Email

Phone



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

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

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

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

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

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

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