



Sections inside:

- **Benefits of Medicare Supplement Insurance.**
- **Reasons to Choose an AARP Medicare Supplement Plan.**
- **How to Apply.**
- **Additional Plan Information.**
Rates chart included!

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. If you are not a member, you can join AARP when you enroll, for just \$16 a year

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

Plan A 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. Contact will be made by UnitedHealthcare Insurance Company.

See the enclosed materials (including the outlines of coverage) for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Get a Free Guide: You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide briefly describes the Medicare program and health insurance available to those on Medicare.

If you would like a copy, please call 1-866-425-6523, toll free, or visit www.medsupeducation.com.

Sample A. Sample
123 Any Street
Anycity TX 99999-9999

UnitedHealthcare Insurance Company (UnitedHealthcare)

Dear Sample A. Sample,

Congratulations! Turning 65 is a time to celebrate and also a time to take control of your health care.

Your eligibility for Medicare gives you the freedom to choose your health insurance options. Whether you are familiar with Medicare and your new health insurance options or you have questions, UnitedHealthcare Insurance Company (UnitedHealthcare) is here to help with a Medicare supplement insurance plan.

An option for you is an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare.

Why an AARP Medicare Supplement Insurance Plan?



Millions of individuals nationwide have chosen UnitedHealthcare as their Medicare supplement insurer.¹



95% of insured AARP members surveyed nationwide reported being satisfied with their AARP Medicare Supplement Insurance Plans.²



The only Medicare supplement plans endorsed by AARP.*

* Paid endorsement.

Medicare Parts A & B don't pay for all your medical expenses. There are out-of-pocket costs such as copayments, deductibles, and coinsurance that are not covered by Medicare. An AARP Medicare Supplement Plan, like any standardized Medicare supplement insurance plans, may help you pay some of these out-of-pocket costs.

Use this booklet to find the AARP Medicare Supplement Plan that best fits your health care needs. This enrollment kit provides information about how Medicare works, how a Medicare supplement plan may help, and your specific premium and plan choices. An enrollment form is included if you are ready to enroll. Take charge of your health care today and call UnitedHealthcare for more information at 1-800-555-5555, Monday to Friday, 7 a.m. to 11 p.m. and Saturday, 9 a.m. to 5 p.m. ET, TTY 711, or visit our website www.AARPMedicareSupplement.com. A licensed insurance agent/producer will answer any questions you have and can even take your enrollment over the phone. Please do not enroll through an external individual agent/producer, since they will not be familiar with the details of your circumstances.

Sincerely,

UnitedHealthcare

¹From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," August 2020, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

²From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "2019 Medicare Supplement Insurance Plan Satisfaction Posted Questionnaire," March 2019, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.



Reply by 12/31/2023 for your earliest effective date.

Enrollment in an AARP Medicare Supplement Insurance Plan is voluntary.





Benefits of Medicare Supplement Insurance.

Limit the hassles of health care.

Discover these great features of a Medicare supplement plan.

- ✓ **CHOICE**—No networks. You can see any doctor who accepts Medicare patients.
- ✓ **CONTROL**—No referrals needed to see a specialist.
- ✓ **PREDICTABILITY**—Plan options available with low to no copays to help you avoid unexpected out-of-pocket costs.°
- ✓ **NATIONWIDE COVERAGE**—Visit family or travel anywhere in the U.S. and your plan coverage goes with you when traveling.
- ✓ **GUARANTEED RENEWABLE COVERAGE**°°—Your plan can't be canceled because of your age, health or the number of claims you make. And no need to sign up each year.

Reduce your financial risk.

A Medicare supplement plan (also known as Medigap) helps fill in the gaps of what Medicare Parts A & B alone don't pay for. You get help with paying for things like:

- Medicare deductibles.
- Medicare copays.
- Medicare coinsurance charges.
- *And more!*

Enjoy added peace of mind knowing you've minimized the chance for "surprise" out-of-pocket bills.

Having help with paying Medicare-approved medical bills that could be up to hundreds or thousands of dollars, or more, could give you added peace of mind. The hope is always that you'll stay healthy and you won't need a lot of medical care. However, it's nice to know if you ever do require more medical care than you'd have expected, a Medicare supplement plan is there to help you pay some of the bills.

° Plans C and F are only available to individuals with a 65th birthday prior to 1/1/2020 or who became newly eligible for Medicare prior to 1/1/2020.

°° As long as you pay your premiums when due and do not make any material misrepresentation when you apply for the plan. Rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state.



Your cost-sharing responsibility for medical bills is lower with a Medicare supplement plan.

Medical expense



Medicare pays their portion of the costs

A Medicare supplement plan helps with paying your share of the remaining costs.

(Plan benefits and cost vary, depending on the plan you choose. Payment is dependent on the specific plan's terms of coverage. Costs not approved by Medicare are not covered.)

Here's a simple example of how a Medicare supplement plan works.

See how Medicare supplement **PLAN G** helps reduce your out-of-pocket expenses!

	With Medicare alone, you'd pay:	With Medicare <i>plus</i> a Medicare Supplement PLAN G , you'd pay:
Medicare Part A deductible (for the first 60 days of benefit period ⁺)	\$1,600	\$0
Medicare Part A hospital coinsurance (for 61st through 90th day of benefit period ⁺)	\$400 a day (up to \$12,000)	\$0
Medicare Part A skilled nursing coinsurance (for days 21-100 in a skilled nursing facility; Medicare covers first 20 days ⁺⁺)	Up to \$200 a day (up to \$16,000)	\$0
Annual Medicare Part B deductible (Medicare Part B-approved amount you must pay before Medicare pays its portion of covered medical services)	\$226	\$226
For medical services (like physician services, inpatient/outpatient medical and surgical services and supplies, diagnostic tests, and more)	About 20% or more of the Medicare Part B-approved amount (Medicare pays about 80%)	\$0

Chart shows summary of Medicare supplement Plan G benefits; for complete listing of benefits, see enclosed Outline of Coverage. Additional Medicare supplement plans are available besides Plan G, including Plans A and B, and also Plan F for individuals with a 65th birthday prior to 1/1/2020 or who became newly eligible for Medicare prior to 1/1/2020. Benefits and costs vary by plan chosen.

+ A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility. The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in a skilled nursing facility for 60 days in a row.

++ To be eligible for skilled nursing 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.

See some of the reasons people choose Medicare supplement plans.



- For added peace of mind, knowing that their hard-earned savings can be used more for enjoying retirement—and less for paying out-of-pocket medical costs, especially the ones they didn't expect or plan for.



- For reassurance, knowing they can travel or visit family anywhere in the country, and know their coverage goes with them when they travel and there are no networks to deal with.



- For the feeling of control when it comes to their health care, because there are no network restrictions or referrals needed, so they get to choose what doctor or specialist is right for them, not someone else.
- For the feeling of confidence they get knowing they have more complete coverage than just having Medicare alone. After all, Medicare helps to pay for some health care costs, but it doesn't pay for everything.

These are not real people. Examples are fictitious and for illustrative purposes only.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan. If you are not a member, you can join AARP when you enroll for just \$16 a year.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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 may contact you.

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



Reasons to Choose an AARP Medicare Supplement Insurance Plan.

Where you buy your plan from matters.

- 1 Covered by USA's largest Medicare Supplement insurer.**
UnitedHealthcare Insurance Company and affiliates cover more people with Medicare supplement plans nationwide than any other individual insurance carrier.*
- 2 The only Medicare supplement plans that carry the AARP name.**
The AARP Medicare Supplement Insurance Plans from UnitedHealthcare have been carefully evaluated and selected by AARP as meeting AARP's high service and real quality standards.
- 3 High insured member satisfaction rate.**
94% satisfaction rate among those surveyed with AARP Medicare Supplement Plans.~
- 4 Medicare supplement experts available to help you when you need it.**
UnitedHealthcare has knowledgeable licensed insurance agents/producers who can help you navigate your options and answer any questions you may have.
- 5 Multi-Insured Discount.**
You may be eligible for a discount on your monthly premiums if two or more members are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy from UnitedHealthcare.

* From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates "December 2020 Medigap Enrollment & Market Share," April 2021.

~ From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "2021 Medicare Supplement Insurance Plan Satisfaction Posted Questionnaire," May 2021.

Please visit www.uhcmedsupstats.com or call 1-866-425-6523 to request a copy of the full reports referenced above.



6

Fast claims processing.

98% of AARP Medicare Supplement Plan claims are processed in just 10 days or less,[◊] which means you get the information you're waiting for in a reasonable amount of time. No long waiting times.

7

Website for insured AARP Medicare Supplement Plan members.

Once you become an insured member, you'll get access to a secure UnitedHealthcare Insurance Company website that helps you to get the most from your plan. Available 24/7, the website allows you to:

- View plan benefits information.
- Review claims activity.
- Make premium payments.
- Access helpful articles and resources for healthy living.
- *And more!*

[◊] From a report prepared for UnitedHealthcare Insurance Company by Gongos, Inc., "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," July 2021.

Please visit www.uhcmedsupstats.com or call 1-866-425-6523 to request a copy of the full report.

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Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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

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

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



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

IMPORTANT - WAYS TO SAVE ON YOUR MONTHLY RATE!



	Plan G Monthly Rate*	Plan N Monthly Rate*
Female, age 65	\$123.79	\$106.38
Male, age 65	\$139.71	\$119.88

Rates shown for a non-tobacco user include Enrollment Discount at age shown and 7% Multi-Insured Discount. The rates are illustrative only, person should not send money to the issuer of the health benefit plan in response to the advertisement and a person cannot obtain coverage under the health benefit plan until the person completes an application for coverage.*

Ways to Save:



SAVE up to 39%* * with the Enrollment Discount

You may be eligible for a discount off the monthly premium that rewards you for enrolling early.



SAVE 7% with the Multi-Insured Discount

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



TAKE \$24 OFF with either Electronic Funds Transfer or Annual Payer Discount

You'll save \$2.00 off your total household premium each month when you choose the Electronic Funds Transfer (EFT) payment option or \$24 a year with the Annual Payer Discount if you choose to pay your entire annual premium at one time.

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



LOCK In Your Premium with the Rate Guarantee

Your rate is guaranteed for 6 months from your initial plan effective date.

**Check out the additional value-added health and wellness services
and discounts available. See the enclosed information for details.**

*The answers to questions on your Application Form will be used to determine which rate applies to you and your actual monthly rate will be determined when you apply. All rates are subject to change. Any rate change will apply to all members of the same class insured under your Plan who reside in your state.

* *The rate discount is 39% at ages 65-68, 36% at age 69, 33% at age 70, and so on, decreasing by 3% on the Plan anniversary date, through age 80. The discount then decreases to 0% after age 80.

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Review the enclosed rate page ...



**Or simply call UnitedHealthcare
for your personal rate quote today.**

1-866-425-6523

A UnitedHealthcare licensed insurance agent can provide you with your personal rate quote and help you review your plan options. Once you decide on the plan that's right for you, you can also apply right over the phone!



You must be an AARP member to enroll in an AARP Medicare Supplement Plan. If you are not a member, you can join AARP when you enroll for just \$16 a year.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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.

Gym Membership, Discounts, and More.

More reasons to choose an AARP Medicare Supplement Insurance Plan!

Once you are enrolled in an AARP Medicare Supplement Plan from UnitedHealthcare, you'll get insured member discounts and services that are designed to help you live better, including:

- **Gym Membership.** **
- **24/7 Nurse line.**
- **Dental Discount.**
- **Vision Discount.**
- **And more!**

You can find more details about the discounts and services on the enclosed insert included in this Decision Guide.

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.



Enables you to take a more proactive approach to your overall health and wellness!

**Availability of fitness program may vary by area. Fitness program network only includes participating facilities and locations.

None of these services should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. Note that certain services are provided by Affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan. If you are not a member, you can join AARP when you enroll for just \$16 a year.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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 may contact you.

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



How to Apply.

Take the next step with an AARP Medicare Supplement Insurance Plan from UnitedHealthcare.

We, at UnitedHealthcare, would be honored to help serve your health care needs.

- 1 Verify your information.** The application and rates in this package are based on your information shown below. If any of the information shown is incorrect, your rate may be different than what is shown on the enclosed rate page and you may need a different application. If so, please call UnitedHealthcare.

Date of Birth:	Medicare Part A Effective Date: 01/01/2024
Address shown on the application	Medicare Part B Effective Date:
Plan Effective Date: 01/01/2024	

- 2 Choose your plan.** Look over the information provided in this Decision Guide to see which AARP® Medicare Supplement Plan best meets your needs.

- 3 Find your monthly plan rate for the plan you've chosen.** Look over the enclosed monthly rates for the plan you've chosen to determine what your monthly premium will be.

- 4 Apply now!** Here are the different ways you can choose to apply:



1. Phone: Call UnitedHealthcare at 1-800-555-5555 (TTY users call: 711) Monday to Friday, 7 a.m. to 11 p.m. and Saturday, 9 a.m. to 5 p.m. ET.



2. Mail: Complete and mail the enclosed application.



3. Online: Visit www.AARPMedicareSupplement.com (available in most states).

The best time to buy a Medicare supplement plan is during your six-month Open Enrollment Period!

This six-month open enrollment period starts on the first day of the month in which you enroll in Medicare Part B. During this six-month Open Enrollment Period (OEP), you have a right to enroll in any Medicare supplement plan sold in your state—regardless of your health status. There may be other situations in which you may be guaranteed acceptance, but generally if you delay your enrollment beyond your OEP, you may be asked health questions in states that allow it and may not be accepted into the plan, or if you are accepted rates may be higher.



Consider a Medicare Part D (prescription drug coverage) plan with your Medicare supplement plan.

Medicare supplement plans, by law, cannot include prescription coverage. You may find that purchasing a Medicare Part D plan in addition to a Medicare supplement plan helps give you more complete coverage.

A few things to know about Medicare Part D plans:

- Medicare Part D plans are available through private insurance companies approved by Medicare.
- There are a variety of Medicare Part D plans to choose from, and plans vary from insurer to insurer.
- If you don't enroll in a Part D plan when you're first eligible, you may have to pay penalties for signing up for a plan later on (unless you meet certain requirements).

Where you can find help during your decision-making process.

As you work through what AARP Medicare Supplement Plan may be right for you, get help with understanding your plan choices or general Medicare-related questions.

UnitedHealthcare



1-800-555-5555 (TTY users call: 711)

Monday to Friday, 7 a.m. to 11 p.m. and Saturday, 9 a.m. to 5 p.m. ET.



AARPMedicareSupplement.com



Medicare
medicare.gov

Social Security Administration
ssa.gov/planners/retire/

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Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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 may contact you.

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



Additional Plan Information



AARP | Medicare Supplement
from  **UnitedHealthcare**

UnitedHealthcare Insurance Company (UnitedHealthcare)

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Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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 may contact you.

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

How the Enrollment Discount Works.

1 To be eligible for enrollment discounts on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), you need to meet the below requirements on your plan effective date:

- You must be:
 - age 65 to 74, or
 - age 75 to 80 with a plan effective date that's within 10 years of your Medicare Part B effective date.

and
- You must not have any of the medical conditions listed on the application (unless you're within 6 months of your Medicare Part B effective date or in a guaranteed issue situation where medical questions don't apply).

2 Your age on your plan effective date in your 1st year of coverage determines the discount you get in your 1st year of coverage.

3 The discount stays the same for ages 65 through 68 after which the discount decreases 3% each year on the anniversary date of your plan, until the discount wears off at age 81. It's nice to know you still pay less than the Standard Rate through age 80.

Age on Plan Effective Date	Starting Discount
65	39% for ages 65 through 68
66	
67	
68	
69	36%
70	33%
71	30%
72	27%
73	24%
74	21%
75	18%
76	15%
77	12%
78	9%
79	6%
80	3%
81	0%



Have questions?

**Call UnitedHealthcare at
1-800-555-5555
(TTY users call: 711)**

Monday to Friday, 7 a.m. to 11 p.m.
and Saturday, 9 a.m. to 5 p.m. ET.

AARP | Medicare Supplement
from  **UnitedHealthcare**

UnitedHealthcare Insurance Company (UnitedHealthcare)

You must be an AARP member to enroll in an AARP Medicare Supplement Plan. If you are not a member, you can join AARP when you enroll for just \$16 a year.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plan A 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 may contact you.

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



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Overview of Available Plans

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

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

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

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

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

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

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

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

Cover Page-Rates

Your Plans and Rates

Texas

	Plan A	Plan B	Plan G
Benefits			
Part A (Hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits are used up	✓	✓	✓
Part B (Medical) coinsurance or copayment	✓	✓	✓
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓	✓
Hospice Care coinsurance or copayment	✓	✓	✓
Skilled Nursing Facility Care coinsurance			✓
Part A Annual Deductible		✓	✓
Part B Annual Deductible			
Part B Excess Charges			✓
Foreign Travel emergency care (up to plan limits)			✓
Annual Out-Of-Pocket spending limit in 2023			

	Plan A	Plan B	Plan G
Monthly Plan Rates¹ - Female			
Standard Rates with 39% Enrollment Discount⁴	\$305.61	\$148.99	\$139.84
Standard Rates with 39% Enrollment Discount for Tobacco Users⁴	\$336.17	\$163.88	\$153.82
Standard Rates	\$501.00	\$244.25	\$229.25
Standard Rates for Tobacco Users	\$551.10	\$268.67	\$252.17

1 NOTE: The rates on these pages are for the person whose name is on the enclosed application. These rates are for plan effective dates from July 2023 - June 2024 and may change.

2 EXCEPTION: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

IMPORTANT: The plan availability and rates shown are
(a) for eligible Applicants who turn age 65 on or after 1/1/2020 and (b) for eligible Applicants who have a Medicare Part A effective date on or after 1/1/2020.

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plan K	Plan L	Plan N
✓	✓	✓
50% ²	75% ²	Copay ³
50%	75%	✓
50%	75%	✓
50%	75%	✓
50%	75%	✓
		✓
\$6,940	\$3,470	

Plan K	Plan L	Plan N
\$61.61	\$97.14	\$120.17
\$67.77	\$106.85	\$132.18
\$101.00	\$159.25	\$197.00
\$111.10	\$175.17	\$216.70

3 NOTE: Up to \$20 copay for office visits and up to \$50 copay for Emergency Room.

4 NOTE: Enrollment Discounts are applied to the Standard Rates, which usually change each calendar year. Additionally, after age 68 the Enrollment Discount decreases 3% each year on the anniversary of your plan effective date.



Cover Page-Rates

Your Plans and Rates

Texas

	Plan A	Plan B	Plan G
Benefits			
Part A (Hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits are used up	✓	✓	✓
Part B (Medical) coinsurance or copayment	✓	✓	✓
Blood first 3 pints each year (Medicare pays costs after 3 pints)	✓	✓	✓
Hospice Care coinsurance or copayment	✓	✓	✓
Skilled Nursing Facility Care coinsurance			✓
Part A Annual Deductible		✓	✓
Part B Annual Deductible			
Part B Excess Charges			✓
Foreign Travel emergency care (up to plan limits)			✓
Annual Out-Of-Pocket spending limit in 2023			

	Plan A	Plan B	Plan G
Monthly Plan Rates¹ - Male			
Standard Rates with 39% Enrollment Discount⁴	\$344.65	\$167.90	\$157.83
Standard Rates with 39% Enrollment Discount for Tobacco Users⁴	\$379.11	\$184.68	\$173.61
Standard Rates	\$565.00	\$275.25	\$258.75
Standard Rates for Tobacco Users	\$621.50	\$302.77	\$284.62

1 NOTE: The rates on these pages are for the person whose name is on the enclosed application. These rates are for plan effective dates from July 2023 - June 2024 and may change.

2 EXCEPTION: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

IMPORTANT: The plan availability and rates shown are
(a) for eligible Applicants who turn age 65 on or after 1/1/2020 and (b) for eligible Applicants who have a Medicare Part A effective date on or after 1/1/2020.

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plan K	Plan L	Plan N
✓	✓	✓
50% ²	75% ²	Copay ³
50%	75%	✓
50%	75%	✓
50%	75%	✓
50%	75%	✓
		✓
\$6,940	\$3,470	

Plan K	Plan L	Plan N
\$69.54	\$109.64	\$135.42
\$76.49	\$120.60	\$148.96
\$114.00	\$179.75	\$222.00
\$125.40	\$197.72	\$244.20

3 NOTE: Up to \$20 copay for office visits and up to \$50 copay for Emergency Room.

4 NOTE: Enrollment Discounts are applied to the Standard Rates, which usually change each calendar year. Additionally, after age 68 the Enrollment Discount decreases 3% each year on the anniversary of your plan effective date.



Premium information

We, UnitedHealthcare Insurance Company, can only raise your premium for all certificates like yours in the state. Any change will apply to all members of the same class insured under your plan who reside in your state.

Disclosures

Use this outline to compare benefits and premiums among plans.

Read your certificate very carefully

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

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.

Policy replacement

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

Notice

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

Limitations and exclusions

- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage Plan.
- Care not meeting Medicare's standards.
- Care for which you have no obligation to pay.
- Care you receive in a government hospital.
- Injury or sickness for which you are entitled to worker's compensation benefits.
- Benefits provided under another policy.
- Charges in excess of Medicare eligible expenses.
- Expenses you incur during the first 3 months after your effective date if due to a pre-existing condition. A pre-existing condition is a condition for which one of these things happened within 3 months before your effective date:
 - 1) a physician gave you medical advice for the condition.
 - 2) a physician recommended or gave you treatment for the condition, which includes a physician recommending or prescribing a prescription drug for the condition.(If you are an Eligible Person or had Creditable Coverage within the last 63 days, this limitation will not apply to you.)

Refund of Premium

The certificate provides a refund of any unearned monthly premium upon the death of an insured or the surrender of the Certificate.

Complete answers are very important

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

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 A		PLAN B	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,600	\$0	\$1,600 (Part A deductible)	\$1,600 (Part A deductible)	\$0
61 st thru 90 th day	All but \$400 a day	\$400 a day	\$0	\$400 a day	\$0
91 st day and after: -While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0	\$800 a day	\$0
-Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs	\$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	All approved amounts	\$0	\$0	\$0	\$0
21 st thru 100 th day	All but \$200 a day	\$0	Up to \$200 a day	\$0	Up to \$200 a day
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN A		PLAN B	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
PART B EXCESS CHARGES					
(Above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES -					
TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN A		PLAN B	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
HOME HEALTH CARE					
MEDICARE APPROVED SERVICES					
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
- Durable medical equipment					
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

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 C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0	\$1,600 (Part A deductible)	\$0	\$1,600 (Part A deductible)	\$0
61 st thru 90 th day	All but \$400 a day	\$400 a day	\$0	\$400 a day	\$0	\$400 a day	\$0
91 st day and after: -While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0	\$800 a day	\$0	\$800 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**	100% of Medicare eligible expenses	\$0***	100% of Medicare eligible costs	\$0**
-Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs	\$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	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0
21 st thru 100 th day	All but \$200 a day	Up to \$200 a day	\$0	Up to \$200 a day	\$0	Up to \$200 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs	\$0	All costs
BLOOD							
First 3 pints	\$0	3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0	\$0	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

*** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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



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	<div> <div>Medicare copayment/coinsurance</div> <div>\$0</div> </div>	<div> <div>Medicare copayment/coinsurance</div> <div>\$0</div> </div>	<div> <div>Medicare copayment/coinsurance</div> <div>\$0</div> </div>

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

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

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment							
First \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment 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.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment 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	100%	\$0	\$0	All costs
BLOOD							
First 3 pints	\$0	All costs	\$0	All costs	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES-							
TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0	\$0	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
HOME HEALTH CARE							
MEDICARE APPROVED SERVICES							
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0
-Durable medical equipment							
First \$226 of Medicare Approved amounts*	\$0	\$226 (Part B deductible)	\$0	\$226 (Part B deductible)	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0	20%	\$0	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN C		PLAN F		PLAN N	
		PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY	PLAN 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	\$0	\$0	\$250	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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 \$1,600 All but \$400 a day All but \$800 a day \$0 \$0	\$1,600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

Plan G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$226 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$226 (Unless Part B deductible has been met) \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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

* You will pay half (one-fourth for Plan L) of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6940 (\$3470 for Plan L) 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 K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,600	\$800 (50% of Part A deductible)	\$800 (50% of Part A deductible)◆	\$1,200 (75% of Part A deductible)	\$400 (25% of Part A Deductible)◆
61 st through 90 th day	All but \$400 a day	\$400 a day	\$0	\$400 a day	\$0
91 st day and after: -While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0	\$800 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare eligible costs	\$0***	100% of Medicare eligible costs	\$0***
-Beyond the additional 365 days	\$0	\$0	All costs	\$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	All approved amounts	\$0	\$0	\$0	\$0
21 st thru 100 th day	All but \$200 a day	Up to \$100 a day	Up to \$100 a day◆	Up to \$150 a day	Up to \$50 a day◆
101 st day and after	\$0	\$0	All costs	\$0	All costs

*** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

BLOOD					
First 3 pints	\$0	50%	50% ♦	75%	25% ♦
Additional amounts	100%	\$0	\$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	50% of copayment/coinsurance	50% of Medicare copayment/coinsurance ♦	75% of copayment/coinsurance	25% of Medicare copayment/coinsurance ♦

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

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

SERVICES	MEDICARE PAYS	PLAN K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES- IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$226 of Medicare Approved Amounts****	\$0	\$0	\$226(Part B deductible)****◆	\$0	\$226 (Part B deductible)****◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare Approved Amounts	Remainder of Medicare Approved Amounts	All costs above Medicare Approved Amounts	Remainder of Medicare Approved Amounts	All costs above Medicare Approved Amounts
Remainder of Medicare Approved Amounts	Generally 80%	Generally 10%	Generally 10%◆	Generally 15%	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 \$6940)*	\$0	All costs (and they do not count toward annual out-of- pocket limit of \$3470)*
BLOOD					
First 3 pints	\$0	50%	50%◆	75%	25%◆
Next \$226 of Medicare Approved Amounts****	\$0	\$0	\$226 (Part B deductible)****◆	\$0	\$226 (Part B deductible)◆
Remainder of Medicare Approved Amounts	Generally 80%	Generally 10%	Generally 10%◆	Generally 15%	Generally 5%◆
CLINICAL LABORATORY SERVICES					
TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$6940 per year (\$3470 for Plan L). 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					
SERVICES	MEDICARE PAYS	PLAN K		PLAN L	
		PLAN PAYS	YOU PAY*	PLAN PAYS	YOU PAY*
HOME HEALTH CARE					
MEDICARE APPROVED SERVICES					
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
-Durable medical equipment					
First \$226 of Medicare Approved Amounts*****	\$0	\$0	\$226 (Part B deductible)◆	\$0	\$226 (Part B deductible)◆
Remainder of Medicare Approved amounts	80%	10%	10%◆	15%	5%◆

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

Your Guide

To AARP Medicare Supplement and Medicare Select Insurance Plans

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

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are only eligible if you enroll within 6 months after enrolling in Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section. Regardless of when you enroll, you may only enroll in Plan A.)

Guaranteed Acceptance

- Your **Medicare Supplement Open Enrollment Period** lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. (If your initial enrollment in Part B is before age 65, you have a second six-month Open Enrollment period beginning the month you turn 65.) During this time, your acceptance is guaranteed in any plan for which you're eligible for based on whether your 65th birthday or Medicare Part A Effective Date was before or after 1/1/2020.
- 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. Additionally, the Health Information Counseling & Advocacy Program (HICAP) assists older Texans and Texans with disabilities by providing free information about health insurance and public benefits. To speak to a benefits counselor in your area, please call 1-800-252-9240. Or you may want to call UnitedHealthcare at 1-800-523-5800.

Additional Information

Exclusions

- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage Plan.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Benefits provided under another policy.
- Charges in excess of Medicare Eligible Expenses.
- 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.

Continued...

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare. UnitedHealthcare 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.

- Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

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

1. Individuals 65 years of age or older who are replacing prior creditable coverage within 63 days after termination; OR
2. Individuals whose application form is received prior to or during the 6-month period beginning with the first day of the month in which the individual is age 65 or older and enrolled in Medicare Part B; OR
3. Individuals who are entitled to Guaranteed Issue; OR
4. Individuals who are replacing a Medicare supplement or Medicare select plan.

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 (1) and (2) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 100% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period; and
- 100% of the Part A Medicare Eligible Expenses not paid by Medicare.

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 can never 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. You may keep your plan in force by paying the required premium when due. The required payment for your plan is subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state. 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 AARP Medicare Select Plan to an individual Medicare supplement policy issued by UnitedHealthcare.

Of course, you may cancel your AARP Medicare Supplement or AARP Medicare Select Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

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

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 reinstituted 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 reinstituted if requested within 90 days of losing your employer or union-based group health plan.

For Plans F and G that provide an Excess Charge Benefit, in Texas, the amount cannot exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

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 - Certificates of Insurance numbered MDA 0965 / MAA 0966 / MDA 0802 / MAA 0809 (Plan A), MDB 0803 / MAB 0810 (Plan B), MDC 0804 / MAC 0811 (Plan C), MDF 0805 / MAF 0812 (Plan F), MDG 0920 / MAG 0921 (Plan G), MDK 0806 / MAK 0813 (Plan K), MDL 0807 / MAL 0814 (Plan L), MDN 0808 / MAN 0815 (Plan N), MDSG 0984 (Select Plan G), MDSN 0985 (Select Plan N).

AARP Medicare Supplement and Medicare Select Plans have been developed in line with federal standards.

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.

Questions? Call UnitedHealthcare at 1-800-523-5800.



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.



Insurance² & Finances

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



Home & Auto

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



Retail & Dining

Discounts on gifts and groceries, in addition to restaurants.



Travel & Entertainment

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



Magazine, Advocacy & Community

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

Valued Member
Sept 2026 123 456 789 0
VALID THRU MEMBERSHIP NUMBER

AARP

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

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

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

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

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Important Notice

Please note, if you are eligible for Guaranteed Acceptance according to the “Your Guide,” you DO NOT need to provide a termination letter or replacement notice.

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Enrollment Form

AARP® Medicare Supplement Insurance Plans

Insured by
UnitedHealthcare Insurance Company (UnitedHealthcare),
Hartford, CT 06103


99999-001
Sample A. Sample
123 Any Street
Anycity TX 99999-9999

Instructions

1. Fill in all requested information on this Enrollment Form and sign where 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 Enrollment Form.

Note: Plans and rates are only good for residents of the state of Texas.

You may enroll using this Enrollment Form only if your employer has arranged to subsidize or endorse your coverage.

 Mail all pages of the completed Enrollment Form in the enclosed envelope. If the return envelope is missing, please mail to: UnitedHealthcare, P.O. Box 105331, Atlanta, GA 30348-5331.

Please reply by 12/31/2023
for coverage to be effective on 1/1/2024

Complete name and address information
only if different from above.

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 _____

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.

1C. Birthdate _____ / _____ / _____
Month Day Year

1D. Gender ☐ Male ☐ Female

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

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

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

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10/10/23

S38V40MNMMTX01 01F

Questions? Call UnitedHealthcare at 1-800-555-5555.

Page 1 of 5

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 65 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

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. Please call if you have questions.

☐ Plan A ☐ Plan B

☐ Plan K ☐ Plan G
☐ Plan L ☐ Plan N

Plan Start Date

2B. Your Plan will start on the first day of the month following receipt and approval of this Enrollment 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 Tell us about your tobacco usage. If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").

3A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

☐ Yes ☐ No

4 Tell us about 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 more than one type of coverage in addition to your Medicare benefits.
- 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 reinstituted 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 reinstituted 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).

4 Tell us about your past and current coverage (continued)

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,

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

☐ Yes ☐ No

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

☐ Yes ☐ No

4C. If YES, what is the effective date?

_____/01/_____
Month Day Year

Questions about Medicaid

4D. 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 4E and 4F.

4E. Will Medicaid pay your premiums for this Medicare supplement policy?

☐ Yes ☐ No

4F. 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)

4G. 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 4H through 4K.

4H. 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

4I. 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

4J. Was this your first time in this type of Medicare plan?

☐ Yes ☐ No

4K. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

☐ Yes ☐ No



4**Tell us about your past and current coverage (continued)****Questions about Medicare supplement plans****4L.** Do you have another Medicare supplement policy in force?☐ Yes ☐ No

If so, what insurance company and what plan do you have?

Insurance Company: _____

Policy: _____

If YES, you must answer Question 4M.**4M.** Do you intend to replace your current Medicare supplement policy with this policy?☐ Yes ☐ No**Questions about any other type of health insurance coverage****4N.** 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 4O through 4Q.****4O.** If so, with what insurance company and what kind of policy?**Insurance Company:** _____**Policy:**☐ HMO/PPO☐ Major Medical☐ Employer Plan☐ Union Plan☐ Other _____**4P.** 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**4Q.** Are you replacing this health insurance?☐ Yes ☐ No

5

Authorization and Verification of Enrollment Form Information**Read carefully, and sign and date in the signature box below.**

- I declare the answers on this Enrollment Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Enrollment Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Enrollment 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.
- I understand, for the Medicare Select Plan, I must determine whether any physician has admitting privileges to a network hospital.

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



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. ☐





