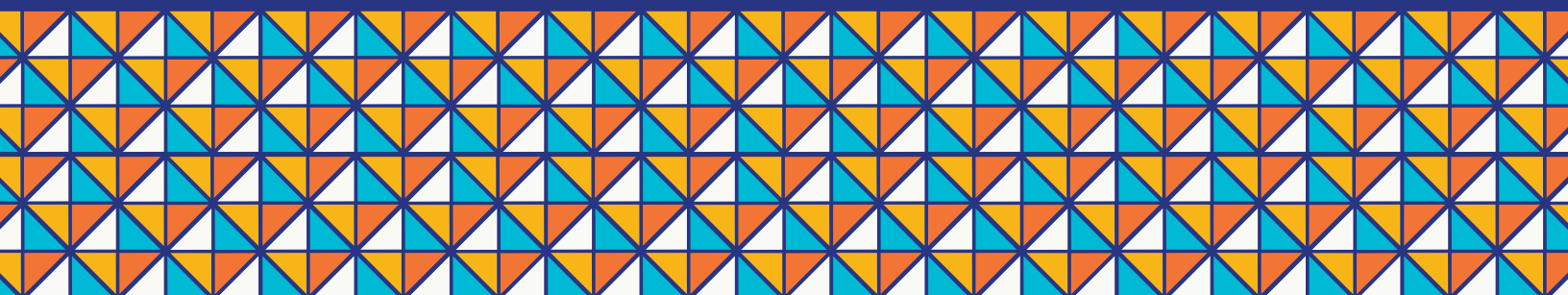




Enrollment Kit



New York

Rates are for January 1, 2025 - December 1, 2025 plan effective dates.

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



There for you now, and in the future.

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. Medicare Supplement insurance plans offer standardized benefits to help keep you covered. With an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company of New York (UnitedHealthcare), you may enjoy:



Experience

- ✓ UnitedHealthcare has been serving the health care needs of people like you for more than 50 years.¹
- ✓ More people choose UnitedHealthcare for their Medicare Supplement insurance coverage than any other company, making us the #1 provider of Medicare Supplement plans in the nation.²



Freedom

- ✓ Visit any doctor, any specialist, and any hospital that accepts Medicare patients.
- ✓ Use your plan when traveling anywhere in the U.S., and for some plans, medical emergencies abroad.



Stability

- ✓ Guaranteed coverage for life.*
- ✓ More predictable out-of-pocket medical costs.
- ✓ 95% of surveyed members would continue with their AARP Medicare Supplement Plan.³

And that's not all -- UnitedHealthcare is committed to offering quality service; 95% of surveyed members are satisfied with their AARP Medicare Supplement Plan.³

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about other reasons to choose an AARP Medicare Supplement Plan.

UnitedHealthcare would be honored to serve your health insurance needs - now, and for years to come.

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

UnitedHealthcare Insurance
Company of New York
(UnitedHealthcare)

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.

*As long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan.

- ¹ From a report prepared for UnitedHealthcare by Human8, “Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans,” June 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ² From a report prepared for UnitedHealthcare by Mark Farrah Associates, “December 2022 Medigap Enrollment & Market Share,” June 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ³ From a report prepared for UnitedHealthcare by Human8, “2023 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance Plans. 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.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just \$16.00 a year).

Insured by UnitedHealthcare Insurance Company of New York, 2950 Expressway Drive South, Suite 240, Islandia, NY 11749. Policy form No. GRP 79171 GPS-1 (G-36000-4).

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



Gym Membership and More

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



Gym Membership

Renew Active® Fitness Program:

- A gym membership at no additional cost to you.
- Access to over 25,000 national gyms and fitness locations.
- Access to thousands of on-demand workout videos and live streaming fitness classes.



Brain Health

An online program offering content about brain health, including the Cognitive Assessment and Lifestyle Check-ins as well as exclusive content for Renew Active members, such as videos and interactive challenges, from AARP® Staying Sharp®.



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.

These offers are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company of New York. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits and are subject to geographical availability. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company of New York. 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 Fitness Program

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. Gym network may vary in local market.

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 the Staying Sharp Legal Disclaimer, Terms of Service, and Privacy Policy. Existing Users who have already accepted AARP's Terms of Service and Privacy Policy will not be required to create a new AARP® Online Account but will need to accept Staying Sharp's Legal Disclaimer and additional Terms of Service.

Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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 Medicare Supplement Insurance Plans

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company of New York. UnitedHealthcare Insurance Company of New York 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.

AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company of New York, 2950 Expressway Drive, South, Suite 240, Islandia, NY 11749. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plans are 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 agent/producer may contact you.

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 Care Products & Discounts

Access to health and dental insurance products, as well as vision, hearing and prescription discounts.



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.



Insurance² & Financial Services

Access to life, auto and homeowners insurance, AARP-endorsed credit card, plus banking and investment options.



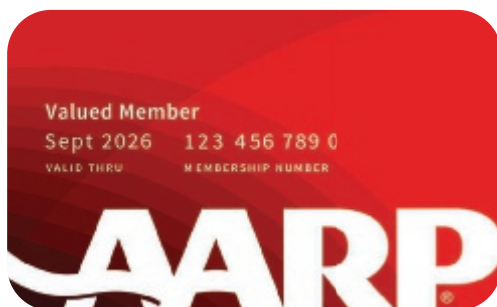
Magazine, Advocacy & Community

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



Home & Auto

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



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

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

¹ 2022 AARP Annual Report. Retrieved July 27, 2023, 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



Contact your
licensed insurance
agent/producer
to get your
personalized
rate quote.

These discounts can add up to valuable savings on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company of New York (UnitedHealthcare).

TAKE \$24 OFF with Electronic Funds Transfer

You'll save \$2.00 off your total monthly 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 premium when you pay your entire 12-month premium.

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 12 months from your initial plan effective date. Insured members will not receive an additional rate guarantee when changing from one AARP Medicare Supplement Plan to another.

AARP | Medicare Supplement
from  **UnitedHealthcare**

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.

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

Insured by UnitedHealthcare Insurance Company, Hartford, CT (UnitedHealthcare Insurance Company of New York, 2950 Expressway Drive South, Suite 240, Islandia, NY 11749 for NY residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4).

Plans are 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.



Plans & Rates



Plans & Rates

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.

Overview of Available Plans

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

Benefit Chart of Medicare Supplement Plans Sold on or after June 1, 2010 Including Revisions Effective January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plans “A” & “B” and either “D” or “G”. Only applicants' first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F+. Some plans may not be available in your state.

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 2024 ² | | | | | \$7060 ² | \$3530 ² | | | | |

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2800 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 is only available on or after January 1, 2020, and 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.

PREMIUM INFORMATION

We, UnitedHealthcare Insurance Company of New York, can only raise your premium if we raise the premium for all certificates like yours in this state.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR CERTIFICATE 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 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.

However, UnitedHealthcare has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during this period. If you have received claims payment in excess of the amount of your premium, no refund of premium will be made.

POLICY REPLACEMENT

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

NOTICE

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

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the application carefully before you sign it. Be certain that all information has been properly recorded.



Important Note about the Plan Information in This Package

The deductibles and co-payments shown in this package are the 2024 amounts.

If Medicare decides to make a change for 2025, your AARP® Medicare Supplement Plan benefits will automatically change to match any increase in the deductibles and co-payments.

If you have any questions, please contact your licensed insurance agent/producer.

ATTENTION Applicants

You **may NOT** use this Enrollment Kit to enroll in a plan if your Zip Code is not listed in the following section.

If the Zip Code in which you reside **is NOT** listed under Area 1 Zip Codes or Area 2 Zip Codes, you **must** contact UnitedHealthcare directly for information about plans and rates in your area and to enroll:



Please call UnitedHealthcare at **866-437-1021** for more information about an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, or to request a paper enrollment kit for your area to be mailed to you.



You can also enroll online at **aarpmedicareplans.com**.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). 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.

Cover Page - Rates Monthly Plan Rates for New York - Area 1

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of New York**

| Plans Available to All Applicants | | | | | | Medicare first eligible before 2020 only ¹ | |
|-----------------------------------|----------|----------|----------|----------|----------|---|---------------------|
| Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ¹ | Plan F ¹ |
| Standard Rates | | | | | | | |
| \$209.00 | \$303.00 | \$326.75 | \$106.75 | \$216.25 | \$262.25 | \$415.50 | \$394.00 |

These rates are for plan effective dates from January 2025 - December 2025 and may change.

1 IMPORTANT: Plans C and F are only available to eligible applicants who first become eligible for Medicare before January 1, 2020 based upon age, disability or end-stage renal disease and who are members of AARP.

NEW YORK Area 1 ZIP Codes

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

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 00501 | 10026 | 10090 | 10128 | 10171 | 10272 | 10451 | 10503 | 10546 | 10597 | 10913 | 11003 |
| 00544 | 10027 | 10101 | 10129 | 10172 | 10273 | 10452 | 10504 | 10547 | 10598 | 10920 | 11004 |
| 06390 | 10028 | 10102 | 10130 | 10173 | 10274 | 10453 | 10505 | 10548 | 10601 | 10923 | 11005 |
| 10001 | 10029 | 10103 | 10131 | 10174 | 10275 | 10454 | 10506 | 10549 | 10602 | 10927 | 11010 |
| 10002 | 10030 | 10104 | 10132 | 10175 | 10276 | 10455 | 10507 | 10550 | 10603 | 10931 | 11020 |
| 10003 | 10031 | 10105 | 10133 | 10176 | 10277 | 10456 | 10510 | 10551 | 10604 | 10952 | 11021 |
| 10004 | 10032 | 10106 | 10138 | 10177 | 10278 | 10457 | 10511 | 10552 | 10605 | 10954 | 11022 |
| 10005 | 10033 | 10107 | 10150 | 10178 | 10279 | 10458 | 10514 | 10553 | 10606 | 10956 | 11023 |
| 10006 | 10034 | 10108 | 10151 | 10179 | 10280 | 10459 | 10517 | 10560 | 10607 | 10960 | 11024 |
| 10007 | 10035 | 10109 | 10152 | 10185 | 10281 | 10460 | 10518 | 10562 | 10610 | 10962 | 11026 |
| 10008 | 10036 | 10110 | 10153 | 10199 | 10282 | 10461 | 10519 | 10566 | 10701 | 10964 | 11027 |
| 10009 | 10037 | 10111 | 10154 | 10203 | 10285 | 10462 | 10520 | 10567 | 10702 | 10965 | 11030 |
| 10010 | 10038 | 10112 | 10155 | 10211 | 10286 | 10463 | 10521 | 10570 | 10703 | 10968 | 11040 |
| 10011 | 10039 | 10113 | 10156 | 10212 | 10301 | 10464 | 10522 | 10573 | 10704 | 10970 | 11042 |
| 10012 | 10040 | 10114 | 10157 | 10213 | 10302 | 10465 | 10523 | 10576 | 10705 | 10974 | 11050 |
| 10013 | 10041 | 10115 | 10158 | 10242 | 10303 | 10466 | 10526 | 10577 | 10706 | 10976 | 11051 |
| 10014 | 10043 | 10116 | 10159 | 10249 | 10304 | 10467 | 10527 | 10578 | 10707 | 10977 | 11052 |
| 10016 | 10044 | 10117 | 10160 | 10256 | 10305 | 10468 | 10528 | 10580 | 10708 | 10980 | 11053 |
| 10017 | 10045 | 10118 | 10162 | 10258 | 10306 | 10469 | 10530 | 10583 | 10709 | 10982 | 11054 |
| 10018 | 10055 | 10119 | 10163 | 10259 | 10307 | 10470 | 10532 | 10587 | 10710 | 10983 | 11055 |
| 10019 | 10060 | 10120 | 10164 | 10260 | 10308 | 10471 | 10533 | 10588 | 10801 | 10984 | 11096 |
| 10020 | 10065 | 10121 | 10165 | 10261 | 10309 | 10472 | 10535 | 10589 | 10802 | 10986 | 11101 |
| 10021 | 10069 | 10122 | 10166 | 10265 | 10310 | 10473 | 10536 | 10590 | 10803 | 10989 | 11102 |
| 10022 | 10075 | 10123 | 10167 | 10268 | 10311 | 10474 | 10538 | 10591 | 10804 | 10993 | 11103 |
| 10023 | 10080 | 10124 | 10168 | 10269 | 10312 | 10475 | 10540 | 10594 | 10805 | 10994 | 11104 |
| 10024 | 10081 | 10125 | 10169 | 10270 | 10313 | 10501 | 10543 | 10595 | 10901 | 11001 | 11105 |
| 10025 | 10087 | 10126 | 10170 | 10271 | 10314 | 10502 | 10545 | 10596 | 10911 | 11002 | 11106 |

NEW YORK Area 1 ZIP Codes CONTINUED

| | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 11109 | 11226 | 11357 | 11411 | 11451 | 11560 | 11697 | 11732 | 11767 | 11797 | 11952 |
| 11120 | 11228 | 11358 | 11412 | 11499 | 11561 | 11701 | 11733 | 11768 | 11798 | 11953 |
| 11201 | 11229 | 11359 | 11413 | 11501 | 11563 | 11702 | 11735 | 11769 | 11801 | 11954 |
| 11202 | 11230 | 11360 | 11414 | 11507 | 11565 | 11703 | 11737 | 11770 | 11802 | 11955 |
| 11203 | 11231 | 11361 | 11415 | 11509 | 11566 | 11704 | 11738 | 11771 | 11803 | 11956 |
| 11204 | 11232 | 11362 | 11416 | 11510 | 11568 | 11705 | 11739 | 11772 | 11804 | 11957 |
| 11205 | 11233 | 11363 | 11417 | 11514 | 11569 | 11706 | 11740 | 11773 | 11815 | 11958 |
| 11206 | 11234 | 11364 | 11418 | 11516 | 11570 | 11707 | 11741 | 11775 | 11853 | 11959 |
| 11207 | 11235 | 11365 | 11419 | 11518 | 11571 | 11709 | 11742 | 11776 | 11901 | 11960 |
| 11208 | 11236 | 11366 | 11420 | 11520 | 11572 | 11710 | 11743 | 11777 | 11930 | 11961 |
| 11209 | 11237 | 11367 | 11421 | 11530 | 11575 | 11713 | 11746 | 11778 | 11931 | 11962 |
| 11210 | 11238 | 11368 | 11422 | 11531 | 11576 | 11714 | 11747 | 11779 | 11932 | 11963 |
| 11211 | 11239 | 11369 | 11423 | 11542 | 11577 | 11715 | 11749 | 11780 | 11933 | 11964 |
| 11212 | 11241 | 11370 | 11424 | 11545 | 11579 | 11716 | 11751 | 11782 | 11934 | 11965 |
| 11213 | 11242 | 11371 | 11425 | 11547 | 11580 | 11717 | 11752 | 11783 | 11935 | 11967 |
| 11214 | 11243 | 11372 | 11426 | 11548 | 11581 | 11718 | 11753 | 11784 | 11937 | 11968 |
| 11215 | 11245 | 11373 | 11427 | 11549 | 11582 | 11719 | 11754 | 11786 | 11939 | 11969 |
| 11216 | 11247 | 11374 | 11428 | 11550 | 11590 | 11720 | 11755 | 11787 | 11940 | 11970 |
| 11217 | 11249 | 11375 | 11429 | 11551 | 11596 | 11721 | 11756 | 11788 | 11941 | 11971 |
| 11218 | 11251 | 11377 | 11430 | 11552 | 11598 | 11722 | 11757 | 11789 | 11942 | 11972 |
| 11219 | 11252 | 11378 | 11431 | 11553 | 11599 | 11724 | 11758 | 11790 | 11944 | 11973 |
| 11220 | 11256 | 11379 | 11432 | 11554 | 11690 | 11725 | 11760 | 11791 | 11946 | 11975 |
| 11221 | 11351 | 11380 | 11433 | 11555 | 11691 | 11726 | 11762 | 11792 | 11947 | 11976 |
| 11222 | 11352 | 11381 | 11434 | 11556 | 11692 | 11727 | 11763 | 11793 | 11948 | 11977 |
| 11223 | 11354 | 11385 | 11435 | 11557 | 11693 | 11729 | 11764 | 11794 | 11949 | 11978 |
| 11224 | 11355 | 11386 | 11436 | 11558 | 11694 | 11730 | 11765 | 11795 | 11950 | 11980 |
| 11225 | 11356 | 11405 | 11439 | 11559 | 11695 | 11731 | 11766 | 11796 | 11951 | |

Cover Page - Rates Monthly Plan Rates for New York - Area 2

**AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of New York**

| Plans Available to All Applicants | | | | | | Medicare first eligible before 2020 only ¹ | |
|-----------------------------------|----------|----------|---------|----------|----------|---|---------------------|
| Plan A | Plan B | Plan G | Plan K | Plan L | Plan N | Plan C ¹ | Plan F ¹ |
| Standard Rates | | | | | | | |
| \$190.25 | \$275.75 | \$294.75 | \$97.00 | \$197.00 | \$245.00 | \$374.75 | \$355.25 |

These rates are for plan effective dates from January 2025 - December 2025 and may change.

1 IMPORTANT: Plans C and F are only available to eligible applicants who first become eligible for Medicare before January 1, 2020 based upon age, disability or end-stage renal disease and who are members of AARP.

NEW YORK Area 2 ZIP Codes

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

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 10509 | 10941 | 12017 | 12052 | 12082 | 12131 | 12167 | 12201 | 12234 | 12305 | 12423 | 12454 |
| 10512 | 10949 | 12018 | 12053 | 12083 | 12132 | 12168 | 12202 | 12235 | 12306 | 12424 | 12455 |
| 10516 | 10950 | 12019 | 12054 | 12084 | 12133 | 12169 | 12203 | 12236 | 12307 | 12427 | 12456 |
| 10524 | 10953 | 12020 | 12055 | 12085 | 12134 | 12170 | 12204 | 12237 | 12308 | 12428 | 12457 |
| 10537 | 10958 | 12022 | 12056 | 12086 | 12136 | 12172 | 12205 | 12238 | 12309 | 12429 | 12458 |
| 10541 | 10959 | 12023 | 12057 | 12087 | 12137 | 12173 | 12206 | 12239 | 12325 | 12430 | 12459 |
| 10542 | 10963 | 12024 | 12058 | 12089 | 12138 | 12174 | 12207 | 12240 | 12345 | 12431 | 12460 |
| 10579 | 10969 | 12025 | 12059 | 12090 | 12140 | 12175 | 12208 | 12241 | 12401 | 12432 | 12461 |
| 10910 | 10973 | 12027 | 12060 | 12092 | 12141 | 12176 | 12209 | 12242 | 12402 | 12433 | 12463 |
| 10912 | 10975 | 12028 | 12061 | 12093 | 12143 | 12177 | 12210 | 12243 | 12404 | 12434 | 12464 |
| 10914 | 10979 | 12029 | 12062 | 12094 | 12144 | 12180 | 12211 | 12244 | 12405 | 12435 | 12465 |
| 10915 | 10981 | 12031 | 12063 | 12095 | 12147 | 12181 | 12212 | 12245 | 12406 | 12436 | 12466 |
| 10916 | 10985 | 12032 | 12065 | 12106 | 12148 | 12182 | 12214 | 12246 | 12407 | 12438 | 12468 |
| 10917 | 10987 | 12033 | 12066 | 12107 | 12149 | 12183 | 12220 | 12247 | 12409 | 12439 | 12469 |
| 10918 | 10988 | 12035 | 12067 | 12110 | 12150 | 12184 | 12222 | 12248 | 12410 | 12440 | 12470 |
| 10919 | 10990 | 12036 | 12068 | 12115 | 12151 | 12185 | 12223 | 12249 | 12411 | 12441 | 12471 |
| 10921 | 10992 | 12037 | 12069 | 12117 | 12153 | 12186 | 12224 | 12250 | 12412 | 12442 | 12472 |
| 10922 | 10996 | 12040 | 12070 | 12118 | 12154 | 12187 | 12225 | 12255 | 12413 | 12443 | 12473 |
| 10924 | 10997 | 12041 | 12071 | 12120 | 12156 | 12188 | 12226 | 12257 | 12414 | 12444 | 12474 |
| 10925 | 10998 | 12042 | 12072 | 12121 | 12157 | 12189 | 12227 | 12260 | 12416 | 12446 | 12475 |
| 10926 | 12007 | 12043 | 12073 | 12122 | 12158 | 12192 | 12228 | 12261 | 12417 | 12448 | 12477 |
| 10928 | 12008 | 12045 | 12074 | 12123 | 12159 | 12193 | 12229 | 12288 | 12418 | 12449 | 12480 |
| 10930 | 12009 | 12046 | 12075 | 12124 | 12160 | 12194 | 12230 | 12301 | 12419 | 12450 | 12481 |
| 10932 | 12010 | 12047 | 12076 | 12125 | 12161 | 12195 | 12231 | 12302 | 12420 | 12451 | 12482 |
| 10933 | 12015 | 12050 | 12077 | 12128 | 12165 | 12196 | 12232 | 12303 | 12421 | 12452 | 12483 |
| 10940 | 12016 | 12051 | 12078 | 12130 | 12166 | 12198 | 12233 | 12304 | 12422 | 12453 | 12484 |

NEW YORK Area 2 ZIP Codes CONTINUED

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 12485 | 12517 | 12548 | 12584 | 12736 | 12769 | 12811 | 12846 | 12883 | 12944 | 13317 | 13839 |
| 12486 | 12518 | 12549 | 12585 | 12737 | 12770 | 12814 | 12848 | 12884 | 12946 | 13339 | 13842 |
| 12487 | 12520 | 12550 | 12586 | 12738 | 12771 | 12815 | 12849 | 12885 | 12950 | 13410 | 13846 |
| 12489 | 12521 | 12551 | 12588 | 12740 | 12775 | 12816 | 12850 | 12886 | 12952 | 13428 | 13847 |
| 12490 | 12522 | 12552 | 12589 | 12741 | 12776 | 12817 | 12851 | 12887 | 12955 | 13452 | 13856 |
| 12491 | 12523 | 12553 | 12590 | 12742 | 12777 | 12819 | 12852 | 12901 | 12956 | 13459 | 13860 |
| 12492 | 12524 | 12555 | 12592 | 12743 | 12778 | 12820 | 12853 | 12903 | 12958 | 13470 | |
| 12493 | 12525 | 12561 | 12594 | 12745 | 12779 | 12821 | 12854 | 12910 | 12959 | 13731 | |
| 12494 | 12526 | 12563 | 12601 | 12746 | 12780 | 12822 | 12855 | 12911 | 12960 | 13739 | |
| 12495 | 12527 | 12564 | 12602 | 12747 | 12781 | 12823 | 12856 | 12912 | 12961 | 13740 | |
| 12496 | 12528 | 12565 | 12603 | 12748 | 12783 | 12824 | 12857 | 12913 | 12962 | 13750 | |
| 12498 | 12529 | 12566 | 12604 | 12749 | 12784 | 12827 | 12858 | 12918 | 12964 | 13751 | |
| 12501 | 12530 | 12567 | 12701 | 12750 | 12785 | 12828 | 12859 | 12919 | 12972 | 13752 | |
| 12502 | 12531 | 12568 | 12719 | 12751 | 12786 | 12831 | 12860 | 12921 | 12974 | 13753 | |
| 12503 | 12533 | 12569 | 12720 | 12752 | 12787 | 12832 | 12861 | 12923 | 12975 | 13755 | |
| 12504 | 12534 | 12570 | 12721 | 12754 | 12788 | 12833 | 12862 | 12924 | 12977 | 13756 | |
| 12506 | 12537 | 12571 | 12722 | 12758 | 12789 | 12834 | 12863 | 12928 | 12978 | 13757 | |
| 12507 | 12538 | 12572 | 12723 | 12759 | 12790 | 12835 | 12865 | 12929 | 12979 | 13774 | |
| 12508 | 12540 | 12574 | 12724 | 12760 | 12791 | 12836 | 12866 | 12932 | 12981 | 13775 | |
| 12510 | 12541 | 12575 | 12725 | 12762 | 12792 | 12837 | 12870 | 12933 | 12985 | 13782 | |
| 12511 | 12542 | 12577 | 12726 | 12763 | 12801 | 12838 | 12871 | 12934 | 12987 | 13783 | |
| 12512 | 12543 | 12578 | 12727 | 12764 | 12803 | 12839 | 12872 | 12935 | 12992 | 13786 | |
| 12513 | 12544 | 12580 | 12729 | 12765 | 12804 | 12841 | 12873 | 12936 | 12993 | 13788 | |
| 12514 | 12545 | 12581 | 12732 | 12766 | 12808 | 12843 | 12874 | 12941 | 12996 | 13804 | |
| 12515 | 12546 | 12582 | 12733 | 12767 | 12809 | 12844 | 12878 | 12942 | 12997 | 13806 | |
| 12516 | 12547 | 12583 | 12734 | 12768 | 12810 | 12845 | 12879 | 12943 | 12998 | 13838 | |



Eligibility & Benefits



Eligibility & Benefits

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.

SA25709ST

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan A Pays | You Pay |
|--|--|---|------------------------------------|--------------------------------|
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$0 | \$1,632 (Part A deductible) |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | \$0 | Up to \$204 per day |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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Notes

¹ 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.

Plan Benefit Tables: Plan A (continued)

Medicare Part B: Medical Services per Calendar Year

| Service | | Medicare Pays | Plan A Pays | You Pay |
|---|---|---------------|---------------|---------------------------|
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B


| Service | | Medicare Pays | Plan A Pays | You Pay |
|--|--|---------------|-------------|---------------------------|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan B

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|---|------------------------------------|---------------------|
| Service | | Medicare Pays | Plan B pays | You Pay |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | \$0 | Up to \$204 per day |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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Notes

1 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.

Plan Benefit Tables: Plan B (continued)

| Medicare Part B: Medical Services per Calendar Year | | | | |
|---|---|---------------|---------------|---------------------------|
| Service | | Medicare Pays | Plan B pays | You Pay |
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

| Parts A and B | | | | |
|--|--|---------------|-------------|---------------------------|
| Service | | Medicare Pays | Plan B Pays | You Pay |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |


Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period¹

| Service | | Medicare Pays | Plan C Pays | You Pay |
|--|--|---|------------------------------------|-----------|
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$204 per day | \$0 |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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Notes

1 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.

Plan Benefit Tables: Plan C (continued)

Medicare Part B: Medical Services per Calendar Year

| Service | | Medicare Pays | Plan C Pays | You Pay |
|---|---|---------------|---------------------------|-----------|
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

| Service | | Medicare Pays | Plan C Pays | You Pay |
|--|--|---------------|---------------------------|---------|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Other Benefits not covered by Medicare

| Service | | Medicare Pays | Plan C Pays | You Pay |
|--|-----------------------------------|---------------|---|--|
| Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA. | First \$250 of 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 |

Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan F

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|--|--------------------------------------|-----------|
| Service | | Medicare Pays | Plan F Pays | You Pay |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$204 per day | \$0 |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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Notes

1 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.

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year

| Service | | Medicare Pays | Plan F Pays | You Pay |
|---|---|---------------|---------------------------|---------|
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | 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 \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |

Parts A and B

| Service | | Medicare Pays | Plan F Pays | You Pay |
|--|--|---------------|---------------------------|---------|
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$240 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Other Benefits not covered by Medicare

| Service | | Medicare Pays | Plan F Pays | You Pay |
|--|-----------------------------------|---------------|---|--|
| Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA. | First \$250 of 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 |

Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan G

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|--|--------------------------------------|-----------|
| Service | | Medicare Pays | Plan G Pays | You Pay |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$204 per day | \$0 |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

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Notes

1 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.

Plan Benefit Tables: Plan G (continued)

| Medicare Part B: Medical Services per Calendar Year | | | | |
|---|--|---------------|---|--|
| Service | | Medicare Pays | Plan G Pays | You Pay |
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (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 \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (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 and B | | | | |
| Service | | Medicare Pays | Plan G Pays | You Pay |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Other Benefits not covered by Medicare | | | | |
| Service | | Medicare Pays | Plan G Pays | You Pay |
| Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA. | First \$250 of 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 |

Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|---|------------------------------------|---|
| Service | | Medicare Pays | Plan K Pays | You Pay ² |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$816 (50% of Part A deductible) | \$816 (50% of Part A deductible)◆ |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$102 per day | Up to \$102 per day◆ |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 50% | 50%◆ |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | 50% of co-payment/ co-insurance | 50% of Medicare co-payment/ co-insurance◆ |

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Notes

1 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.

2 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$7060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment 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.**

Plan Benefit Tables: Plan K (continued)

| Medicare Part B: Medical Services per Calendar Year | | | | |
|---|--|--|--|--|
| Service | | Medicare Pays | Plan K pays | You Pay ³ |
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ⁴ | \$0 | \$0 | \$240 (Part B deductible) ⁴ ♦ |
| | Preventive Benefits for Medicare covered services | Generally 80% or more of 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% ♦ |
| Part B Excess Charges Above Medicare-approved amounts | | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit of \$7060) ³ |
| Blood | First 3 pints | \$0 | 50% | 50% ♦ |
| | Next \$240 of Medicare-approved amounts ⁴ | \$0 | \$0 | \$240 (Part B deductible) ⁴ ♦ |
| | Remainder of Medicare-approved amounts | 80% | Generally 10% | Generally 10% ♦ |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan K Pays | You Pay ³ |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |

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Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7060 per 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.**

4 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

| Parts A and B | | | | |
|---|---|---------------|-------------|----------------------------------|
| Service | | Medicare Pays | Plan K Pays | You Pay ³ |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$240 (Part B deductible)◆ |
| | Remainder of Medicare-approved amounts | 80% | 10% | 10%◆ |

Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7060 per 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.**

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

Plan Benefit Tables: Plan L

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|---|------------------------------------|---|
| Service | | Medicare Pays | Plan L Pays | You Pay ² |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,224 (75% of Part A deductible) | \$408 (25% of Part A deductible)◆ |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$153 per day | Up to \$51 per day◆ |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 75% | 25%◆ |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | 75% of co-payment/ co-insurance | 25% of Medicare co-payment/ co-insurance◆ |

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Notes

1 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.

2 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment 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.**

Plan Benefit Tables: Plan L (continued)

| Medicare Part B: Medical Services per Calendar Year | | | | |
|---|--|--|--|--|
| Service | | Medicare Pays | Plan L Pays | You Pay ³ |
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ⁴ | \$0 | \$0 | \$240 (Part B deductible) ⁴ ♦ |
| | Preventive Benefits for Medicare covered services | Generally 80% or more of Medicare-approved amounts | Remainder of Medicare-approved amounts | All costs above Medicare-approved amounts |
| | Remainder of Medicare-approved amounts | Generally 80% | 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 \$3530) ³ |
| Blood | First 3 pints | \$0 | 75% | 25% ♦ |
| | Next \$240 of Medicare-approved amounts ⁴ | \$0 | \$0 | \$240 (Part B deductible) ⁴ ♦ |
| | Remainder of Medicare-approved amounts | 80% | Generally 15% | Generally 5% ♦ |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan L Pays | You Pay ³ |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |

Continued on next page 

Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3530 per 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.**

4 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

| Parts A and B | | | | |
|--|---|---------------|-------------|----------------------------|
| Service | | Medicare Pays | Plan L Pays | You Pay ³ |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$240 (Part B deductible)♦ |
| | Remainder of Medicare-approved amounts | 80% | 15% | 5%♦ |


Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3530 per 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.**

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

Plan Benefit Tables: Plan N

| Medicare Part A: Hospital Services per Benefit Period ¹ | | | | |
|--|--|---|------------------------------------|-----------|
| Service | | Medicare Pays | Plan N Pays | You Pay |
| Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies. | First 60 days | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | Days 61-90 | All but \$408 per day | \$408 per day | \$0 |
| | Days 91 and later while using 60 lifetime reserve days | All but \$816 per day | \$816 per day | \$0 |
| | After lifetime reserve days are used, an additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| | Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care¹ 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 |
| | Days 21-100 | All but \$204 per day | Up to \$204 per day | \$0 |
| | Days 101 and later | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |


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Notes

1 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.

Plan Benefit Tables: Plan N (continued)

| Medicare Part B: Medical Services per Calendar Year | | | | |
|---|--|---------------|--|--|
| Service | | Medicare Pays | Plan N Pays | You Pay |
| Medical Expenses INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | Generally 80% | 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 you are 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 co-payment of up to \$50 is waived if you are 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 | \$0 | All costs | \$0 |
| | Next \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | Tests for diagnostic services | 100% | \$0 | \$0 |
| Parts A and B | | | | |
| Service | | Medicare Pays | Plan N Pays | You Pay |
| Home Health Care Medicare-approved services | Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |

Continued on next page 

Notes

2 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N (continued)

| Parts A and B, continued | | | | |
|--|---|---------------|---|--|
| Service | | Medicare Pays | Plan N Pays | You Pay |
| Durable medical equipment Medicare-approved services | First \$240 of Medicare-approved amounts ² | \$0 | \$0 | \$240 (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 60 days of each trip outside the USA. | First \$250 of 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 |

Notes

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Your Guide to AARP Medicare Supplement Insurance Plans

To help you choose the AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company of New York (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 eligible AARP member, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. In New York, there is ongoing Guaranteed Acceptance so Medicare supplement plans are guaranteed available.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- In no event will medical payments under your Plan duplicate any benefits provided under Workers' Compensation.
- 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.
- Stays occurring and/or care or supplies received during the first 6 months of coverage will not be covered, if they are caused by or result from a pre-existing condition. A pre-existing condition is any sickness or injury for which you receive medical advice or treatment during the 6 months prior to your insurance effective date.

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

1. 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
2. Individuals who, within the last 63 days, have been covered under other health insurance coverage or are replacing current health insurance coverage.

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

You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement Plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

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

This policy meets the minimum standards for MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 75%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE: A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER.

By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare so your AARP Medicare Supplement 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 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 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 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.



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 of New York, Islandia, NY for New York residents.
Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans are 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.

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 aarp.org/ActToday;
- 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 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.



Conditional Receipt for New York Residents

If you are submitting premium, be sure to review and sign both copies of the form. Keep one copy for your records. The licensed insurance agent keeps the other copy in his or her records.



New York Agent Required Disclosure

Be sure to review the Disclosure which describes your rights to request certain information from your licensed insurance agent.



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, 185 Asylum Street, Hartford, CT 06103 (UnitedHealthcare Insurance Company of New York, 2950 Expressway Drive South, Suite 240, Islandia, NY 11749 for NY residents). Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans are 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 of New York
(UnitedHealthcare), Islandia, NY 11749

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
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 New York.

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 of New York.

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.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B |
| <input type="checkbox"/> Plan C | |
| <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan G |
| <input type="checkbox"/> Plan K | <input type="checkbox"/> Plan L |
| | <input type="checkbox"/> Plan N |

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who first become eligible for Medicare before January 1, 2020 based on age, disability or end-stage renal disease and who are members of AARP. Please call if you have questions.

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 Your past and current coverage

Review the statements.

- You do not need more than one Medicare supplement 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 must 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. Upon receipt of timely notice, the issuer must either return to the certificate holder that portion of the premium attributable to the period of Medicaid eligibility, or provide coverage to the end of the term for which premiums were paid, at the option of the insured, subject to adjustment for paid claims. 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 Application Form.



First Name

Last Name

3 Your past and current coverage (continued)

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

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

Yes No

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

Yes No

3C. If YES, what is the effective date?

_____/01/_____
Month Day Year

Questions about Medicaid

3D. 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 3E and 3F.

3E. Will Medicaid pay your premiums for this Medicare supplement policy?

Yes No

3F. 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)

3G. 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 3H through 3K.

3H. 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

3I. 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.

3J. Was this your first time in this type of Medicare plan?

Yes No

3K. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

Yes No

Questions about Medicare supplement plans

3L. 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 3M.

TEAR HERE

TEAR HERE



First Name

Last Name

3 Your past and current coverage (continued)

3M. 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

3N. 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 30 through 3Q.

3O. If so, with what insurance company and what kind of policy?
Insurance Company: _____
Policy:
 HMO/PPO
 Major Medical
 Employer Plan
 Union Plan
 Other _____

3P. 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

3Q. Are you replacing this health insurance? Yes No



Your Signature (required)

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

4 Verification of Application Information

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

• 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 which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

• **The sale of a Medicare supplement policy or certificate is prohibited where an individual has a Medicare supplement policy or certificate in force and does not desire to replace the existing policy or certificate or where the Medicare supplement policy or certificate would duplicate benefits to which the individual is entitled under a Medicare Advantage plan.**

• I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company of New York, 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.

TEAR HERE

TEAR HERE



First Name

Last Name

4 Verification of Application Information (continued)

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

- I understand an agent or broker discussing Plan options with me is appointed by UnitedHealthcare Insurance Company of New York, and may be compensated based on my enrollment in a Plan.
- I understand that an agent or broker may not change or waive any terms or requirements related to this Application Form and its contents, underwriting, premium or coverage and cannot grant approval.

If you are replacing your current health insurance coverage, or if your application is received within 6 months after you are first enrolled in Medicare Part B at age 65 or older, the following exclusion will not apply to you. Please see "Your Guide" for more information.

I understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 6 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 6 months prior to the insurance effective date.

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.

5 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 of New York 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. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. This authorization is valid for 24 months from the date of my signature.

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

6 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:

I have reviewed the current health insurance coverage for the applicant and find that additional coverage of the type and amount applied for is appropriate for the applicant's needs.

| | | |
|-------------------------------------|---------------------|---|
| Agent Name (PLEASE PRINT) | | |
| _____ | _____ | _____ |
| First Name | MI | Last Name |
| <input checked="" type="checkbox"/> | _____ | _____ / ____ / ____ |
| Agent Signature (required) | Agent ID (required) | Today's Date (required) Month Day Year |
| _____ | () - | _____ |
| Agent Email Address | Agent Phone Number | |
| <input checked="" type="checkbox"/> | _____ | _____ |
| Broker Name | Broker ID | |

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New York Agent Required Disclosure

As of January 1, 2011, New York regulations assure that you have the right to discuss compensation with your agent.

Agents who are licensed and appointed by UnitedHealthcare Insurance Company of New York for the solicitation of, negotiation for, or the sale of Medicare supplement insurance plans will receive compensation from UnitedHealthcare for helping you purchase one of the plans.

Your agent's compensation may vary depending on the plan you enroll in, how much business they provide to UnitedHealthcare, or the profitability of the insurance coverage that they provide to UnitedHealthcare.

You may request information about the expected compensation based on the sale, and the compensation expected to be received on any alternative quotes presented.

You may request information about the agent's expected compensation anytime up until 30 days following your plan effective date.

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CONDITIONAL RECEIPT

UnitedHealthcare Insurance Company of New York
Islandia, NY 11749

(To be completed and retained by the Agent with a copy given to the Applicant.)

\$ _____ Received from: _____
Name of Applicant

This amount is tendered with the application for the referenced insurance plan as a deposit for the premium due, subject to the following:

It is mutually agreed that the insurance plan applied for will become effective on the first day of the month following approval of the application but will not be in force unless UnitedHealthcare Insurance Company of New York has determined that the person(s) proposed for insurance have provided satisfactory evidence of insurability and the full first month's premium has been paid as required.

If the application is accepted, the Applicant will be advised in writing by UnitedHealthcare Insurance Company of New York. If the application is not accepted, UnitedHealthcare Insurance Company of New York will advise the Applicant, promptly refund the premium deposit paid; and the refund of such deposit will fully discharge any and all obligations of UnitedHealthcare Insurance Company of New York to the Applicant.

Agent acknowledges receipt of deposit for the premium due and delivery of a copy of Conditional Receipt to Applicant.

AGENT SIGNATURE (REQUIRED) _____

AGENT ID (REQUIRED) _____

TODAY'S DATE (REQUIRED) _____

TEAR HERE

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

HEALTH CARE PRODUCTS & DISCOUNTS

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

AWARD-WINNING PUBLICATIONS

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



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 car rentals, major hotels and resorts, cruises, flights and vacation packages

INSURANCE & FINANCIAL SERVICES

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

COMMUNITY INVOLVEMENT

Volunteer opportunities, social activities, safe driving courses and The 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 aarp.org/ActToday
Or call 1-866-331-1964

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

BA25584ST

AGT



TEAR HERE



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

FCSDUHCM

BA25584ST

OR

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

SAVE 25%

Visit aarp.org/ActToday

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.

AGT

Here are some featured health-related benefits you'll have access to as an AARP member:

- ✓ Supplemental Health Insurance
- ✓ Dental Coverage
- ✓ Hearing Care Discounts
- ✓ Vision Care Discounts
- ✓ Prescription Discounts
- ✓ Personalized Fitness Programming
- ✓ Healthy Food Delivery Service
- ✓ AARP Hearing Center
- ✓ Family Caregiving Resources
- ✓ At-Home Physical Therapy Services



Act today and make the most of membership.

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

SAVE
25%



Visit aarp.org/ActToday



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 emailing us at member@aarp.org. We may steward your resources by converting your check into an electronic deposit.

TEAR HERE

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Take advantage of 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 a month – or more.*

*Additional EFT savings may be available based on your enrollment in other eligible plans.

Benefits of the EFT service:

- 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 Start Date

- Recurring monthly EFT withdrawals will occur on or about the fifth of each month. EFT will usually begin the same month your plan is effective. If your enrollment application is accepted at the end of the month and your plan is effective the next month, there may be a processing delay in starting your EFT. In that case, EFT will start the month after your plan is effective, and your account statement will explain how to make a payment until your EFT starts.
- If this EFT form is received and processed after your application is accepted, the start date of EFT is based on the date your EFT form is processed and whether your plan has started or is effective in the future. EFT will usually begin the month after your EFT form is processed but could start the following month. If your coverage is effective two or more months in the future, EFT will begin the same month your plan is effective. The amount and date of the first EFT withdrawal will be shown on your account statement. If any payment is due before your EFT starts, use the coupon on the account statement which will explain how to make a payment.

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

I allow UnitedHealthcare Insurance Company or an affiliate, together known as “UnitedHealthcare,” to take monthly withdrawals, for the then-current monthly rate for the named member, from the bank account shown 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 individual’s payment due each month. 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

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: Checking

Savings (statement savings only)

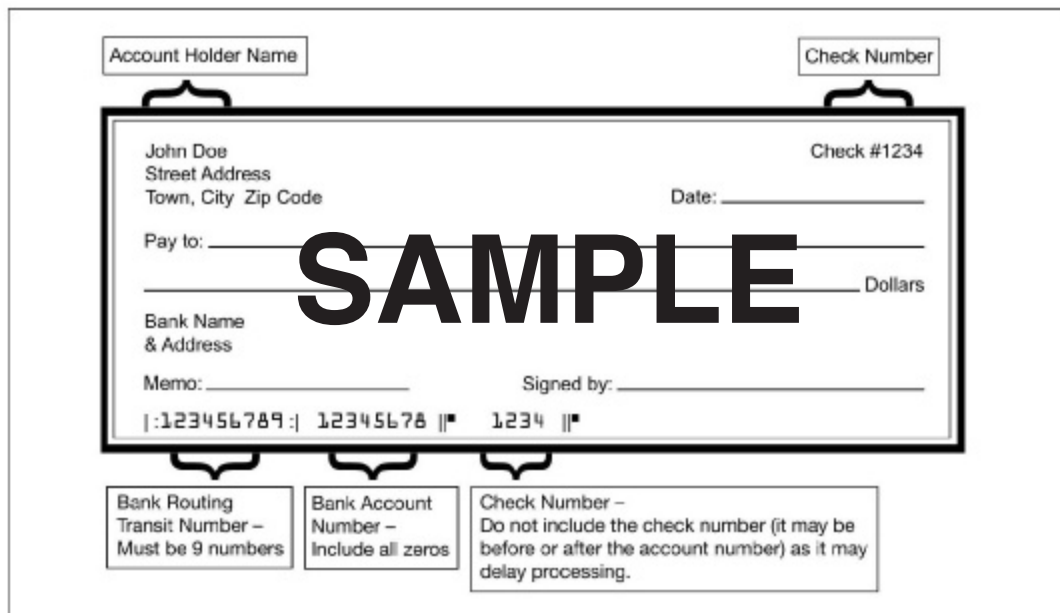
Bank Account No. _____

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.



We look forward to continuing to serve you.

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The Easiest Way to Pay

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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 Start Date

- Recurring monthly EFT withdrawals will occur on or about the fifth of each month. EFT will usually begin the same month your plan is effective. If your enrollment application is accepted at the end of the month and your plan is effective the next month, there may be a processing delay in starting your EFT. In that case, EFT will start the month after your plan is effective, and your account statement will explain how to make a payment until your EFT starts.
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Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

I allow UnitedHealthcare Insurance Company or an affiliate, together known as “UnitedHealthcare,” to take monthly withdrawals, for the then-current monthly rate for the named member, from the bank account shown 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 individual’s payment due each month. 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

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.

The diagram shows a sample check with the following fields and labels:

- Account Holder Name**: John Doe, Street Address, Town, City Zip Code
- Check Number**: Check #1234
- Date**: _____
- Pay to**: _____ Dollars
- Bank Name & Address**: _____
- Memo**: _____
- Signed by**: _____
- Routing Information**: |:123456789:| 12345678 || 1234 ||

Labels below the check indicate:

- Bank Routing Transit Number – Must be 9 numbers**: Points to the first 9 digits of the routing information.
- Bank Account Number – Include all zeros**: Points to the account number.
- Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.**: Points to the check number.

We look forward to continuing to serve you.

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
ACCIDENT AND HEALTH INSURANCE, HMO COVERAGE OR
EMPLOYER-PROVIDED HEALTH BENEFIT ARRANGEMENT
UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK**

Islandia, New York

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

According to the information you furnished, you intend to terminate existing accident and health insurance, health maintenance organization coverage or employer-provided health benefit coverage and replace it with a certificate to be issued by UnitedHealthcare Insurance Company of New York. Your new certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the certificate.

You should review this new coverage carefully. Compare it with all health coverage you now have and evaluate the need for existing coverage that may duplicate this certificate. Terminate your present coverage only if after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision.

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

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction (does)/(does not) duplicate coverage. 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 may be considered pre-existing conditions and may not be immediately or fully covered under the new certificate. This could result in denial or delay of a claim for benefits under the new certificate, whereas a similar claim might have been payable under your present coverage.
2. State regulation provides that in applying a pre-existing condition limitation, a Medicare Supplement issuer must credit the time the applicant was previously covered under creditable coverage (including Medicare Supplement insurance, Medicare Select coverage and Medicare Advantage plans) if the previous creditable coverage was continuous to a date not more than 63 days prior to the enrollment date of the new policy or certificate.
3. If you still wish to terminate your present policy and replace it with new coverage, review the application carefully before you sign it to be certain that all information has been properly recorded.

Do not cancel your present coverage until you have received your new certificate 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
ACCIDENT AND HEALTH INSURANCE, HMO COVERAGE OR
EMPLOYER-PROVIDED HEALTH BENEFIT ARRANGEMENT
UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK**

Islandia, New York

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

According to the information you furnished, you intend to terminate existing accident and health insurance, health maintenance organization coverage or employer-provided health benefit coverage and replace it with a certificate to be issued by UnitedHealthcare Insurance Company of New York. Your new certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the certificate.

You should review this new coverage carefully. Compare it with all health coverage you now have and evaluate the need for existing coverage that may duplicate this certificate. Terminate your present coverage only if after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision.

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

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction (does)/(does not) duplicate coverage. The replacement policy is being purchased for one of the following reasons (check one):

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

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

1. Health conditions which you may presently have may be considered pre-existing conditions and may not be immediately or fully covered under the new certificate. This could result in denial or delay of a claim for benefits under the new certificate, whereas a similar claim might have been payable under your present coverage.

plans) if the previous creditable coverage was continuous to a date not more than 63 days prior to the enrollment date of the new policy or certificate.

2. State regulation provides that in applying a pre-existing condition limitation, a Medicare Supplement issuer must credit the time the applicant was previously covered under creditable coverage (including Medicare Supplement insurance, Medicare Select coverage and Medicare Advantage

3. If you still wish to terminate your present policy and replace it with new coverage, review the application carefully before you sign it to be certain that all information has been properly recorded.

Do not cancel your present coverage until you have received your new certificate 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



TEAR HERE

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE COVERAGE, MEDICARE SELECT COVERAGE,
MEDICARE ADVANTAGE PLAN
OR HMO RISK OR COST CONTRACT**

UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

Your application for the Medicare supplement insurance certificate issued by this company indicates that you intended to terminate existing Medicare supplement insurance coverage, Medicare Select coverage, Medicare Advantage plan or health maintenance organization (HMO) issued Medicare cost contract and replace it with the coverage applied for with this company. Duplicate coverage is unnecessary and you should terminate one of your existing coverages if more than one such plan is still in force.

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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 \$_____.

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

What's Next:

Once your application is received, 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, 185 Asylum Street, Hartford, CT 06103 (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans are 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 materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.