

Instructions Page Please Read Before Printing

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

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

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

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

Please mail completed applications to:

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

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

Dear Prospective Member,

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

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

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

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

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

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

Sincerely,



Susan Morisato,
President, Insurance Solutions
UnitedHealthcare Insurance Company

Important disclosure on back



(10-10)

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

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

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

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

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

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

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

Benefit Plans: Medicare Supplement Core and Medicare Supplement 1

In Massachusetts, Medicare Supplement Insurance can be sold in only two standard plans. This chart shows the benefits included in each plan. Every company must make available the “Core” plan. Companies may add certain benefits to the standard benefits, if approved by the Commissioner. Look at each company’s materials to find out what benefits, if any, the company has added to the standard benefits for each plan it offers.

BASIC BENEFITS:	Included in all plans.
• Hospitalization:	Part A co-insurance plus coverage for the first 90 days per benefit period (not including the Medicare Part A deductible) and the 60 Medicare lifetime reserve days, plus coverage for 365 additional days after Medicare benefits end. This shall also include benefits for biologically-based mental disorders.
• Medical Expenses:	Part B co-insurance (generally 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services under a prospective payment system, the applicable co-payments. This shall also include benefits for biologically-based mental disorders.
• Blood:	First 3 pints of blood each year.
• Hospice:	Part A coinsurance

Medicare Supplement Core Plan	Medicare Supplement 1 Plan
Basic Benefits	Basic Benefits
Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders, stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.	Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital; for other mental disorders, stays in a licensed mental hospital for a minimum of 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.
	Skilled Nursing co-insurance
	Part A deductible
	Part B deductible
	Foreign Travel

MONTHLY PLAN RATES

Rates are for plan effective dates from June 1, 2011 – May 1, 2012 and are subject to change.

Standard Rates with 15% Enrollment Discount*	
\$109.75	\$179.75
Standard Rates with 10% Enrollment Discount*	
\$116.25	\$190.25
Standard Rates with 5% Enrollment Discount*	
\$122.75	\$201.00
Standard Rates	
\$129.25	\$211.50

***Note:** Enrollment Discounts apply to eligible individuals age 65 or older who meet the Initial Eligibility Period criteria as described after Section 4E in the Application form. Enrollment Discounts are applied to the Standard Rates, which usually change each year. Additionally, the Enrollment Discount decreases 5% each year on the anniversary of your plan effective date. At the end of the Enrollment Discount period, the then current Standard Rate applies. The rates listed above do not reflect the 5% Spouse discount or the \$2 per month Electronic Funds Transfer (EFT) household discount for automatic premium payment. Please see the enclosed materials for more information about these discounts.

Policy Category: MEDICARE SUPPLEMENT INSURANCE

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

PREMIUM INFORMATION: UnitedHealthcare Insurance Company can only raise your premium if we raise the premium for all plans like yours in Massachusetts, and if approved by the Commissioner of Insurance. If you choose to pay your premium on a quarterly, semiannual, or annual basis, upon your death, we will refund the unearned portion of the premium paid. If you choose to pay your premium on a quarterly, semiannual, or annual basis and you cancel your plan, we will refund the unearned portion of the premium paid. In the case of death or your cancellation of the plan, UnitedHealthcare will refund any monthly unearned premium amount prepaid for any month beyond the month of death or cancellation.

DISCLOSURES: Use this outline to compare benefits and premiums among plans.

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

RIGHT TO RETURN THE CERTIFICATE: If you find that you are not satisfied with your coverage, you may return the certificate to UnitedHealthcare, P.O. Box 1000, Montgomeryville, PA 18936-1000. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments. However, UnitedHealthcare has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during that 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. If you cancel your present policy and then decide that you do not want to keep your new certificate, it may not be possible to get back the coverage of the present health insurance policy.

NOTICE: The certificate may not fully cover all of your medical costs.

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

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "*Medicare & You*" for more details.

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

MASSACHUSETTS SUMMARY: The Commissioner of Insurance has set standards for the sale of Medicare supplement insurance plans. Such plans help you pay hospital and doctor bills, and some other bills, that are not covered in full by Medicare. Please note that the benefits provided by Medicare and the Medicare supplement insurance plan may not cover all of the costs associated with your treatment. It is important that you become familiar with the benefits provided by Medicare and your Medicare supplement insurance plan. This plan summary outlines the different coverages you have if, in addition to the certificate, you are also covered by Part A (hospital bills, mainly) and Part B (doctor's bills, mainly) of Medicare.

Under M.G.L. c. 112, § 2, no physician who agrees to treat a Medicare beneficiary may charge to or collect from that beneficiary any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services. This prohibition is commonly referred to as "the ban on balance billing." A physician is allowed to charge you or collect from your insurer a copayment or coinsurance for Medicare-covered services. However, if your physician charges you or attempts to collect from you an amount which together with your copayment or coinsurance is greater than the Medicare-approved amount, please contact the Board of Registration in Medicine at (617)727-3086.

We cannot explain everything here. Massachusetts law requires that personal insurance plans be written in easy-to-read language. So, if you have questions about your coverage not answered here, read your certificate. If you still have questions, ask your agent or company. You may also wish to get a copy of "*Medicare & You*," a small book put out by Medicare that describes Medicare benefits.

THE BENEFITS TO PREMIUM RATIO IS 75.9%: This means that during the anticipated life of your plan and others just like it, the company expects to pay out \$75.90 in claims made by you and all other certificateholders for every \$100 it collects in premiums. The minimum ratio allowed for policies of this type is 75%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

COMPLAINTS: If you have a complaint, call us at (800) 523-5800 or your agent. If you are not satisfied, you may write or call the Massachusetts Division of Insurance, One South Station, Boston, MA 02110-2208 or call (617) 521-7794.

Your Guide to AARP Medicare Supplement Insurance Portfolio of Plans

How to Use Your Guide

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

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

To help you choose the AARP Medicare Supplement Plan to meet your needs and budget, look at the Cover Page which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.

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

Eligibility to Apply

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

Glossary of Terms

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

Hospital or Skilled Nursing Facility — A hospital is an institution that provides care for which Medicare pays hospital benefits. For Massachusetts residents, after Medicare benefits end, a hospital is a place approved for payment by Medicare or licensed as a hospital by the jurisdiction in which it is located. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare or, if not approved by Medicare, licensed under Massachusetts law as a skilled nursing facility. This plan contains benefits for skilled nursing facility stays that are not recognized as a basis for claims under Medicare; however, these benefits may be paid under your plan.

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

General Information

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

This package describes the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.** The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

Some exclusions apply, including the following:

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Care or supplies received before your plan's effective date.
- Stays beginning before your plan's effective date under Plan 1.

- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

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



AARP Medicare Supplement Plans insured by: UnitedHealthcare Insurance Company

1-800-523-5800

For information about the family of health products and services

www.aarphealthcare.com

AARP's Medicare Supplement Core Plan Medicare (Part A) - Hospital Services - Per Benefit Period

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

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

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* - Semi-private room and board, general hospital nursing and miscellaneous services and supplies, and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum.			
First 60 days of a benefit period	All but \$1,132	\$0	\$1,132 (Part A Deductible)
61 st through 90 th day of a benefit period	All but \$283 a day	\$283 a day	\$0
91 st day and after of a benefit period:			
While using 60 Lifetime Reserve Days	All but \$566 a day	\$566 a day	\$0
Once Lifetime Reserve Days are used:			
Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
Licensed mental hospital stays not covered by Medicare for biologically-based mental disorders			
First 60 days of a benefit period	\$0	All but \$1,132	\$1,132 (Part A Deductible)
61 st through 90 th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91 st day and after of a benefit period:			
While using 60 Lifetime Reserve Days	\$0	100% of Medicare eligible expenses	\$0
Once Lifetime Reserve Days are used:			
Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs

Medicare (Part A) - Hospital Services - Per Benefit Period (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Licensed mental hospital stays not covered by Medicare for other mental disorders:			
First 60 days of a benefit period	\$0	All but \$1,132	\$1,132 (Part A Deductible)
61 st day and after of a benefit period	\$0	100% of Medicare eligible expenses	\$0
Days after 60 days per calendar year less days covered by Medicare or plan in that calendar year	\$0	\$0	All Costs
Skilled Nursing Facility Care* (Participating with Medicare) - 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
21 st through 100 th day	All but \$141.50 a day	\$0	Up to \$141.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.			
Covered by Medicare	All but very limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	\$0

Medicare (Part B) – Medical Services - Per Calendar Year

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

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.			
First \$162 of Medicare-approved amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First \$162 of Medicare-approved amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-approved amounts	50%	50%	\$0

Medicare (Part B) - Medical Services - Per Calendar Year (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Outpatient treatment for biologically-based mental disorders <i>(for services <u>not</u> covered by Medicare)</i>			
Outpatient treatment for biologically-based mental disorders	\$0	100% of expenses	\$0
Outpatient treatment for other mental health disorders <i>(for services covered by Medicare)</i>			
First \$162 of Medicare-approved amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-approved amounts	50%	50%	\$0
Outpatient treatment for other mental health disorders <i>(for services <u>not</u> covered by Medicare)</i>			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All Costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare-approved amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood Tests for Diagnostic Services	100%	\$0	\$0
Special Medical Formulas Mandated by Law			
Covered by Medicare:			
First \$162 of Medicare-Approved Amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
Not covered by Medicare	\$0	All allowed charges	Balance
Home Health Care – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment:			
First \$162 of Medicare-Approved amounts**	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0

Other Benefits – Not Covered By Medicare

Outpatient Prescription Drugs Not Covered By Medicare			
Not covered by Medicare	\$0	\$0	All costs

AARP's Medicare Supplement 1 Plan Medicare (Part A) - Hospital Services - Per Benefit Period

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

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

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* - Semi-private room and board, general hospital nursing and miscellaneous services and supplies, and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum.			
First 60 days of a benefit period	All but \$1,132	\$1,132 (Part A Deductible)	\$0
61 st through 90 th day of a benefit period	All but \$283 a day	\$283 a day	\$0
91 st day and after of a benefit period:			
While using 60 Lifetime Reserve Days	All but \$566 a day	\$566 a day	\$0
Once Lifetime Reserve Days are used:			
Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
Licensed mental hospital stays for biologically-based mental disorders not covered by Medicare			
First 60 days of a benefit period	\$0	100% of Medicare eligible expenses	\$0
61 st through 90 th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91 st day and after of a benefit period:			
While using 60 Lifetime Reserve Days	\$0	100% of Medicare eligible expenses	\$0
Once Lifetime Reserve Days are used:			
Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs

Medicare (Part A) - Hospital Services - Per Benefit Period (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Licensed mental hospital stays not covered by Medicare for other mental disorders - First 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or plan in that calendar year.			
First 60 days of a benefit period	\$0	100% of Medicare eligible expenses	\$0
61 st through 120 th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
Days after 120 days per benefit period (or 60 days per calendar year) less days covered by Medicare or plan in that calendar year	\$0	\$0	All Costs
Skilled Nursing Facility Care* (Participating with Medicare) - 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
21 st through 100 th day	All but \$141.50 a day	Up to \$141.50 a day	\$0
101 st day through the 365 th day of a benefit period	\$0	\$10 a day	Balance
Beyond the 365 th day of a benefit period	\$0	\$0	All costs
Skilled Nursing Facility Care* (Not Participating with Medicare) - You must meet Medicare's requirements, including having been in a hospital for at least 3 days and transferred to the facility within 30 days after leaving the hospital.			
1 st day through the 365 th day of a benefit period	\$0	\$8 a day	Balance
Beyond the 365 th day of a benefit period	\$0	\$0	All Costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care -Available as long as your doctor certifies you are terminally ill and you elect to receive these services.			
Covered by Medicare	All but very limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	\$0

Medicare (Part B) - Medical Services – Per Calendar Year

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

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.			
First \$162 of Medicare-approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First \$162 of Medicare-approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	50%	50%	\$0
Outpatient treatment for biologically-based mental disorders (for services <u>not</u> covered by Medicare)			
Outpatient treatment for biologically-based mental disorders	\$0	100%	\$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First \$162 of Medicare-approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	50%	50%	\$0
Outpatient treatment for other mental health disorders (for services <u>not</u> covered by Medicare)			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All Costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare-approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

Medicare (Part B) - Medical Services - Per Calendar Year (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
Blood Tests for Diagnostic Services	100%	\$0	\$0
Special Medical Formulas Mandated by Law			
Covered by Medicare: First \$162 of Medicare-Approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0
Not covered by Medicare	\$0	All allowed charges	Balance

Medicare Parts A & B

Home Health Care – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment: First \$162 of Medicare-Approved amounts**	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0

Other Benefits – Not Covered By Medicare

Foreign Travel – Not Covered By Medicare			
Only the services listed above while traveling outside the United States	\$0	Remainder of charges (including portion normally paid by Medicare)	\$0
Outpatient Prescription Drugs			
Not covered by Medicare	\$0	\$0	All costs

Your Exclusive Member Services.

Get answers. Save money. Live healthy.



AARP® VISION DISCOUNTS provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

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

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

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



NURSE HEALTHLINE provided by OptumHealthSM

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

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

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

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

Start healthy lifestyle changes with personal coaching and guidance.

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

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

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



PHARMACY SERVICES

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

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

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

AARP Health Essentials Catalog from Walgreens. AARP members get exclusive discounts on a huge selection of vitamins and nutrition, beauty and personal care, plus thousands of other products in many other categories. Visit www.aarppharmacycatalog.com to learn more.

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

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

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

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

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

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

AARP Medical Supply Services is provided by Prescription Solutions, a licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company (United). United pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. **The AARP Prescription Discount Program, provided by Walgreens,** offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time. All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. **OptumHealth is the provider of Nurse HealthLine.** OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

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

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

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

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents/producers, brokers, representatives or advisors. See the enclosed brochure for complete information including benefits, costs, eligibility requirements, exclusions and limitations.



Medicare Supplement Plans

insured by **UnitedHealthcare**
Insurance Company

Enrollment Checklist

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

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

✓ **Application Form**

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

✓ **AARP Membership Form**

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

✓ **Automatic Payments Authorization Form**

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

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

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

2 Individuals age 50 to 64, answer this health question to determine if you are eligible for this coverage

If you are age 65 or over, skip this section and continue to Section 3.

If you are not yet age 65, you may apply only if you can answer "NO" to the following question:

Are you age 50 to 64 and eligible for coverage under Medicare due solely to end-stage renal disease?

Y N



If you answered "YES" to this question, you are NOT eligible for these plans.

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

If you answered "NO" to this question, please continue to Section 3.

3 Choose your plan and effective date

Please indicate your plan choice below:

- AARP Medicare Supplement Core Plan (MX)
- AARP Medicare Supplement Plan 1 (MY)

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Part B,
- you are a resident of Massachusetts,
- you are not duplicating Medicare supplement coverage,
- you are not eligible for coverage under Medicare due solely to end-stage renal disease.

Coverage Effective Date

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

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

Requested Effective Date

		0	1				
M	M	D	D	Y	Y	Y	Y

4 Tell us about your past and current coverage

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

- You do not need more than one Medicare Supplement insurance policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under

Continued on next page ►

4 Tell us about your past and current coverage – continued

Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group

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

- Counseling services are available in Massachusetts 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). You may call the Massachusetts Executive Office of Elder Affairs insurance counseling program at 1-800-882-2003 or write to that office at the following address for more information: One Ashburton Place, 5th Floor, Boston, MA 02108.

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.

For your protection, you are required to answer all the questions below (4A through 4Q) and sign in the signature box on the next page.

4A. Within the last six months, did you become eligible for Medicare Parts A and B **AND** enroll in Medicare Part B for the first time?

Y N

4B. Within the last six months, did you turn age 65 **AND** are enrolled in Medicare Part B?

Y N

4C. Within the last six months, was your employer coverage terminated due to termination of employment, employer bankruptcy, or discontinuance of an employer-sponsored health plan by the employer?

Y N

4D. Within the last six months, did you move out of the service area of a Health Maintenance Organization (HMO)?

Y N

4E. Within the last six months, did you become a resident of the State of Massachusetts?

Y N

If any of the Initial Eligibility Period criteria in questions 4A through 4E applies to you, you may be asked to submit evidence of your eligibility. Discounts will apply for the first three years of coverage to those individuals age 65 or older who meet the Initial Eligibility Period criteria. A 15% discount will apply in the first year of coverage, a 10% discount will apply during the second year of coverage, and a 5% discount will apply during the third year of coverage. After the third year of coverage, the then-current Base Rate will apply. Please see the enclosed Cover Page for the Base and Discount Rates. The insurance Effective Date for eligible individuals who meet any of the Initial Eligibility Period criteria will be the first day of the month following receipt of your completed Application Form and the first month's payment, but no sooner than when Medicare coverage takes effect or prior to the termination of the existing coverage.

Continued on next page ►

4 Tell us about your past and current coverage – continued

For your protection, you are required to answer all the questions below (4F through 4Q) and sign where indicated in the signature box.

4F. 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.)

Y N

Note to applicant: If you are participating in a “Spend-down Program” and have not met your “Share of Cost,” please answer **No** to this question.

If NO, skip to question **4I**.
If YES, please continue to **4G** and **4H**.

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

Y N

4H. Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?

Y N

4I. 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)?

Y N

If NO, skip to question **4M**.

If YES, fill in your start and end dates and continue to question **4J**. If you are still covered under this plan, leave the end date blank.

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

4J. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?

Y N

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

Y N

4L. Did you drop a Medicare Supplement policy to enroll in the Medicare plan?

Y N

4M. Do you have another Medicare Supplement policy in force?

Y N

If NO, skip to question **4O**.
If YES, please continue.

4N. **If YES,** do you intend to replace your current Medicare Supplement policy with this policy?

Y N

4O. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

Y N

If NO, please sign below, then continue to **Section 5**.
If YES, please list with what company and what type of policy in the space provided below. Then continue to question **4P**.

Company Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy Type



HMO/PPO
 Major Medical
 Employer Plan
 Union Plan
 Other _____

4P. What are your dates of coverage under the policy you listed in **4O**? Leave the end date blank if you are still covered under the other policy.

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

4Q. Are you replacing this health insurance?

Y N

 Your Signature – 1 (required)  _____

Continued on next page ►

5 Authorization and Verification of Information

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

- My signature indicates I have read and understand the contents of this application form.
- I declare the answers on this application form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this application form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand the agent or broker cannot grant approval. This application and payment of the initial premium does not guarantee coverage will be provided. I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, and actual rates are not determined until coverage is issued.
- I understand the agent or broker may not change or waive any terms or requirements related to this application and its contents, underwriting, premium, or coverage.
- I acknowledge receipt of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage.
- I understand the person discussing plan options with me is either employed by or contracted with UnitedHealthcare Insurance Company. This person may be compensated based on my enrollment in a plan.

Authorization for the Release of Medical Information

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

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

 **Your Signature – 2** (required)

X _____

Today's Date (required)

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

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

Continued on next page ►

5 Authorization and Verification of Information – continued

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

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare Insurance Company and its affiliates (“The Company”) any data or records about me or my mental or physical health. I understand the purpose of this disclosure and

use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims and for analytic studies. I understand I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. If not revoked, this authorization is valid for the term of the coverage.

Your Signature – 3 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Today's Date <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">M</td> <td style="text-align: center; font-size: 0.8em;">M</td> <td style="text-align: center; font-size: 0.8em;">D</td> <td style="text-align: center; font-size: 0.8em;">D</td> <td style="text-align: center; font-size: 0.8em;">Y</td> <td style="text-align: center; font-size: 0.8em;">Y</td> <td style="text-align: center; font-size: 0.8em;">Y</td> <td style="text-align: center; font-size: 0.8em;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y										
Note: If you are signing as the legal representative for the applicant, please enclose a copy of the appropriate legal documentation.																	

Plan Rates

Please refer to the “Cover Page - Rates” for the monthly cost of the plan you have selected.

Once your application is processed, you’ll be notified of your acceptance, rate and insurance start date.

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

6 For Agent Use Only

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

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

--

- List any policies that are still in force:

--

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

--

Agent Name (PLEASE PRINT)			
	First Name	MI	Last Name
Agent Phone Number			
X			
Agent Signature (required)	Agent ID (required)	M M	D D Y Y Y Y



AARP membership offers so much for so little.

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

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

BA9999 (10-10) AGT



Yes, I'd like to join AARP today!

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

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

Address _____ Apt. _____

City _____ State _____ Zip _____

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

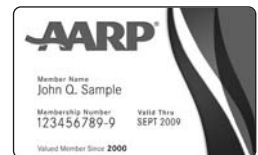
Spouse's/Partner's Name (for **FREE** membership - at any age) _____

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

E-mail Address _____ V7FYUHG

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

I agree to pay for the term I select.



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

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

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

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As a member, you have access to:

Travel Discounts

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

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

Health-Related Benefits

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

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

Local Opportunities

AARP offers many ways to get active in your community.

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



Protection of Your Rights

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

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

Dependable Financial Programs

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

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



Valuable Information

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

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

Specially Priced Products & Services

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

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

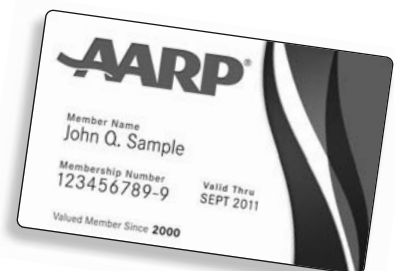
NOTE: The benefits listed are only a partial list. Your Membership Kit will supply you with a full list of approved service providers that offer exclusive services and discounts to AARP members only.

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

Value our members appreciate.

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

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



Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

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

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

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

Sign Up in Two Easy Steps

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

Your Automatic Payments Effective Date

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

BA9957 9/09

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Bank Name _____

Bank Routing No. _____

Bank Account No. _____

Account Type: Checking

Savings (statement savings only)

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

IMPORTANT

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

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

- Account Holder Name:** Points to the top left of the check, containing "John Doe", "Street Address", and "Town, City Zip Code".
- Check Number:** Points to the top right of the check, containing "Check #1234".
- Bank Routing/Transfer Number:** Points to the bottom left of the check, containing the routing number "123456789".
- Bank Account Number:** Points to the bottom middle of the check, containing the account number "12345678".
- Check Number (Note):** Points to the bottom right of the check, containing the check number "1234". A note below this box states: "Please do not include the check number (it may be before or after the account number) as it may delay processing."

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

We look forward to continuing to serve you.

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

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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

Automatic Payments

Save \$24 a year with Automatic Payments

The easiest way to pay.

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

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

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

Sign Up in Two Easy Steps

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

Your Automatic Payments Effective Date

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

BA9957 9/09

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Bank Name _____

Bank Routing No. _____

Bank Account No. _____

Account Type: Checking

Savings (statement savings only)

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

IMPORTANT

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

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

- Account Holder Name:** Points to the top left of the check.
- Check Number:** Points to the top right of the check.
- Bank Routing/Transfer Number:** Points to the first nine digits of the MICR line at the bottom.
- Bank Account Number:** Points to the next eight digits of the MICR line.
- Check Number:** Points to the final four digits of the MICR line.

Below the MICR line, a note states: "Please do not include the check number (it may be before or after the account number) as it may delay processing."

We look forward to continuing to serve you.

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

Name(s) _____ Member # _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

(if joint account is maintained)

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

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

Horsham, Pennsylvania

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

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

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

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

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement coverage, because you intend to terminate your existing Medicare supplement 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. State law provides that your replacement policy or certificate may not contain any pre-existing conditions, waiting periods, elimination periods, or probationary periods.
2. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. Failure to include all material information

on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it. If you cancel your present policy and then decide that you do not want to keep your new policy, it may not be possible to get back the coverage of the present policy.

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

(Applicant's Signature) (Date)

(Applicant's Printed Name & Address)

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

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

1. State law provides that your replacement policy or certificate may not contain any pre-existing conditions, waiting periods, elimination periods, or probationary periods.
2. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. Failure to include all material information

on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it. If you cancel your present policy and then decide that you do not want to keep your new policy, it may not be possible to get back the coverage of the present policy.

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)



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

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

For your records:

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

What's Next

Once Your Application Is Approved, You Will Receive:

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

A continuing relationship with your agent/producer

SA25235ST