

SERFF Tracking Number: UHLC-126186021 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42645
Company Tracking Number: LA19912 AR (9/09)
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans
Product Name: Medicare Supplement
Project Name/Number: Inquiry - Thoughtform advertising/LA19912 AR (9/09)

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-126186021 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 42645

Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: LA19912 AR (9/09) State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Author: Tammy Frederick Disposition Date: 07/10/2009

Date Submitted: 06/11/2009 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Inquiry - Thoughtform advertising

Project Number: LA19912 AR (9/09)

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/10/2009

Deemer Date:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 07/10/2009

Corresponding Filing Tracking Number:

LA19912 AR (9/09)

Filing Description:

We enclose for your information and review, proof copies of advertising material for use in connection with the AARP group health insurance program. The enclosed advertising material is new and does not replace any material previously submitted to the Department.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1,

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as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found on the enclosed advertising material.

The attached list of enclosures indicates the contents of each package including the form number, and title of each item.

We trust the enclosed forms are in order and look forward to your prompt acknowledgment of this filing. If you have any further questions you can contact me at 215-902-8444. If you prefer, you may also send a facsimile to me at Fax: 215-902-8813 or send an email to me at Susan_J_Cipollo@uhc.com.

LA19912 AR (9/09)-LETTER
BA10050 (9/09)-BROCHURE
OA4391 (9/09)-OUTSIDE ENVELOPE
BA10051 (9/09)-BROCHURE
OA4392 (9/09)-OUTSIDE ENVELOPE
LA19913 AR (9/09)-LETTER
CA1886 AR (9/09)-SELF MAILER

PCG2 – Your Plan Choice Guide*
POV1 – Overview of Available Plans*
BT 1 through BT 12 – Benefit Tables*
RD1 - Rules and Disclosures*

*THESE LEGAL COMPONENTS WERE SUBMITTED TO THE DEPARTMENT ON 5/21/2009.

Company and Contact

Filing Contact Information

Susan Cipollo, Director
680 Blair Mill Rd.

Susan_J_Cipollo@uhc.com
(215) 902-8444 [Phone]

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Horsham, PA 19044 (215) 902-8813[FAX]

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
450 Columbus Boulevard Group Code: 707 Company Type: Life and Health
PO Box 150450
Hartford, CT 06115-0450 Group Name: State ID Number:
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

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Filing Fees

Fee Required? Yes
Fee Amount: \$175.00
Retaliatory? No
Fee Explanation: 25.00 per component. 7 components
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$175.00	06/11/2009	28505450

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	07/10/2009	07/10/2009

SERFF Tracking Number: UHLC-126186021 *State:* Arkansas
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Disposition

Disposition Date: 07/10/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	LETTER	Filed	Yes
Form	BROCHURE	Filed	Yes
Form	OUTSIDE ENVELOPE	Filed	Yes
Form	BROCHURE	Filed	Yes
Form	OUTSIDE ENVELOPE	Filed	Yes
Form	LETTER	Filed	Yes
Form	SELF MAILER	Filed	Yes

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Form Schedule

Lead Form Number: LA19912 AR (9/09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	LA19912 AR (9/09)	Advertising	LETTER	Initial			Copy of LA19912 AR (9-09).pdf
Filed	BA10050 (9/09)	Advertising	BROCHURE	Initial			BA10050 (9-09).pdf
Filed	OA4391 (9/09)	Advertising	OUTSIDE ENVELOPE	Initial			OA4391 (9-09).pdf
Filed	BA10051 (9/09)	Advertising	BROCHURE	Initial			BA10051 (9-09).pdf
Filed	OA4392 (9/09)	Advertising	OUTSIDE ENVELOPE	Initial			OA4392 (9-09).pdf
Filed	LA19913 AR (9/09)	Advertising	LETTER	Initial			Copy of LA19913 AR (9-09).pdf
Filed	CA1886 AR (9/09)	Advertising	SELF MAILER	Initial			CA1886 AR (9-09).pdf

1ST EFFORT

Prepared For:
Requested By:

**[Sample A. Sample
1234 Main Street
Anytown, USA 12345]**

[MSTFLE010010B0ST: APPEARS IN ALL LETTER VERSIONS]

**For the earliest plan
effective date, enroll by
[November 30, 2009.]**

Dear **[Sample A. Sample]**,

Thanks for requesting information about AARP[®] Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

This is *Your Decision Guide*. It's designed to make it easy for you to find the AARP Medicare Supplement Insurance Plan that fits your needs—and your budget.

[MSTFLE030010BDST: APPEARS IN LETTER VERSIONS WITH DEFAULT PLAN OFFER]

The first 2 sections of this booklet can help you learn more about Medicare supplement insurance and why it might be right for you. If you're ready to compare plans, skip to *Your Plan Choice Guide* in Section 3. *Your Plan Choice Guide* highlights the most popular plans, C and F. Nearly 60% of people who enroll in Medicare supplement insurance choose one of these plans.† When you're ready to enroll, skip to the simple enrollment form at the end of this kit.

[MSTFLE030010BTST: APPEARS IN LETTER VERSIONS TAILORED TO SPECIFIC OR MULTIPLE PLANS]

The first 2 sections of this booklet can help you learn more about Medicare supplement insurance and why it might be right for you. If you're ready to compare plans, skip to *Your Plan Choice Guide* in Section 3. *Your Plan Choice Guide* highlights **[plan X/plans X and X/plans X, X and X]**, which you recently requested while talking with a phone representative. When you're ready to enroll, skip to the simple enrollment form at the end of this kit.

LA19912 AR (9/09)

[MSTFLE040010B0ST: APPEARS IN ALL LETTER VERSIONS]

Why choose AARP Medicare Supplement Insurance? It is available exclusively to AARP members. And AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare, are the only Medicare supplement plans that carry the AARP name. Now, more than 2.8 million* AARP members nationwide have AARP Medicare Supplement Insurance. Is it right for you?

Here are 5 important points to consider as you make your decision:

1. Pays up to 20% of the costs that Medicare doesn't

As you probably know, Medicare pays only about 80% of your Medicare Part B expenses (costs related to doctors visits and outpatient care). That means the rest is up to you. That could add up!

2. No networks—choose your own doctors, hospitals, and specialists

Medicare supplement insurance lets you choose your own doctors and hospitals, as long as they accept Medicare. Plus, you never need a referral to see a specialist. Other insurance options might limit you to a specific network. But with Medicare supplement insurance, you'll have the freedom to choose.

3. Coverage that travels with you

Since you're not limited to a network of providers, such as doctors, hospitals, laboratories, or outpatient clinics, you can travel across the U.S. and know your coverage will go with you. You can also choose a plan that pays a benefit for emergency care abroad.

4. Enjoy guaranteed acceptance—you can't be turned down

The law guarantees your acceptance into a Medicare supplement insurance plan for 6 months after you turn age 65 and enroll in Medicare Part B. You will be accepted into any plan listed on the *Your Plan Choice Guide* in Section 3 of this booklet.

5. A plan that can't be canceled

When you choose Medicare supplement insurance, the law says your coverage can never be canceled because of your age, your health, or the number of claims you make—as long as you give truthful enrollment information and pay your premiums on time.

If you enroll within 6 months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing condition exclusion waiver.” This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan goes into effect—regardless of any prior health conditions you may have.

Would you like to learn even more about Medicare supplement insurance? If so, keep reading. The following pages are designed to help you better understand Medicare and Medicare supplement insurance. Plus, they can help you choose an AARP Medicare Supplement Plan that fits your needs and budget.

If you have any questions along the way, call a helpful representative at [1.800.620.9037].

Now you have everything you need to understand, choose, and enroll in an AARP Medicare Supplement Insurance Plan. Don't delay in making this important health insurance decision.

Sincerely,

Susan Morisato, President, Ovations Insurance Solutions
UnitedHealthcare Insurance Company

P.S. Enroll now for the earliest effective date.

((FootnoteS must appear at end of letter in 10 pt. font))

† AHIP. *Trends in Medigap Policies*, December 2004 to December 2006. March 2008. p. 4. Available at www.ahipresearch.org.

* Based on internal 2009 company data. /www.aarphealthcare.com/statistics

These plans carry the AARP name, and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). **Not connected with or endorsed by the U.S. Government or the federal Medicare program.** 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. **This is a solicitation of insurance. An agent may contact you.**

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

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

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

Important Notice: The *Guide to Health Insurance for People with Medicare* is free. It 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 visit www.aarphealthcare.com/learn.

Visit [www.aarphealthcare.com/getmyplan]

AARP MEDICARE SUPPLEMENT INSURANCE PLANS
Insured by UnitedHealthcare Insurance Company

((Prints on bottom right of 1st and 2nd page.))

Continued on next page >

((Will be inserted at bottom right of each page.))

Page [X]

Contents

1 Understand the Basics ▶ Page [5]

Learn how Medicare supplement insurance works with Medicare, what it provides, who is eligible, and how timing is important.

2 Compare Your Options ▶ Page [8]

See how Medicare supplement plans compare with other options and why AARP Medicare Supplement Insurance may be right for you.

3 Take the Next Step ▶ Page [13]

See *Your Plan Choice Guide* to compare all AARP Medicare Supplement Plans and their prices. Find out who to call with questions and how to enroll.

4 Reference Materials ▶ Page [16]

Commonly Asked Questions ▶ Page [17]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [18]

Find the meaning of special insurance terms underlined in this booklet.

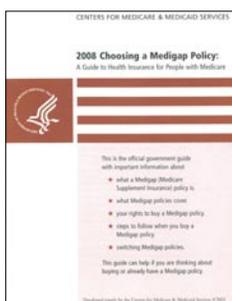
Important Information ▶ Page [21]

Find important legal information you should review.

Outline of Coverage ▶ Page [24]

All insurance companies must give you these documents by law. They provide detailed information about your plan choices, benefits, and rules that apply. They include:

- Overview of Available Plans
- Plan Benefit Tables
- Rules and Disclosures about this Insurance



Important Notice: The *Guide to Health Insurance for People with Medicare* is free. It 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 visit www.aarphealthcare.com/learn.

1 Understand the Basics

This section shows how Medicare supplement insurance fills in some of the gaps Medicare doesn't pay. If you want to learn how Medicare supplement insurance works, who is eligible, and when to enroll, this is the section for you.

What is Medicare supplement insurance?

Medicare is a government plan that helps millions of Americans get the health care they need. But it doesn't pay for everything. In fact, Medicare only covers about 80% of your Medicare Part B medical expenses. That means the rest is up to you!

That's why there's Medicare supplement insurance—also called Medigap insurance. It helps cover some of the financial “gaps” Medicare leaves behind, so you don't have to. Depending on the plan, Medicare supplement insurance pays some or all of the costs that aren't paid by Medicare Part A and Part B, like deductibles and co-insurance.

How does Medicare supplement insurance work with Medicare?

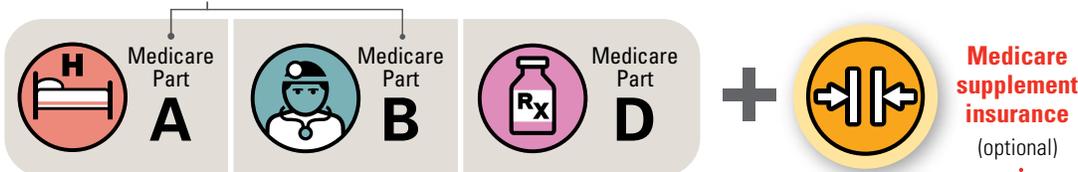
Medicare Part A (hospital insurance)

For most people, Part A comes with no monthly premium. It's designed to help cover inpatient hospital care, including skilled nursing facility stays (following a qualified hospital stay) and hospice care. You are responsible for deductibles and co-insurance.

Medicare Part D (prescription drug coverage)

This separate, optional insurance may help lower your prescription drug costs. Private insurance providers approved by Medicare offer these plans, and premiums may vary. There will be differences between plans, including what drugs are covered and which pharmacies you can use.

Together, Part A and Part B are often called “Original Medicare.”



Medicare Part B (medical insurance)

Part B helps cover doctor visits and outpatient care. It also covers some other medical services not covered by Part A, such as some services of physical and occupational therapists. The premium is \$96.40, and can be deducted directly from your Social Security benefits. You're responsible for the co-insurance and yearly deductible.

Medicare supplement insurance

If you're enrolled in Medicare Parts A and B, a Medicare supplement insurance plan can help pay some of the costs that Medicare Parts A and B don't cover—like co-insurance and deductibles. Offered by private insurance companies, premiums vary by plan and company. Coverage travels with you wherever you go in the U.S., and some plans pay a benefit for emergency care abroad. By law, Medicare supplement plans cannot provide benefits for prescription drugs.

Need help with a word? Terms you see underlined are defined in the *Glossary*.

Be careful not to confuse a “Plan” with a “Part.” Medicare supplement plans A, B, C, and D are not related to Medicare Parts A, B, C, and D, even though they're named with the same letters.

What do I need to know about Medicare supplement insurance?

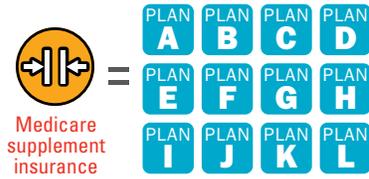
Now that you know how Medicare supplement insurance is designed to work with Medicare Part A and Part B, it's important to also understand these 6 key points:

Want a quick comparison of the plans available in your state? See *Your Plan Choice Guide* in Section 3 of this booklet.

1 Medicare supplement insurance comes in 12 different plans.

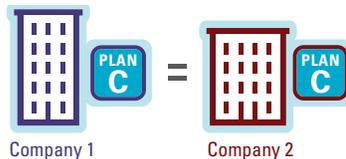
The federal government has defined standard benefits for each of the 12 plans, named with letters from "A" to "L."

Providers who choose to offer Medicare supplement plans do not have to offer all 12 plans.



2 Each plan's benefits are the same from company to company.

For example, one company's Plan C must provide the same standard benefits as another company's Plan C, even though the plan premiums may be different. "Value-added" services, such as discounts on eyewear or gym memberships, are not part of the plan benefits and may vary from insurer to insurer.



3 All Medicare supplement plans provide these basic benefits:



Medicare Part A (Hospital) co-insurance, plus coverage for 365 additional days after Medicare coverage ends.



Medicare Part B (Medical) co-insurance—generally 20% of the Medicare-approved amount—or co-payments for hospital outpatient care.



The first 3 pints of blood each year. (Medicare pays for all blood after the first 3 pints.)

4 Each of the plans are designed to fill different gaps.

So, you can choose the plan that's best for you. For example, there are plans to help cover your Part A or B deductibles, emergency care abroad, or Part B excess charges, to name a few.

5 Plan availability can vary from state to state.

Not all of the standard Medicare supplement insurance plans are available in all states, and not all insurance companies sell all plans in all states.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the 12 standardized Medicare supplement plans A through L, but it often costs less. This is because you must use specific hospitals, and in some cases, specific doctors, to get your full insurance benefits (except in emergencies).

What costs can Medicare supplement insurance help with?



Depending on the plan, Medicare supplement insurance helps you pay for some or all of the costs that aren't paid by Medicare, including co-insurance, co-payments, and deductibles.

- **Co-insurance** is splitting your health care costs with the plan on a percentage basis. For example, you pay 20% and the plan pays 80%.
- **Co-payment** is a fixed amount you pay, such as \$10 for a service or product. Some people call this a "co-pay."
- **Deductible** is a pre-set amount you have to pay first, before Medicare or other insurance starts to pay.

How do I know if I am eligible for an AARP Medicare Supplement Insurance Plan?

You must meet these 4 requirements:

- 
-  Typically, you are 65 or older. (However, please see eligibility requirements for your state in the *Important Information* section. In some states, plans may be available to persons eligible for Medicare by reasons of disability.)
 -  You are enrolled in both Medicare Part A and Part B.
 -  You do not duplicate Medicare supplement insurance coverage.
 -  You are an AARP member or a spouse of a member. (If you are not a member, you must first become a member.)

Please note that these requirements are for AARP Medicare Supplement Plans. Other Medicare supplement insurance providers may have different requirements.

Not an AARP member? It's easy and inexpensive to sign up—just complete the enclosed form.

Why should I apply now?

By applying during “open enrollment,” which lasts 6 months after you turn 65 and enroll in Medicare Part B, your acceptance is guaranteed. That means you cannot be turned down for coverage—even if you have a prior health condition.

You can also apply for an AARP Medicare Supplement Plan up to 3 months before turning 65 *and* enrolling in Medicare Part B; however, your coverage won't start until you are eligible.

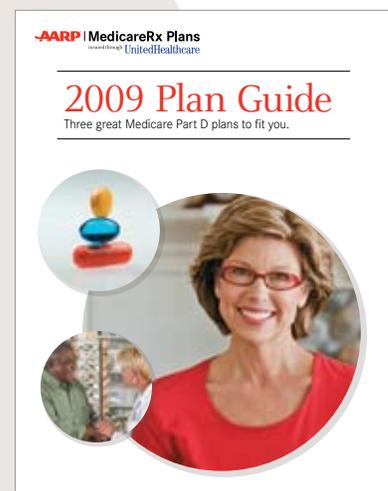
If you enroll within 6 months after turning 65 and enrolling in Medicare Part B, you'll receive a waiver of the “pre-existing condition exclusion.” This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan goes into effect—despite any prior health conditions you may have. Otherwise, you may have to wait up to 3 months for your AARP Medicare Supplement Plan to cover a pre-existing condition.

Want Prescription Drug Coverage?

By law, Medicare supplement insurance policies can no longer offer coverage for prescription drugs. Prescription drug coverage, also known as Part D, is available separately through private insurance companies approved by Medicare.

If you want coverage for prescription drug costs, you can enroll in an AARP MedicareRx Plan, also insured through UnitedHealthcare. Enrolling in an AARP Medicare Supplement Plan and an AARP MedicareRx plan will give you more complete health coverage from the same insurance provider. It's important to note that if you don't enroll in a Medicare Part D plan when you first become eligible, you might be subject to the Medicare-imposed late-enrollment penalty.*

For more information or to enroll, call 1.888.867.5564, 24 hours a day, 7 days a week. TTY users should call 1.877.730.4192.



*If you qualify for extra help, you will not have a late-enrollment penalty (LEP). Also, if you have other prescription coverage at least as good as Medicare (also known as creditable coverage), you may not be assessed an LEP.

2 Compare Your Options

This section shows what Medicare supplement insurance offers in comparison to other options. It also tells you more about why an AARP Medicare Supplement Plan might be right for you.

Medicare Advantage plans are also called Medicare Part C plans. Look in the *Glossary*.

How do Medicare supplement insurance plans compare with Medicare Advantage plans?

A Medicare Advantage plan is a Medicare-approved plan run by a private company that combines coverage for hospital costs, doctor visits, and other medical services. This type of plan provides all of your Medicare Part A (hospital) and Medicare Part B (medical) coverage. Generally, you can only use doctors and hospitals in the plan network. If you choose a Medicare Advantage plan, you do not need a Medicare supplement plan.

The chart below explains how Medicare supplement insurance compares to Medicare Advantage plans, so you can make a choice that fits your life.

Medicare supplement insurance plans help provide the flexibility you need...

	Medicare Supplement Plans	Medicare Advantage Plans
Choice	Select your own doctors and hospitals, as long as they accept Medicare.	You may be required to use network doctors and hospitals.
Access	See specialists without referrals.	You may need referrals and may be required to use network specialists.
Freedom	No <u>network</u> restrictions. Coverage goes with you, across the U.S.	You may have network restrictions. Emergency care only for travel within the U.S.
Flexibility	You can switch to another Medicare supplement plan at any time, if you qualify.	Generally, there are specific periods during the year when you can switch to another Medicare Advantage plan.
Cost	Monthly premiums in addition to Part B, with limited out-of-pocket costs.	Low or no monthly premiums, in addition to Part B, with <u>deductibles</u> , <u>co-insurance</u> , and co-pays when you use services.
Prescription Drug Coverage	None. Consider purchasing a Medicare <u>Part D</u> plan.	This coverage may or may not be included, depending on the plan you choose.

Read this if you're switching plans. If you currently have an insurance plan, it is best to wait until your new policy is effective before dropping your old policy.

When I compare AARP Medicare Supplement Insurance to what other companies are offering, what else should I keep in mind?

✔ Easy to use.

More than 99% of customer service calls are resolved immediately, and more than 99% of claims are processed within 10 days.

Based on internal 2007 company data./ www.aarphealthcare.com/statistics.

✔ Rate stability.

Rates for AARP Medicare Supplement Plans have increased less than [6%] in the past 5 years, on national average. And UnitedHealthcare cannot change the rates without approval from AARP.

Rate increases averaging [5.3%] nationally over the last 5 years. National aggregate figure based on internal company data as of January 2009. Increases vary by plan, state, and year.

✔ Choice of plans.

AARP Medicare Supplement Insurance provides all 12 standard plans in your state, so it's easy to find one that fits your needs and budget.

✔ Special discounts.

5% household discount. When you and another member of your household enroll on a shared account, you'll each receive a 5% discount.

Discount not available with the AARP Personal Health Insurance Plan, insured by UnitedHealthcare Insurance Company.

Electronic funds transfer discount. Save \$2 off of your total monthly household premium if you have your monthly payment deducted automatically from your bank account.

Need help with a word? Terms you see underlined are defined in the *Glossary*.

Check out this example* of a Medicare supplement insurance plan in action.

A man with an Medicare supplement insurance Plan C had a 5-day inpatient hospital stay after having chest pains. The total bill for the hospital stay was [\$22,040].** Medicare paid all of the billed amount except for the [\$1,068] Part A deductible, which his Medicare supplement Plan C paid in full.***

The man also had outpatient charges, of which Medicare Part B approved [\$5,500]. Medicare paid 80% [\$4,292] after subtracting [\$135] for his Part B deductible. Since Plan C covered both the [\$135] deductible and the 20% co-insurance [\$1,073], he had no out-of-pocket expenses. In total, his Medicare supplement plan saved him [\$2,276] in out-of-pocket costs.****

* The above example is a fictitious scenario.

** AHA Hospital Statistics ©2007 Health Forum, LLC, an affiliate of the American Hospital Association, page 169–195, Table 8.

*** The Part A deductible is due for the first inpatient hospital stay in a benefit period.

**** Amount of savings does not reflect cost of plan.





Questions? Helpful representatives are waiting for your call.



If you have questions while reviewing this kit, just call 1.800.620.9037. A helpful representative will answer your questions in easy-to-understand language and help you explore your options.

Representatives are available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. TTY users should call 1.800.232.7773.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.

Look in the back.

Check out Section 4 of this booklet for *Commonly Asked Questions*, a *Glossary*, and *Important Information*.

Who is this insurance offer from?

AARP is not the insurer of this Medicare supplement insurance. Instead, AARP contracts with UnitedHealthcare Insurance Company to make coverage available to its members.

This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, United's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.*

AARP has been helping Americans over 50 for more than fifty years. One way it does that is by creating relationships with respected companies that offer the kind of services AARP members need.

*Based on internal 2009 company data. /www.aarphealthcare.com/statistics.

Your Exclusive Member Services

As an AARP member with AARP Medicare Supplement Insurance, you benefit from these exclusive member services—at no additional cost to you:



SilverSneakers® Fitness Program provided by Healthways

Live healthier with free access to fitness locations and classes.

- ✓ **Get access to thousands of participating fitness locations**, with amenities like exercise equipment and fitness classes included in their basic membership.
- ✓ **Take signature classes** from certified instructors, specifically designed for older adults. Additional options (YogaStretch, CardioFit, and Weight Circuit) may be available as your fitness levels

progress. A designated SeniorAdvisorSM will also help you all along the way.

- ✓ **SilverSneakers® Steps** is also available to members living 15+ miles from a participating fitness location. This self-directed physical activity program provides the equipment and motivation for you to manage your activities and achieve a healthier lifestyle.
- ✓ **Visit www.silversneakers.com** to find a health center location near you.



AARP Vision Discounts provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

- ✓ **Save 30% off eyewear**, including bifocals, lenses, and frames.* Contact lens wearers save 10% on disposables and 20% on non-disposables.
- ✓ **Pay only \$40 for routine eye exams** for eyeglasses, including an Eye Health Exam Report that details your results,

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

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

Continued on next page ►

► **Questions? Call 1.800.523.5800.** Representatives are ready to take your call, Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., EST. TTY users should call 1.800.232.7773. Or visit www.aarp.org/benefits.

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

The services provided by the SilverSneakers Fitness program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare). AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

*30% discount only available when a complete pair of glasses (frames, lenses, and lens options) is purchased in the same transaction. Items purchased separately will be discounted at 15% off the retail price. **In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisees and do not participate. Eye exams available by independent Doctors of Optometry at or next to Pearle Vision, Inc., in most states. EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. In California, Pearle Vision, Inc., Sears Optical®, and Target Optical®, do not employ Doctors of Optometry and do not provide eye exams. In Puerto Rico, the only available providers are Pearle Vision locations.



Nurse HealthLine provided by OptumHealthSM

Talk with a caring registered nurse and get answers to your health questions any time, day or night.

- ✓ **Find peace of mind, 24/7**, with nurses who have an average of 15 years' clinical experience.
- ✓ **Start healthy lifestyle changes** with personal coaching and guidance.

✓ **Make informed decisions** on how to get proper care. Nurses can talk with you about your symptoms, treatment options, and refer you to providers that meet high standards of quality and efficiency.

✓ **Talk to a Spanish-speaking nurse**, plus translation assistance is available in 140+ languages.



Pharmacy Services provided by UnitedHealthcare Insurance Company and Walgreens

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

✓ **Access prescription discounts.** Save on thousands of FDA-approved prescription medications at thousands of participating pharmacies nationwide, or by mail with free home delivery. Already have drug coverage? Use the discount card to save on prescriptions not covered by your plan.

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

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

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

► **Questions? Call 1.800.523.5800.** Representatives are ready to take your call, Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., EST. TTY users should call 1.800.232.7773. Or visit www.aarp.org/benefits.

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

OptumHealthSM is the provider of Nurse HealthLine. Nurse HealthLine is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment. The information provided through the Nurse HealthLine is not a substitute for your doctor's care. All decisions about prescription drugs, vision care, and health and wellness care are between you and your physician or other health care provider.

AARP Medical Supply Services is provided by Prescription Solutions, the licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company. The AARP Prescription Discount Program and Health Essentials catalog are provided by Walgreens and endorsed by AARP. The AARP Prescription Discount Program is not a licensed pharmacy. Discounts under the AARP Prescription Discount Program are not insurance and are not intended as a substitute for insurance. Discounts associated with the AARP Prescription Discount Program are only available at participating network pharmacies, including Walgreens Mail Service. Discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. Products and services that are reimbursable by Medicare are not available on a discounted or complimentary basis.

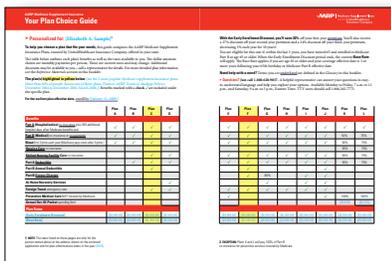
Providers pay a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer.

AARP does not make health recommendations for individuals. You are strongly encouraged to evaluate your needs before making decisions that impact your health. **This is a solicitation of insurance. An agent may contact you.**

3 Take the Next Step

Now that you've read all about Medicare supplement insurance, it's time to take the next step, whether you're ready to choose a plan or still need to think about your options. Follow these 3 steps to help you choose a plan and enroll.



1 Review Your Plan Choice Guide.

Review *Your Plan Choice Guide* on the next page to help you compare all of the available AARP Medicare Supplement Plans [with plan X/plans X and X/ plans X, X and X, which you recently requested while talking with a phone representative.] [with the most popular plans, C and F. Nearly 60% of people who enroll in Medicare supplement insurance choose one of these plans.†

†AHIP. *Trends in Medigap Policies*, December 2004 to December 2006. March 2008. p.4. Available at www.ahipresearch.org.]

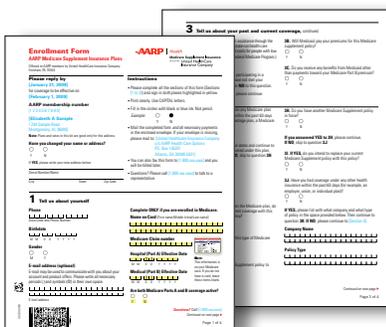
For more detailed plan information, please review the *Outline of Coverage* in Section 4.



2 Call 1.800.620.9037 if you have any questions.

A helpful representative can help you explore your options or answer any questions you may have about AARP Medicare Supplement Insurance. Representatives are available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. So call now. 1.800.620.9037. TTY users should call 1.800.232.7773.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.



3 Choose your plan and enroll.

Once you've chosen a plan, just fill out the enrollment form in the back of this booklet. Tear out the form along the perforated lines and return it in the envelope provided. Or enroll online at www.aarphealthcare.com/getmyplan. In about 2 weeks, you should receive confirmation of your enrollment along with a *Welcome Kit*.

For the earliest plan effective date, enroll no later than [January 31, 2009].

4 Reference Materials

If you have questions, these materials can help. They give extra details about the available plans, answer common questions, and define special insurance terms often used when talking about Medicare supplement insurance.



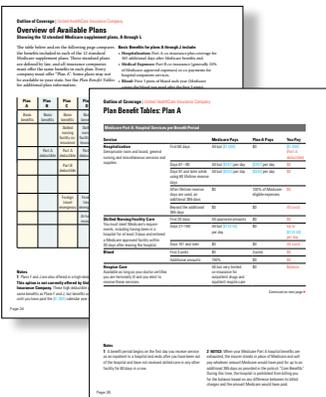
Commonly Asked Questions

Get simple, no-nonsense answers to questions commonly asked about Medicare supplement insurance.



Glossary

Find the meaning of special insurance terms used in this booklet.



Important Information

Here, you'll find important legal information you should review.

Outline of Coverage

All insurance companies must give you these documents by law. They offer detailed information about the plan choices available to you.

For a quick summary of AARP Medicare Supplement Plans and rates, see *Your Plan Choice Guide* in Section 3 of this booklet.

Commonly Asked Questions

Below is a list of commonly asked questions, with straight answers.

What is the difference between “Medigap” and “Medicare supplement insurance”?

There is no difference—both terms have the same meaning. Throughout these materials, the term “Medicare supplement insurance” is used. It’s named that way because it is designed to supplement Medicare [Part A](#) and [Part B](#). It is sometimes also called a “Medigap Policy,” because it fills in some of the gaps that Medicare Parts A and B don’t cover.

What are “Basic Benefits”?

Basic Benefits are standard benefits that each Medicare supplement plan provides. Plan A provides only Basic Benefits. Other plans provide Basic Benefits plus other benefits. Basic Benefits are:

- 1. Hospitalization.** Part A [co-insurance](#) plus coverage for 365 additional days after Medicare benefits end.
- 2. Medical Expenses.** Part B co-insurance—generally 20% of Medicare-approved expenses—or co-insurance for [hospital outpatient care](#).
- 3. Blood.** The first 3 pints of blood each year. (Medicare pays for all blood after the first 3 pints.)

What is the Part B Deductible?

You are responsible to pay a portion of the Medicare-approved Part B amounts for covered services each calendar year. In 2009, the Part B amount for which you are responsible is \$135.00. Once you have met this deductible, Medicare will cover 80% of Medicare-approved charges. Your deductible may be covered, depending on the Medicare supplement plan you choose.

Can my spouse and I be on the same account?

You and your spouse may share an account, but you must enroll with separate enrollment forms. Once enrolled, you will each receive an individual certificate of insurance.

Does Medicare supplement insurance offer prescription drug coverage?

By law, Medicare supplement insurance policies can no longer offer coverage for prescription drugs. Prescription drug coverage, also known as [Part D](#), is available separately through private insurance companies approved by Medicare.

For help with prescription drug costs, you can enroll in an AARP MedicareRx Plan, also insured through UnitedHealthcare. Enrolling in an AARP Medicare Supplement Plan and an AARP MedicareRx Plan will give you more complete health coverage from the same insurance provider.

For more information or to enroll, call 1.888.867.5564, 24 hours a day, 7 days a week. TTY users should call 1.877.730.4192.

Will I be accepted if I have a health condition?

During [open enrollment](#), you can’t be turned down for coverage. By law, you can’t be charged more than the base rate for your policy, despite any prior health condition.

Where can I find more information?

For information about AARP Medicare Supplement Insurance:

Call 1.800.620.9037. A representative can help you explore your options or answer any questions you may have about AARP Medicare Supplement Insurance.

Commonly Asked Questions *continued*

TTY users should call 1.800.232.7773. Available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.

For information about Medicare supplement insurance:

Read *2009 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*

This is the official government guide with important information about what a Medicare supplement insurance policy is, what these policies cover, your rights to buy them, and more. Download a free copy online, at www.aarphealthcare.com/learn or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

¿Necesita una copia en español? Visite www.aarphealthcare.com/learn en el sitio Web. Para saber si esta publicación está impresa y disponible (en español), llame GRATIS al 1.800.MEDICARE (1.800.633.4227). Los usuarios de TTY deben llamar al 1.877.486.2048.

For information about Medicare supplement insurance in your state:

Call your state's Health Insurance Assistance Program or State Insurance Department. You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office, at 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

Glossary

Here you'll find the definitions of terms that have been underlined throughout this kit.

benefit period A benefit period begins the first day you enter a hospital for inpatient care 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.

co-insurance A kind of cost sharing where costs are split on a percentage basis. For example, Medicare pays about 80% and you pick up the rest. Medicare supplement insurance pays up to 20% of the co-insurance you are responsible for.

co-payment A kind of cost sharing where you pay a pre-set fixed amount for each service. Sometimes called “co-pay.”

creditable coverage Certain types of previous health insurance that can be used to shorten or eliminate the waiting period for a pre-existing condition.

deductible A kind of cost sharing where you are responsible for a pre-set, fixed amount that Medicare doesn't cover. Some Medicare supplement plans pay a benefit for the Part A and Part B deductibles.

durable medical equipment Equipment for use at home such as oxygen, wheelchairs, and walkers.

excess charge The difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge.

guaranteed issue rights Rights you have in certain circumstances, when insurance providers are required by law to offer you a plan. If you have guaranteed issue rights, you are guaranteed acceptance into selected plans available in your state, and you can't be charged more for a past or present health problem. The policy must cover any pre-existing conditions, without a waiting period.

hospice care Care for those who are terminally ill. Hospice care typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure. In Medicare Part A, hospice care also includes support services for both patient and caregivers. Medicare Part A covers both hospice care received at home and care received in a hospice outside the home.

hospital An institution that provides care for which Medicare pays hospital benefits. A hospital stay must start while you are covered under a Medicare supplement plan.

inpatient care Care you receive when you are admitted to a hospital for bed occupancy for the purpose of receiving inpatient services.

lifetime reserve days After you are in the hospital for longer than 90 days in one benefit period, you have a total of 60 lifetime reserve days provided by Medicare to cover overnight stays that Original Medicare hospital benefits do not cover. While you use these days, Medicare pays all costs except for a daily co-insurance payment. Once you exceed the lifetime maximum of 60 days, Medicare provides no hospital coverage after 90 days of a benefit period.

Medicare Advantage See Part C.

Medicare eligible expenses The health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary.

Medicare supplement insurance Sometimes called a Medigap policy. Insurance that you buy from a private insurance company that pays for, or supplements, some or all of the cost sharing in Medicare Part A and Part B coverage. Medicare supplement insurance is available in up to 12

Glossary *continued*

standard types, or “plans.” Each plan is named with a letter of the alphabet. Don’t confuse Medicare supplement Plans A, B, C, and D with Parts A, B, C, and D of Medicare.

Medigap See Medicare supplement insurance.

network The group of doctors, hospitals, pharmacies, and other health care facilities that have contracted with an insurance plan to provide care to plan members.

open enrollment period The 6-month period that starts the first month you are covered by Medicare Part B and you are age 65 or older. During this time, you have the right to buy any Medicare supplement insurance plan that is sold in your state. You can’t be denied coverage or charged more because of your past or present health problems.

outpatient care Care you receive as a hospital patient if you are not admitted for an inpatient stay, or care you receive in a freestanding surgery center as an outpatient.

Part A The part of Medicare that provides help with the cost of inpatient hospital stays, skilled nursing services following a hospital stay, and some other kinds of skilled care.

Part B The part of Medicare that provides help with the cost of medically necessary services like doctor services, outpatient care, and other medical services Part A doesn’t cover.

Part C The part of Medicare that allows private insurance companies to contract with Medicare to offer plans that helps with Medicare Part A and Part B services. Part C plans are also called “Medicare Advantage” plans.

Part D The part of Medicare that offers help with the cost of prescription drugs.

pre-existing condition A health problem you had before the date a new insurance policy starts.

premium A fixed amount you have to pay to participate in a plan or program; in private insurance, the price you pay for a policy, usually as a monthly payment.

provider A person or organization that provides medical services and products, such as a doctor, hospital, pharmacy, laboratory, or outpatient clinic.

Select Plan A type of Medicare supplement policy that may require you to use hospitals and, in some cases, doctors within its network to be eligible for full benefits (except in emergencies).

skilled nursing facility A facility that provides skilled nursing care and is approved for payment by Medicare. A skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or prior covered skilled nursing facility stay. A skilled nursing facility stay must also start while you are covered under a Medicare supplement plan.

Important Information

This material describes the AARP Medicare Supplement Plans but is not considered to be a health insurance contract or insurance certificate. 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. GRP 79171 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 Medicare supplement benefits can be processed automatically.**

How to Use Your Decision Guide

This guide contains detailed information about the benefits of the AARP Medicare Supplement Insurance Plans.

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

To find the plan that is best for you:

- Look at the *Your Plan Choice Guide* enclosed in these materials. This page shows the benefits of the AARP Medicare Supplement Plans and the rates of the plans available in your state. Benefits and cost vary depending upon the plan selected and the information you provide. It also indicates any specific provisions that may apply in your state.
- For more information on a specific plan, look at the attached chart(s) which outline(s) the benefits of that plan. The chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the costs you would have to pay yourself.

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 1.800.232.7773 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 older, covered by both Part A and Part B of original Medicare, and not duplicating any Medicare supplement coverage. (Note: If you are not yet age 65, you may only apply for one of the AARP Medicare Supplement Plans A through J.)

Important Acceptance Information

If you enrolled in Medicare Part B or turned age 65 during the last 6 months, your acceptance is guaranteed.

If you lose health coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance, and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:

1. Enroll within the required time period following the termination of your prior health plan.
2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

If you have any questions on your guaranteed right to coverage, you may wish to contact the

Important Information *continued*

administrator of your prior health plan or your local state department on aging.

Exclusions: What's not covered by AARP Medicare Supplement Insurance Plans?

Benefits already provided under Medicare:

- Care not meeting Medicare's standards.
- Stays beginning before your plan's effective date, or care or supplies received before your plan's effective date.
- Injury or sickness payable by Worker's Compensation or similar laws.
- Stays or treatment provided by a government-owned or government-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.
- If you don't qualify for a waiver of the pre-existing condition exclusion, any stay that begins during the first 3 months after your effective date will not be considered if due to a pre-existing condition. Likewise, any medical expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition.

A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

To qualify for a waiver of the pre-existing condition exclusion, at least one of these conditions must apply to you:

- You are replacing previous creditable coverage within 63 days after it was canceled.
- Your enrollment form is received within the 6 months after you turn age 65 and enroll in Medicare Part B.

- You are an "Eligible Person" entitled to guaranteed acceptance, or
- You have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare eligible expenses that are more restrictive than those of Medicare.

Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

Important Information About Cancellation

Your AARP Medicare Supplement Plan can never be canceled because of your age, your health, or the number of claims you make. Insurance may be canceled due to nonpayment of premium or material misrepresentation—giving false enrollment information. If the group policy terminates and is not replaced by another group policy providing the same type of insurance, you may convert your insurance to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. You may cancel your insurance any time you wish. All transactions are effective on the first of the month following receipt of the request to cancel.

The AARP Insurance Trust

The AARP Insurance Trust retains income from the investment of monies on deposit in trust accounts. UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare

Important Information *continued*

Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP is not an insurance agency or carrier and does not employ or endorse insurance agents, brokers, representatives, or advisors.

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

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1 5/16 from top



**Questions?
Helpful representatives are
waiting for your call.**

If you have questions while reviewing this kit, just call 1.800.620.9037. Representatives are available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. Or visit www.aarphealthcare.com/getmyplan. TTY users should call 1.800.232.7773.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.

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

AARP Medicare Supplement Plans

Your Decision Guide

Understand, choose, and enroll in the plan that fits your needs.

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

www.aarphealthcare.com/getmyplan

Buying Medicare supplement insurance can help protect you against some or all costs Medicare doesn't pay. It's an important decision. So it should also be an *informed* decision.

Unfortunately, choosing supplemental health insurance isn't always easy. There are many options and lots to learn.

That's why UnitedHealthcare Insurance Company (UnitedHealthcare) is working to make choosing a plan easier. How? By providing clear explanations, diagrams that simplify information, and a glossary of terms.

Why go through all the trouble? UnitedHealthcare covers more people with Medicare supplement plans nationwide than any other insurance carrier.* And AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, are the only Medicare supplement plans that carry the AARP name.

Whether or not you're an AARP member yet, the folks at UnitedHealthcare hope *Your Decision Guide* makes it easy for you to choose the AARP Medicare Supplement Plan that fits your needs.



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*Based on 2007 NAIC data.
www.aarphealthcare.com/statistics.

These plans carry the AARP name, and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

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

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.

These Medicare Prescription Drug Plans (PDPs) are insured by UnitedHealthcare Insurance Company, which contracts with the Federal government as a PDP sponsor.

See the enclosed for complete information, including benefits, costs, eligibility requirements, exclusions, and limitations. Not all plans available in all states. **This is a solicitation of insurance. An agent may contact you.**

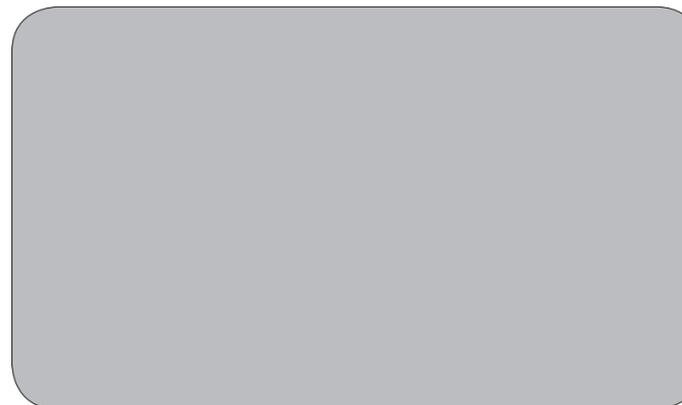
AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives, or advisors.

AARP does not make health plan or prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

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

AARP MEDICARE SUPPLEMENT
INSURANCE PLANS

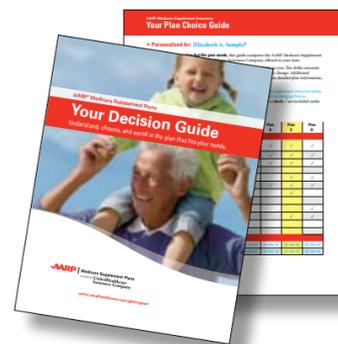
Insured by UnitedHealthcare Insurance Company



Here is the information you requested.

Enclosed is everything you need to choose and enroll in the AARP Medicare Supplement Insurance Plan that fits your needs.

Please respond immediately for the earliest plan effective date.



AARP® Medicare Supplement Plans

Your Decision Guide

Here is the information you requested. ▶

Enclosed is everything you need to choose and enroll in the AARP Medicare Supplement Insurance Plan that fits your needs.



AARP® Medicare Supplement Plans

Your Decision Guide

Understand, choose, and enroll in the plan that fits your needs.

[REMINDER]

Prepared especially for **Elizabeth A. Sample**

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

www.aarphealthcare.com/getmyplan

BA10051 (9/09)

Buying Medicare supplement insurance can help protect you against some or all costs Medicare doesn't pay. It's an important decision. So it should also be an *informed* decision.

Unfortunately, choosing supplemental health insurance isn't always easy. There are many options and lots to learn.

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waiting for your call.**

If you have questions while reviewing this kit, just call 1.800.620.9037. Representatives are available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. Or visit www.aarphealthcare.com/getmyplan. TTY users should call 1.800.232.7773.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.



*Based on 2007 NAIC data.
www.aarphealthcare.com/statistics.

These plans carry the AARP name, and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

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

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.

These Medicare Prescription Drug Plans (PDPs) are insured by UnitedHealthcare Insurance Company, which contracts with the Federal government as a PDP sponsor.

See the enclosed for complete information, including benefits, costs, eligibility requirements, exclusions, and limitations. Not all plans available in all states. **This is a solicitation of insurance. An agent may contact you.**

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

AARP does not make health plan or prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

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

**AARP MEDICARE SUPPLEMENT
INSURANCE PLANS**

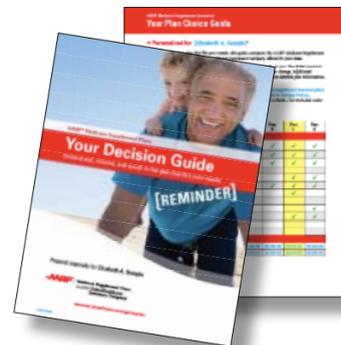
Insured by UnitedHealthcare Insurance Company

window is 4.25 x 2"
2 3/8 from top
7/8 from left
measuring from this view

Make an informed decision.

It's not too late to choose and enroll in the AARP Medicare Supplement Insurance Plan that fits your needs.

Please respond immediately for the earliest plan effective date.



AARP® Medicare Supplement Plans

Your Decision Guide

[REMINDER]

Make an informed decision. ▶

It's not too late to choose and enroll in the AARP Medicare Supplement Insurance Plan that fits your needs.

Prepared for:
Requested by:

**[Sample A. Sample
1234 Main Street
Anytown, USA 12345]**

**For the earliest plan
effective date, enroll by
[November 30, 2009.]**

***[MSTFLE020020BDST: APPEARS IN ALL LETTER VERSIONS WITH DEFAULT
PLAN OFFER]***

(Paragraph 2)

Dear Sample A. Sample,

Thanks for requesting information about AARP[®] Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

In the last few weeks, you received a red and white envelope called *Your Decision Guide*, with information about the most popular plans, C and F. Nearly 60% of people who enroll in Medicare supplement insurance choose one of these plans.† Have you replied?

***[MSTFLE020020BTST: APPEARS IN ALL LETTERS TAILORED TO SPECIFIC
OR MULTIPLE PLANS]***

(Paragraph 2)

Dear Sample A. Sample,

Thanks for requesting information about AARP[®] Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

In the last few weeks, you received a red and white envelope called *Your Decision Guide*, with information about [planX/plans X and X/plans X, X and X] you recently requested when you spoke with a phone representative. Have you replied?

[MSTFLE030020B0ST: APPEARS IN ALL LETTER VERSIONS]

(Paragraph 3)

If so, you can disregard this package. But if not, please don't delay in replying. Since Medicare only pays about 80% of your Part B expenses (costs related to doctor's visits and outpatient care), the rest is up to you. That could add up!

LA19913 AR (9/09)

With an AARP Medicare Supplement Plan, you could save you up to thousands of dollars in out-of-pocket expenses.~ That's a feeling of security.

[MSTFLE040020BDST: APPEARS ALL LETTER VERSIONS WITH DEFAULT PLAN OFFER]

(Paragraph 4)

If you didn't receive *Your Decision Guide* yet or have misplaced it, don't worry. This package can help you understand these plans and enroll in a plan that fits your needs. For your convenience, the personalized *Your Plan Choice Guide* included in this booklet outlines the most popular plans. It also shows the prices and details for each of the [12] AARP Medicare Supplement Plans available in your state. If you have any questions, there are people you can talk to. Just call [1.800.620.9037].

[MSTFLE040020BTST: APPEARS IN ALL LETTER VERSIONS TAILORED TO SPECIFIC OR MULTIPLE PLANS]

(Paragraph 4)

If you didn't receive *Your Decision Guide* yet or have misplaced it, don't worry. This package can help you understand these plans and enroll in a plan that fits your needs. For your convenience, the personalized *Your Plan Choice Guide* included in this booklet outlines the plans you requested. It also shows the prices and details for each of the [12] AARP Medicare Supplement Plans available in your state. If you have any questions, there are people you can talk to. Just call [1.800.620.9037].

[MSTFLE050020B0ST: APPEARS IN ALL LETTER VERSIONS]

(Paragraph 5)

This offer comes from UnitedHealthcare, which provides Medicare supplement plans to more people nationwide than any other insurer.* It's the only company AARP has chosen to provide this type of insurance for its members. But that's not all...

Here are 5 reasons to keep reading:

1. No networks—choose your own doctors, hospitals, and specialists

Medicare supplement insurance lets you choose your own doctors and hospitals, as long as they accept Medicare. Plus, you never need a referral to see a specialist. Other insurance options might limit you to a specific network. With Medicare supplement insurance, you'll have the freedom to choose.

2. Fast and efficient claims service

With AARP Medicare Supplement Insurance, more than 99% of claims are processed within 10 days, and more than 99% of customer service calls are resolved immediately.* Plus, as with any Medicare supplement insurance plan, there are virtually no claim forms to file.

3. Enjoy guaranteed acceptance—you can't be turned down

The law guarantees your acceptance into a Medicare supplement insurance plan for 6 months after you turn age 65 and enroll in Medicare Part B. You will be accepted into any plan listed on *Your Plan Choice Guide* in the enclosed booklet.

If you enroll within 6 months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing condition exclusion waiver.” This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan goes into effect— regardless of any prior health conditions you may have.

4. Special AARP member services

Only AARP members can enroll in an AARP Medicare Supplement Insurance Plan. If you're not already a member, we've included an AARP Membership application in the back of this kit for you to sign up. And as an AARP member enrolled in an AARP Medicare Supplement Insurance, you receive these special services.

Savings on prescription drugs and eyewear

You can save on many costs related to health care, like prescription drugs and products for healthy living. You can also save on routine eye exams and eyewear.

SilverSneakers® Fitness Program

Get access to thousands of participating fitness centers. Members who live more than 15 miles from a participating fitness center can take part in SilverSneakers® Steps, a self-directed fitness program.

24-hour access to registered nurses

Call toll-free and speak directly with a caring registered nurse about your health conditions— any time, day or night. You can get reliable answers about prescription drugs or over-the-counter medications, learn about chronic health conditions, get self-care tips, or discuss treatment options.

These are not insurance programs, are not part of the AARP Medicare Supplement Plan benefits, and may be discontinued at any time.

5. A plan that can't be canceled

When you choose Medicare supplement insurance, the law says your coverage can never be canceled because of your age, your health, or the number of claims you make – as long as you give truthful enrollment information and pay your premiums on time.

Choose AARP Medicare Supplement Insurance. **Call 1.800.620.9037** or complete and mail your enrollment form today.

Sincerely,

Susan Morisato, President, Ovations Insurance Solutions
UnitedHealthcare Insurance Company

P.S. Enroll now and enjoy guaranteed acceptance—you can't be turned down.

†AHIP. *Trends in Medigap Policies*, December 2004 to December 2006. March 2008. p.4. Available at www.ahipresearch.org.

~ Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare spending and the Medicare Program*, June 2008. <http://www.medpac.gov/documents/Jun08DataBook_Entire_report.pdf> (15 Jan, 2009) p. 63, 65.

*Based on internal 2009 company data./ www.aarphealthcare.com/statistics

These plans carry the AARP name, and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP Medical Supply Services is provided by Prescription Solutions, the licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company. The AARP Prescription Discount Program and Health Essentials catalog are provided by Walgreens and endorsed by AARP. The AARP Prescription Discount Program is not a licensed pharmacy. Discounts under the AARP Prescription Discount Program are not insurance and are not intended as a substitute for insurance. Discounts associated with the AARP Prescription Discount Program are only available at participating network pharmacies, including Walgreens Mail Service.

EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisees and do not participate. Eye exams are available by independent Doctors of Optometry at or next to Pearle Vision, Inc. in most states. In California, Pearle Vision, Inc., Sears Optical, and Target Optical do not employ Doctors of Optometry and do not provide eye exams. In Puerto Rico, the only available providers are Pearle Vision locations. Discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. Products and services that are reimbursable by Medicare are not available on a discounted or complimentary basis.

The services provided by the SilverSneakers program are made available as a value-added service to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare). AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

OptumHealth is the provider of Nurse HealthLine. Nurse HealthLine is for informational purposes only. It cannot diagnose problems or recommend specific treatment. The information provided through the Nurse HealthLine is not a substitute for your doctor's care. All decisions about prescription drugs, vision care, and health and wellness care are between you and your physician or other health care provider.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). **Not connected with or endorsed by the U.S. Government or the federal Medicare program.** 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. **This is a solicitation of insurance. An agent may contact you.**

AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives, or advisors. Review the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions, and limitations.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

Important Notice: The *Guide to Health Insurance for People with Medicare* is free. It 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 visit www.aarphealthcare.com/learn.

Visit www.aarphealthcare.com/getmyplan
AARP MEDICARE SUPPLEMENT INSURANCE PLANS
Insured by UnitedHealthcare Insurance Company

Continued on next page >

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Contents

Your Plan Choice Guide ▶ Page [2]

Not sure which plan fits your needs? Review *Your Plan Choice Guide* to compare all AARP Medicare Supplement Plans and their prices.

Exclusive Member Services ▶ Page [5]

Learn about the exclusive member services available to you—at no additional cost—as an AARP member with AARP Medicare Supplement Insurance.

Reference Materials

Commonly Asked Questions ▶ Page [7]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [9]

Find the meaning of special insurance terms underlined in this booklet.

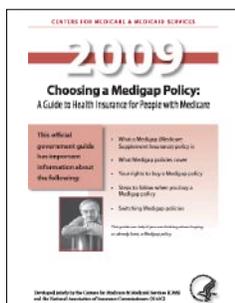
Important Information ▶ Page [11]

Find important legal information you should review.

Outline of Coverage ▶ Page [14]

All insurance companies must give you these documents by law. They provide detailed information about your plan choices, benefits, and rules that apply. They include:

- Overview of Available Plans
- Plan Benefit Tables
- Rules and Disclosures about this Insurance



Important Notice: The *Guide to Health Insurance for People with Medicare* is free. It 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 visit www.aarphealthcare.com/learn.

Your Exclusive Member Services

As an AARP member with AARP Medicare Supplement Insurance, you benefit from these exclusive member services—at no additional cost to you:



SilverSneakers® Fitness Program provided by Healthways

Live healthier with free access to fitness locations and classes.

- ✓ **Get access to thousands of participating fitness locations**, with amenities like exercise equipment and fitness classes included in their basic membership.
- ✓ **Take signature classes** from certified instructors, specifically designed for older adults. Additional options (YogaStretch, CardioFit, and Weight Circuit) may be available as your fitness levels

progress. A designated SeniorAdvisorSM will also help you all along the way.

- ✓ **SilverSneakers® Steps** is also available to members living 15+ miles from a participating fitness location. This self-directed physical activity program provides the equipment and motivation for you to manage your activities and achieve a healthier lifestyle.
- ✓ **Visit www.silversneakers.com** to find a health center location near you.



AARP Vision Discounts provided by EyeMed Vision Care

Save on every eyewear purchase and on routine eye exams.

- ✓ **Save 30% off eyewear**, including bifocals, lenses, and frames.* Contact lens wearers save 10% on disposables and 20% on non-disposables.
- ✓ **Pay only \$40 for routine eye exams** for eyeglasses, including an Eye Health Exam Report that details your results,

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

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

Continued on next page ►

► **Questions? Call 1.800.523.5800.** Representatives are ready to take your call, Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., EST. TTY users should call 1.800.232.7773. Or visit www.aarp.org/benefits.

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

The services provided by the SilverSneakers Fitness program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare). AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

*30% discount only available when a complete pair of glasses (frames, lenses, and lens options) is purchased in the same transaction. Items purchased separately will be discounted at 15% off the retail price. **In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisees and do not participate. Eye exams available by independent Doctors of Optometry at or next to Pearle Vision, Inc., in most states. EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. In California, Pearle Vision, Inc., Sears Optical®, and Target Optical®, do not employ Doctors of Optometry and do not provide eye exams. In Puerto Rico, the only available providers are Pearle Vision locations.



Nurse HealthLine provided by OptumHealthSM

Talk with a caring registered nurse and get answers to your health questions any time, day or night.

- ✓ **Find peace of mind, 24/7**, with nurses who have an average of 15 years' clinical experience.
- ✓ **Start healthy lifestyle changes** with personal coaching and guidance.

✓ **Make informed decisions** on how to get proper care. Nurses can talk with you about your symptoms, treatment options, and refer you to providers that meet high standards of quality and efficiency.

✓ **Talk to a Spanish-speaking nurse**, plus translation assistance is available in 140+ languages.



Pharmacy Services provided by UnitedHealthcare Insurance Company and Walgreens

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

✓ **Access prescription discounts.** Save on thousands of FDA-approved prescription medications at thousands of participating pharmacies nationwide, or by mail with free home delivery. Already have drug coverage? Use the discount card to save on prescriptions not covered by your plan.

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

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

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

► **Questions? Call 1.800.523.5800.** Representatives are ready to take your call, Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., EST. TTY users should call 1.800.232.7773. Or visit www.aarp.org/benefits.

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

OptumHealthSM is the provider of Nurse HealthLine. Nurse HealthLine is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment. The information provided through the Nurse HealthLine is not a substitute for your doctor's care. All decisions about prescription drugs, vision care, and health and wellness care are between you and your physician or other health care provider.

AARP Medical Supply Services is provided by Prescription Solutions, the licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company. The AARP Prescription Discount Program and Health Essentials catalog are provided by Walgreens and endorsed by AARP. The AARP Prescription Discount Program is not a licensed pharmacy. Discounts under the AARP Prescription Discount Program are not insurance and are not intended as a substitute for insurance. Discounts associated with the AARP Prescription Discount Program are only available at participating network pharmacies, including Walgreens Mail Service. Discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. Products and services that are reimbursable by Medicare are not available on a discounted or complimentary basis.

Providers pay a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer.

AARP does not make health recommendations for individuals. You are strongly encouraged to evaluate your needs before making decisions that impact your health. **This is a solicitation of insurance. An agent may contact you.**

Commonly Asked Questions

Below is a list of commonly asked questions, with straight answers.

What is the difference between “Medigap” and “Medicare supplement insurance”?

There is no difference—both terms have the same meaning. Throughout these materials, the term “Medicare supplement insurance” is used. It’s named that way because it is designed to supplement Medicare [Part A](#) and [Part B](#). It is sometimes also called a “Medigap Policy,” because it fills in some of the gaps that Medicare Parts A and B don’t cover.

What are “Basic Benefits”?

Basic Benefits are standard benefits that each Medicare supplement plan provides. Plan A provides only Basic Benefits. Other plans provide Basic Benefits plus other benefits. Basic Benefits are:

- 1. Hospitalization.** Part A [co-insurance](#) plus coverage for 365 additional days after Medicare benefits end.
- 2. Medical Expenses.** Part B [co-insurance](#)—generally 20% of Medicare-approved expenses—or [co-insurance for hospital outpatient care](#).
- 3. Blood.** The first 3 pints of blood each year. (Medicare pays for all blood after the first 3 pints.)

What is the Part B Deductible?

You are responsible to pay a portion of the Medicare-approved Part B amounts for covered services each calendar year. In 2009, the Part B amount for which you are responsible is \$135.00. Once you have met this deductible, Medicare will cover 80% of Medicare-approved charges. Your deductible may be covered, depending on the Medicare supplement plan you choose.

Can my spouse and I be on the same account?

You and your spouse may share an account, but you must enroll with separate enrollment forms. Once enrolled, you will each receive an individual certificate of insurance.

Does Medicare supplement insurance offer prescription drug coverage?

By law, Medicare supplement insurance policies can no longer offer coverage for prescription drugs. Prescription drug coverage, also known as [Part D](#), is available separately through private insurance companies approved by Medicare.

For help with prescription drug costs, you can enroll in an AARP MedicareRx Plan, also insured through UnitedHealthcare. Enrolling in an AARP Medicare Supplement Plan and an AARP MedicareRx Plan will give you more complete health coverage from the same insurance provider.

For more information or to enroll, call 1.888.867.5564, 24 hours a day, 7 days a week. TTY users should call 1.877.730.4192.

Will I be accepted if I have a health condition?

During [open enrollment](#), you can’t be turned down for coverage. By law, you can’t be charged more than the base rate for your policy, despite any prior health condition.

Where can I find more information?

For information about AARP Medicare Supplement Insurance:

Call 1.800.620.9037. A representative can help you explore your options or answer any questions you may have about AARP Medicare Supplement Insurance.

Commonly Asked Questions *continued*

TTY users should call 1.800.232.7773. Available Monday to Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time.

Hablamos español. Llame al 1.866.863.6764 de lunes a viernes, de 8 a.m. a 5 p.m., y el sábado, de 9 a.m. a 5 p.m., Hora del Este.

For information about Medicare supplement insurance:

Read *2009 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*

This is the official government guide with important information about what a Medicare supplement insurance policy is, what these policies cover, your rights to buy them, and more. Download a free copy online, at www.aarphealthcare.com/learn or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

¿Necesita una copia en español? Visite www.aarphealthcare.com/learn en el sitio Web. Para saber si esta publicación está impresa y disponible (en español), llame GRATIS al 1.800.MEDICARE (1.800.633.4227). Los usuarios de TTY deben llamar al 1.877.486.2048.

For information about Medicare supplement insurance in your state:

Call your state's Health Insurance Assistance Program or State Insurance Department. You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office, at 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

Glossary

Here you'll find the definitions of terms that have been underlined throughout this kit.

benefit period A benefit period begins the first day you enter a hospital for inpatient care 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.

co-insurance A kind of cost sharing where costs are split on a percentage basis. For example, Medicare pays about 80% and you pick up the rest. Medicare supplement insurance pays up to 20% of the co-insurance you are responsible for.

co-payment A kind of cost sharing where you pay a pre-set fixed amount for each service. Sometimes called “co-pay.”

creditable coverage Certain types of previous health insurance that can be used to shorten or eliminate the waiting period for a pre-existing condition.

deductible A kind of cost sharing where you are responsible for a pre-set, fixed amount that Medicare doesn't cover. Some Medicare supplement plans pay a benefit for the Part A and Part B deductibles.

durable medical equipment Equipment for use at home such as oxygen, wheelchairs, and walkers.

excess charge The difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge.

guaranteed issue rights Rights you have in certain circumstances, when insurance providers are required by law to offer you a plan. If you have guaranteed issue rights, you are guaranteed acceptance into selected plans available in your state, and you can't be charged more for a past or present health problem. The policy must cover any pre-existing conditions, without a waiting period.

hospice care Care for those who are terminally ill. Hospice care typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure. In Medicare Part A, hospice care also includes support services for both patient and caregivers. Medicare Part A covers both hospice care received at home and care received in a hospice outside the home.

hospital An institution that provides care for which Medicare pays hospital benefits. A hospital stay must start while you are covered under a Medicare supplement plan.

inpatient care Care you receive when you are admitted to a hospital for bed occupancy for the purpose of receiving inpatient services.

lifetime reserve days After you are in the hospital for longer than 90 days in one benefit period, you have a total of 60 lifetime reserve days provided by Medicare to cover overnight stays that Original Medicare hospital benefits do not cover. While you use these days, Medicare pays all costs except for a daily co-insurance payment. Once you exceed the lifetime maximum of 60 days, Medicare provides no hospital coverage after 90 days of a benefit period.

Medicare Advantage See Part C.

Medicare eligible expenses The health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary.

Medicare supplement insurance Sometimes called a Medigap policy. Insurance that you buy from a private insurance company that pays for, or supplements, some or all of the cost sharing in Medicare Part A and Part B coverage. Medicare supplement insurance is available in up to 12

Glossary *continued*

standard types, or “plans.” Each plan is named with a letter of the alphabet. Don’t confuse Medicare supplement Plans A, B, C, and D with Parts A, B, C, and D of Medicare.

Medigap See Medicare supplement insurance.

network The group of doctors, hospitals, pharmacies, and other health care facilities that have contracted with an insurance plan to provide care to plan members.

open enrollment period The 6-month period that starts the first month you are covered by Medicare Part B and you are age 65 or older. During this time, you have the right to buy any Medicare supplement insurance plan that is sold in your state. You can’t be denied coverage or charged more because of your past or present health problems.

outpatient care Care you receive as a hospital patient if you are not admitted for an inpatient stay, or care you receive in a freestanding surgery center as an outpatient.

Part A The part of Medicare that provides help with the cost of inpatient hospital stays, skilled nursing services following a hospital stay, and some other kinds of skilled care.

Part B The part of Medicare that provides help with the cost of medically necessary services like doctor services, outpatient care, and other medical services Part A doesn’t cover.

Part C The part of Medicare that allows private insurance companies to contract with Medicare to offer plans that helps with Medicare Part A and Part B services. Part C plans are also called “Medicare Advantage” plans.

Part D The part of Medicare that offers help with the cost of prescription drugs.

pre-existing condition A health problem you had before the date a new insurance policy starts.

premium A fixed amount you have to pay to participate in a plan or program; in private insurance, the price you pay for a policy, usually as a monthly payment.

provider A person or organization that provides medical services and products, such as a doctor, hospital, pharmacy, laboratory, or outpatient clinic.

Select Plan A type of Medicare supplement policy that may require you to use hospitals and, in some cases, doctors within its network to be eligible for full benefits (except in emergencies).

skilled nursing facility A facility that provides skilled nursing care and is approved for payment by Medicare. A skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or prior covered skilled nursing facility stay. A skilled nursing facility stay must also start while you are covered under a Medicare supplement plan.

Important Information

This material describes the AARP Medicare Supplement Plans but is not considered to be a health insurance contract or insurance certificate. 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. GRP 79171 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 Medicare supplement benefits can be processed automatically.**

How to Use Your Decision Guide

This guide contains detailed information about the benefits of the AARP Medicare Supplement Insurance Plans.

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

To find the plan that is best for you, look at the *Your Plan Choice Guide* enclosed in these materials. This page shows the benefits of the AARP Medicare Supplement Plans and the rates of the plans available in your state. Benefits and cost vary depending upon the plan selected and the information you provide. It also indicates any specific provisions that may apply in your state.

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 1.800.232.7773 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 older, covered by both Part A and Part B of original Medicare, and not duplicating any Medicare supplement coverage. (Note: If you are not yet age 65, you may only apply for one of the AARP Medicare Supplement Plans A through J.)

Important Acceptance Information

If you enrolled in Medicare Part B or turned age 65 during the last 6 months, your acceptance is guaranteed.

If you lose health coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance, and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:

1. Enroll within the required time period following the termination of your prior health plan.
2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

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

Exclusions: What’s not covered by AARP Medicare Supplement Insurance Plans?

Benefits already provided under Medicare:

- Care not meeting Medicare’s standards.

Important Information *continued*

- Stays beginning before your plan's effective date, or care or supplies received before your plan's effective date.
- Injury or sickness payable by Worker's Compensation or similar laws.
- Stays or treatment provided by a government-owned or government-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.
- If you don't qualify for a waiver of the pre-existing condition exclusion, any stay that begins during the first 3 months after your effective date will not be considered if due to a pre-existing condition. Likewise, any medical expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition.

A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

To qualify for a waiver of the pre-existing condition exclusion, at least one of these conditions must apply to you:

- You are replacing previous creditable coverage within 63 days after it was canceled.
- Your enrollment form is received within the 6 months after you turn age 65 and enroll in Medicare Part B.
- You are an "Eligible Person" entitled to guaranteed acceptance, or
- You have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations

or exclusions for the Medicare eligible expenses that are more restrictive than those of Medicare.

Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

Important Information About Cancellation

Your AARP Medicare Supplement Plan can never be canceled because of your age, your health, or the number of claims you make. Insurance may be canceled due to nonpayment of premium or material misrepresentation—giving false enrollment information. If the group policy terminates and is not replaced by another group policy providing the same type of insurance, you may convert your insurance to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. You may cancel your insurance any time you wish. All transactions are effective on the first of the month following receipt of the request to cancel.

The AARP Insurance Trust

The AARP Insurance Trust retains income from the investment of monies on deposit in trust accounts. UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

Important Information *continued*

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP is not an insurance agency or carrier and does not employ or endorse insurance agents, brokers, representatives, or advisors.

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

Choosing supplemental health insurance isn't always easy. There are many options and lots to learn. So how do you decide what's right for you?

◀ Follow these 3 easy steps.

And get on your way to choosing an AARP® Medicare Supplement Plan—insured by UnitedHealthcare Insurance Company—that fits *your* needs and budget.

Need more help?

A representative can walk you through the kit you received a few weeks ago—or help answer your questions over the phone.

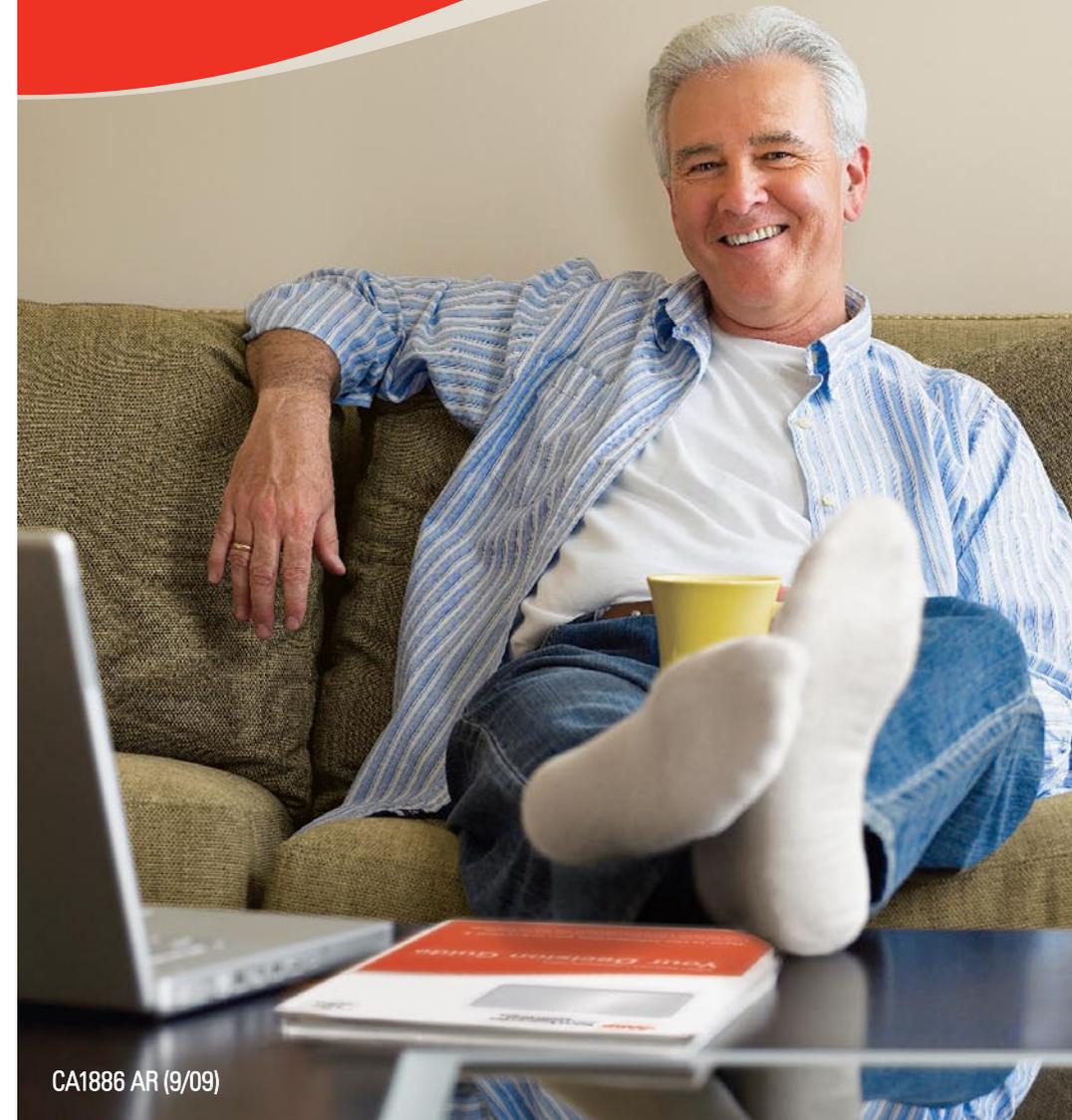


It's easy to choose an AARP® Medicare Supplement Insurance Plan. Call today!

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

Take Medicare Supplement Insurance off your mind.

Find out how inside.



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1 Learn the Basics

The first step to choosing an AARP Medicare Supplement Plan that fits your needs is to learn more. Here are some things you should know:

✔ **Medicare supplement insurance covers up to 20% that Medicare doesn't pay.** Medicare only covers about 80% of your Medicare Part B expenses. So the rest is up to you. That could add up! Medicare supplement insurance helps with some of the costs Medicare doesn't pay—like co-insurance and deductibles.

✔ **Choose your own doctors, hospitals, and specialists.** As long as they accept Medicare, you can choose your own doctors and hospitals—and you never need a referral to see a specialist. Plus, there are virtually no claim forms to fill out.

✔ **Your coverage will travel with you.** Travel across the U.S. and know your coverage will go with you. You can also choose a plan that pays a benefit for covered emergency care abroad.



2 Decide What's Important

Now that you know the basics, think about your needs, your budget, and what is important to you. Here are some factors to consider...

✔ **Price.** With AARP Medicare Supplement Insurance there are opportunities to save. When you and another member of your household enroll on a shared account, you'll each get a 5% discount. You will also save on your monthly premium if you have your payment deducted automatically from your bank account.

✔ **Flexibility.** All 12 AARP Medicare Supplement Plans are available in your state, so it's easy to find a plan that fits your needs.

✔ **Convenience.** More than 99% of customer service calls are resolved immediately, and more than 99% of claims are processed within 10 days.‡

✔ **Stability.** Rates for AARP Medicare Supplement Plans have increased less than 6% in the past 5 years, on national average.∞

3 Take Action

Compare plans and enroll with *Your Decision Guide*—the kit you already received in the mail. Or go to www.aarphealth.com/getmyplan.



‡ Based on internal 2007 company data / www.aarphealthcare.com/statistics.

∞ Rate increases averaging 5.3% nationally over the last 5 years. National aggregate figure based on internal company data as of January 2009. Increases vary by plan, state and year.

These plans carry the AARP name, and UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). **Not connected with or endorsed by the U.S. Government or the federal Medicare program.** 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.

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

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

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

Make an informed decision.

Take action. Enroll in an AARP Medicare Supplement Plan today.



Questions? Call 1.800.620.9037

Representatives are waiting to help you.

SERFF Tracking Number: UHLC-126186021 *State:* Arkansas
Filing Company: UnitedHealthcare Insurance Company *State Tracking Number:* 42645
Company Tracking Number: LA19912 AR (9/09)
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans
Product Name: Medicare Supplement
Project Name/Number: Inquiry - Thoughtform advertising/LA19912 AR (9/09)

Rate Information

Rate data does NOT apply to filing.