

SERFF Tracking Number: UHLC-126866388 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 47086
Company Tracking Number: LA25221AR
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/LA25221AR

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-126866388 State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 47086
Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: LA25221AR State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Bobbie Walton Disposition Date: 10/21/2010
Date Submitted: 10/19/2010 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed
Project Number: LA25221AR Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Association
Filing Status Changed: 10/21/2010 Explanation for Other Group Market Type:
State Status Changed: 10/21/2010
Deemer Date: Created By: Bobbie Walton
Submitted By: Bobbie Walton Corresponding Filing Tracking Number:
LA25221AR

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 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, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014AR which was approved by your Department on 11/3/09 under State Tracking Number 43646.

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Standardized Medicare Supplement/Select certificates were previously approved by the Department on 11/5/09 under St. Tr # 43459.

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)
Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)
Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)
Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)
Plan Benefit Tables: BT25 – BT33
BT002 ST AB, CF, KLN
BT002 ST CCSelect,
BT002 ST FFSelect
Plan Overviews: POV3, POV4
Rules & Disclosures: RD4, RD5
Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)
MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)
Medicare Select Plan of Operation: PO3

Enrollment Applications: M75146IMMMAR01 01B, et al - 11/13/09 under St. Tr. # 43696.

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
680 Blair Mill Rd. 215-902-8444 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
185 Asylum Street Group Code: 707 Company Type: Life and Health
Hartford, CT 06103 Group Name: State ID Number:
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

SERFF Tracking Number: UHLC-126866388 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 PER COMPONENT - 13 COMPONENTS = \$650
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$650.00	10/19/2010	40898495

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/21/2010	10/21/2010

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Disposition

Disposition Date: 10/21/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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

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Form Schedule

Lead Form Number: LA25221AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 10/21/2010	LA25221A	Advertising	LETTER	Initial		45.000	LA25221AR.pdf
Filed 10/21/2010	LA25222A	Advertising	LETTER	Initial		45.000	LA25222AR.pdf
Filed 10/21/2010	LA25224A	Advertising	LETTER	Initial		45.000	LA25224AR.pdf
Filed 10/21/2010	LA25225A	Advertising	LETTER	Initial		45.000	LA25225AR.pdf
Filed 10/21/2010	LA25327A	Advertising	LETTER	Initial		45.000	LA25327AR.pdf
Filed 10/21/2010	LA25328A	Advertising	LETTER	Initial		45.000	LA25328AR.pdf
Filed 10/21/2010	LA25329A	Advertising	LETTER	Initial		45.000	LA25329AR.pdf
Filed 10/21/2010	LA25330A	Advertising	LETTER	Initial		45.000	LA25330AR.pdf
Filed 10/21/2010 (10-10)	BA10050	Advertising	BROCHURE	Initial		45.000	BA10050 (10-10).pdf
Filed 10/21/2010 (10-10)	BA10051	Advertising	BROCHURE	Initial		45.000	BA10051 (10-10).pdf
Filed 10/21/2010	CA25083S	Advertising	SELF MAILER	Initial		45.000	CA25083ST.pdf
Filed 10/21/2010 (10-10)	OA4391	Advertising	OUTSIDE ENVELOPE	Initial		45.000	OA4391 (10-10).pdf
Filed 10/21/2010 (10-10)	OA4392	Advertising	OUTSIDE ENVELOPE	Initial		45.000	OA4392 (10-10).pdf

*{{AARP Medicare Supplement Plans logo here
Insured by UnitedHealthcare Insurance Company}}*

Prepared For:
Requested By:

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

***[MNTFLE100010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]***

**For the earliest plan
effective date, enroll by:
[XX/XX/XXXX]**

[MNTFLE100030N0ST: APPEARS IN ALL LETTER VERSIONS]

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.

[MNTFLE1M0040NDST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and
Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans
and Rates* chart in Section 3 where you will find all the plans available to you. Popular
plans in **[state]** are highlighted: **[plans X and X]**, **[plans X, X and X]**, **[plans X, X, X and
X]**.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.

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?]

LA25221AR

[MNTFLE1M0040NTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans and Rates* chart in Section 3. The plan(s) which you recently requested information on while talking with a service representative: [plan X], [plans X and X], [plans X, X and X] [is/are] highlighted there.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.

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?]

[MNTFLE100050A0ST: APPEARS IN ALL LETTER VERSIONS]

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

1. Pays up to 20% of costs that Medicare does not cover

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. 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.

4. 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.

5. Enjoy guaranteed acceptance – you can't be turned down for insurance coverage

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 Plans and Rates* chart in Section 3 of this booklet.

With an AARP Medicare Supplement Plan, 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 begins – even if you have a prior health condition.** What’s a pre-existing condition? That’s when medical advice was given or treatment was recommended by, or received from, a doctor within 3 months before your plan’s start date.

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

Would you like to learn even more about Medicare supplement insurance plans? If so, keep reading. You’ll also have everything you need to understand, choose, and enroll in an AARP Medicare Supplement Plan that meets your needs and budget. If you have any questions along the way, call a helpful representative at **1-800-620-9037**.

Don’t delay in making this important health insurance decision.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

P.S. You may not be guaranteed acceptance if you wait to enroll. Call or send in your enrollment form today!

Please read all important legal disclaimers at the end of this letter.

*<http://www.uhcmedsupstats.com/>

**Eligibility period is within six months after you turn 65 and enroll in Medicare Part B.

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

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

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY, for New York residents). In some states, plans may be available to persons

eligible for Medicare by reason of disability. Policy Form No. GRP 79171 GPS-1 (G-36000-4). All plans may not be available in your state/area.

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

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

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1 Understand the Basics ▶ Page [X]

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

2 Compare Your Options ▶ Page [X]

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 [X]

See *Your Plans and Rates* 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 [X]

Commonly Asked Questions ▶ Page [X]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [X]

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

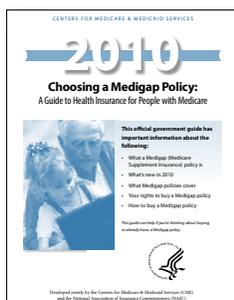
Important Information ▶ Page [X]

Find important legal information you should review.

Outline of Coverage ▶ Page [X]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com.

1 Understand the Basics

This section shows how Medicare supplement insurance pays some of the costs 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 pay for 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 may not 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.

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

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 \$110.50, 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 pay—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.

What are Medicare Part C plans?

Also known as Medicare advantage plans, Medicare Part C plans combine hospital costs, doctor's care and outpatients care in a single plan. See information on the following pages for more information.

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 Plans and Rates* in Section 3 of this booklet.

1 Medicare supplement insurance comes in 10 different plans.

The federal government has defined standard benefits for each of the plans, named with letters of the alphabet.

Insurance companies offering Medicare supplement plans can choose the plans they want to offer but must include at least Plan A.



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.)

Part A co-insurance for hospice care.

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

So, you may 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 may vary from state to state.

Not all types of Medicare supplement plans may be available in your state. Contact your State Insurance Department or State Health Insurance Assistance Program for more information.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the standardized Medicare supplement plans mentioned in key point #1, 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 reason 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. (Forms are included in non-member packages only.)

Why should I enroll now?

By enrolling during “open enrollment,” which lasts 6 months after you turn 65 and enroll in Medicare Part B, your acceptance is guaranteed. This means you cannot be turned down—even if you have a prior health condition. Please note that you can send in your Enrollment Form up to 3 months before turning 65 and enrolling in Medicare Part B. This way, you'll be sure that your AARP Medicare Supplement Plan will be effective when your Medicare coverage begins.

Also, if you enroll during the “open enrollment” period, 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.

Please read this if you are currently enrolled in an AARP Medicare Supplement Plan and decide to switch plans: The pre-existing conditions waiting period may be reduced or eliminated and you'll have no gap in your insurance coverage. When changing from one AARP Medicare Supplement Plan to another, keep in mind that your benefits will change and you may not be able to return to your original plan.

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, call 1.800.620.9037 and ask for information on prescription drug coverage. Enrolling in a Medicare supplement plan and a Part D plan will give you more complete health coverage. 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, call 1.800.620.9037.

*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 may 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 may switch to another Medicare supplement plan at any time.	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 you compare AARP Medicare Supplement Insurance to what other companies are offering, what else should you keep in mind?

✔ **Largest individual Medicare supplement insurer.** UnitedHealthcare Insurance Company (UnitedHealthcare) covers more people with Medicare supplement plans nationwide than any other individual insurance carrier.* They are the only plans that carry the AARP name.

*<http://www.uhcmedsupstats.com/>

✔ **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.

The National average rate increase is based on rate increases for years 2006-2010 for AARP Medicare Supplement plans. Increases vary by plan, state and year.

✔ **Choice of plans.** There are a variety of AARP Medicare Supplement Insurance Plans available in your state, so it's easy to find one that fits your needs and budget.

✔ **Vision discounts.** You'll enjoy savings on eye care and eyewear. Choose from thousands of retail and independent providers, and receive the personal attention your eyes deserve.**

✔ **Pharmacy services.** Save on prescription drugs and products for healthy living.**

**Please see "Your Exclusive Member Services" section for important disclosure information.

✔ **Electronic funds transfer discount.** Save \$2 off of your total monthly household premium (up to \$24 a year) if you have your monthly payment deducted automatically from your bank account.

✔ **5% multi-insured discount.** You can take 5% off your monthly premiums if two members are on the same account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

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.

John has an AARP Medicare Supplement Plan C and had a 5-day inpatient hospital stay.² Here's how his coverage worked out.



²This example is for illustrative purposes only. Individual customer experiences may vary.

Medicare Part A Costs

5-day Hospital Stay	\$22,040.00
Medicare Part A Pays	– \$20,940.00
Part A Deductible John Owes	\$ 1,100.00

Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
Medicare Part B Deductible John Owes	\$ 155.00
Medicare Part B Pays 80% after Deductible	– \$ 4,276.00
Remaining 20% John Owes	\$ 1,224.00

An AARP Medicare Supplement Plan C paid these costs for John.

Plan C paid for Part A Deductible	– \$ 1,100.00 ³
Plan C paid for Part B Deductible	– \$ 155.00 ³
Plan C paid for 20% Medicare Co-insurance	– \$ 1,224.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,479.00
Total Out-of-Pocket Expenses for John⁴	\$ 0.00

³These are 2010 Medicare Part A & B deductibles.

⁴The amount of out-of-pocket expenses does not reflect the monthly payment.



Questions? Call for answers today.



If you have questions while reviewing this kit, just call 1.800.620.9037. Your questions will be answered in easy-to-understand language and you'll get help exploring your options.

Call 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 711.

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?

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

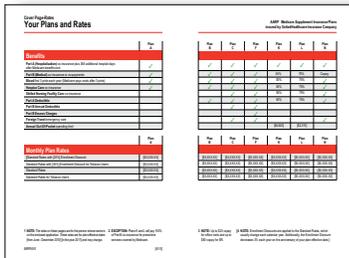
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.*

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.

*<http://www.uhcmedsupstats.com/>

3 Take the Next Step

Now that you've read all about Medicare supplement insurance, it's time to take the next step. Follow these 3 steps to help you choose a plan and enroll.



Plan	Plan Description	Monthly Premium	Annual Premium
Plan A	Basic Medicare Supplement Plan	\$100	\$1,200
Plan B	Standard Medicare Supplement Plan	\$150	\$1,800
Plan C	Comprehensive Medicare Supplement Plan	\$200	\$2,400
Plan D	Enhanced Medicare Supplement Plan	\$250	\$3,000

1 Choose Your Plan.

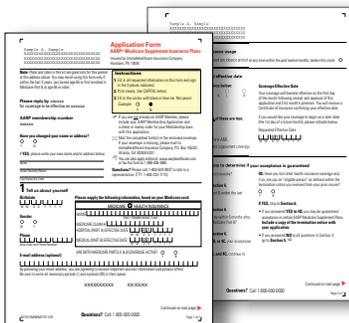
Review *Your Plans and Rates* beginning on the next page. Personalized for you, [Sample A. Sample,] this section will help you compare all of the AARP Medicare Supplement Plans available to you. [Highlighted are popular plans in [state].] [Highlighted are the plans you recently requested when you spoke to a phone representative.] Benefits marked with a check ✓ are included under the specific plan.

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



2 Find Your Rate.

Plan rates are listed in *Your Plans and Rates* at the bottom of the chart.*



3 Enroll.

Once you've decided on a plan, just fill out the enrollment form in the back of this booklet 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*.

If you have questions or if you'd like help exploring your options, please call 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 711.

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 the earliest plan effective date, enroll by [XX/XX/XXXX].

*The dollar amounts are monthly payments per person. These are current rates and may change.

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.

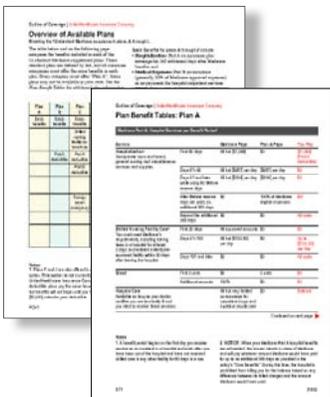


Glossary

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 Plans and Rates* 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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About Cancellation

Your Medicare supplement plan can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your

Important Information *continued*

AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

Important Information *continued*

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property.

Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

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

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

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

{{AARP Medicare Supplement Plans logo here
Insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

**[MNTFLE100010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]**

**For the earliest plan
effective date, enroll by:
[XX/XX/XXXX]**

[MNTFLE100030M0ST: APPEARS IN ALL LETTER VERSIONS]

Dear [Sample A. Sample],

As a plan holder, you already know the benefits of having an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Thank you for taking the time to re-evaluate your Medicare supplement insurance needs.

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.

[MNTFLE1M0040MDST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[The first 2 sections of this booklet contain basic information about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans and Rates* chart in Section 3 where you will find all the plans available to you. Popular plans in [state] are highlighted: [plans X and X], [plans X, X and X], [plans X, X, X and X].

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.]

[MNTFLE1M0040MTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[The first 2 sections of this booklet contain basic information about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans and Rates* chart in Section 3. The plan(s) which you recently requested information on while talking with a service representative: [plan X], [plans X and X], [plans X, X and X], [is/are] highlighted there.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.]

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[MNTFLE100050A0ST: APPEARS IN ALL LETTER VERSIONS]

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

1. Pays up to 20% of costs that Medicare does not cover

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. 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.

4. 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.

5. You can change plans even with prior health conditions

If you decide to make a change to another AARP Medicare Supplement Plan, the pre-existing conditions waiting period may be reduced or eliminated, and you'll have no gap in your insurance coverage. This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan begins – even if you have a prior health condition. What's a pre-existing condition? That's when a doctor gave medical advice, or recommended, or gave treatment within 3 months before your plan's start date.

Keep in mind, when changing from one AARP Medicare Supplement Plan to another, your benefits will change, and you may not be able to return to your original plan.

Would you like to learn even more about Medicare supplement insurance plans? If so, keep reading. You'll also have everything you need to understand, choose, and enroll in an AARP Medicare Supplement Plan that meets your needs and budget. If you have any questions along the way, call a helpful representative at **1-800-620-9037**.

Don't delay in making this important health insurance decision.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

P.S. You may not be guaranteed acceptance if you wait to enroll. Call or send in your enrollment form today!

Please read all important legal disclaimers at the end of this letter.

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

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

Contents

1 Understand the Basics ▶ Page [X]

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

2 Compare Your Options ▶ Page [X]

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 [X]

See *Your Plans and Rates* 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 [X]

Commonly Asked Questions ▶ Page [X]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [X]

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

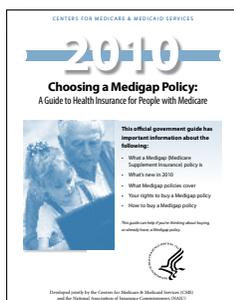
Important Information ▶ Page [X]

Find important legal information you should review.

Outline of Coverage ▶ Page [X]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com.

1 Understand the Basics

This section shows how Medicare supplement insurance pays some of the costs 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 pay for 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 may not 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.

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

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 \$110.50, 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 pay—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.

What are Medicare Part C plans?

Also known as Medicare advantage plans, Medicare Part C plans combine hospital costs, doctor's care and outpatients care in a single plan. See information on the following pages for more information.

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 Plans and Rates* in Section 3 of this booklet.

1 Medicare supplement insurance comes in 10 different plans.

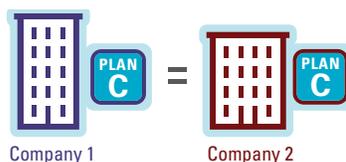
The federal government has defined standard benefits for each of the plans, named with letters of the alphabet.

Insurance companies offering Medicare supplement plans can choose the plans they want to offer but must include at least Plan A.



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.)

Part A co-insurance for hospice care.

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

So, you may 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 may vary from state to state.

Not all types of Medicare supplement plans may be available in your state. Contact your State Insurance Department or State Health Insurance Assistance Program for more information.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the standardized Medicare supplement plans mentioned in key point #1, 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 reason 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. (Forms are included in non-member packages only.)

Why should I enroll now?

By enrolling during “open enrollment,” which lasts 6 months after you turn 65 and enroll in Medicare Part B, your acceptance is guaranteed. This means you cannot be turned down—even if you have a prior health condition. Please note that you can send in your Enrollment Form up to 3 months before turning 65 and enrolling in Medicare Part B. This way, you'll be sure that your AARP Medicare Supplement Plan will be effective when your Medicare coverage begins.

Also, if you enroll during the “open enrollment” period, 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.

Please read this if you are currently enrolled in an AARP Medicare Supplement Plan and decide to switch plans: The pre-existing conditions waiting period may be reduced or eliminated and you'll have no gap in your insurance coverage. When changing from one AARP Medicare Supplement Plan to another, keep in mind that your benefits will change and you may not be able to return to your original plan.

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, call 1.800.620.9037 and ask for information on prescription drug coverage. Enrolling in a Medicare supplement plan and a Part D plan will give you more complete health coverage. 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, call 1.800.620.9037.

*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 may 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 may switch to another Medicare supplement plan at any time.	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 you compare AARP Medicare Supplement Insurance to what other companies are offering, what else should you keep in mind?

✔ **Largest individual Medicare supplement insurer.** UnitedHealthcare Insurance Company (UnitedHealthcare) covers more people with Medicare supplement plans nationwide than any other individual insurance carrier.* They are the only plans that carry the AARP name.

*<http://www.uhcmedsupstats.com/>

✔ **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.

The National average rate increase is based on rate increases for years 2006-2010 for AARP Medicare Supplement plans. Increases vary by plan, state and year.

✔ **Choice of plans.** There are a variety of AARP Medicare Supplement Insurance Plans available in your state, so it's easy to find one that fits your needs and budget.

✔ **Vision discounts.** You'll enjoy savings on eye care and eyewear. Choose from thousands of retail and independent providers, and receive the personal attention your eyes deserve.**

✔ **Pharmacy services.** Save on prescription drugs and products for healthy living.**

**Please see "Your Exclusive Member Services" section for important disclosure information.

✔ **Electronic funds transfer discount.** Save \$2 off of your total monthly household premium (up to \$24 a year) if you have your monthly payment deducted automatically from your bank account.

✔ **5% multi-insured discount.** You can take 5% off your monthly premiums if two members are on the same account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

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.

John has an AARP Medicare Supplement Plan C and had a 5-day inpatient hospital stay.² Here's how his coverage worked out.



²This example is for illustrative purposes only. Individual customer experiences may vary.

Medicare Part A Costs

5-day Hospital Stay	\$22,040.00
Medicare Part A Pays	– \$20,940.00
Part A Deductible John Owes	\$ 1,100.00

Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
Medicare Part B Deductible John Owes	\$ 155.00
Medicare Part B Pays 80% after Deductible	– \$ 4,276.00
Remaining 20% John Owes	\$ 1,224.00

An AARP Medicare Supplement Plan C paid these costs for John.

Plan C paid for Part A Deductible	– \$ 1,100.00 ³
Plan C paid for Part B Deductible	– \$ 155.00 ³
Plan C paid for 20% Medicare Co-insurance	– \$ 1,224.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,479.00
Total Out-of-Pocket Expenses for John⁴	\$ 0.00

³These are 2010 Medicare Part A & B deductibles.

⁴The amount of out-of-pocket expenses does not reflect the monthly payment.



Questions? Call for answers today.



If you have questions while reviewing this kit, just call 1.800.620.9037. Your questions will be answered in easy-to-understand language and you'll get help exploring your options.

Call 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 711.

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?

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

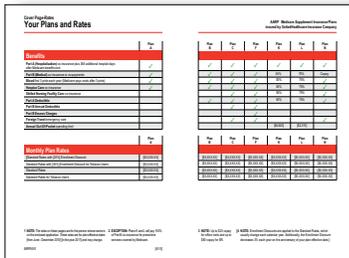
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.*

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.

*<http://www.uhcmedsupstats.com/>

3 Take the Next Step

Now that you've read all about Medicare supplement insurance, it's time to take the next step. Follow these 3 steps to help you choose a plan and enroll.



Plan	Plan Description	Monthly Premium	Annual Premium
Sample Plan A	Sample Plan A Description	\$100	\$1,200
Sample Plan B	Sample Plan B Description	\$150	\$1,800
Sample Plan C	Sample Plan C Description	\$200	\$2,400
Sample Plan D	Sample Plan D Description	\$250	\$3,000

1 Choose Your Plan.

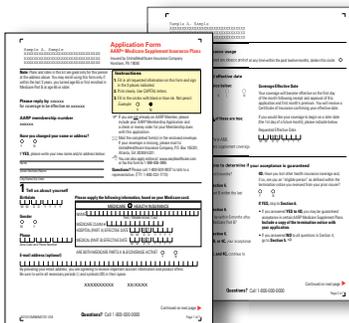
Review *Your Plans and Rates* beginning on the next page. Personalized for you, [Sample A. Sample,] this section will help you compare all of the AARP Medicare Supplement Plans available to you. [Highlighted are popular plans in [state].] [Highlighted are the plans you recently requested when you spoke to a phone representative.] Benefits marked with a check ✓ are included under the specific plan.

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



2 Find Your Rate.

Plan rates are listed in *Your Plans and Rates* at the bottom of the chart.*



3 Enroll.

Once you've decided on a plan, just fill out the enrollment form in the back of this booklet 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*.

If you have questions or if you'd like help exploring your options, please call 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 711.

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 the earliest plan effective date, enroll by [XX/XX/XXXX].

*The dollar amounts are monthly payments per person. These are current rates and may change.

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.

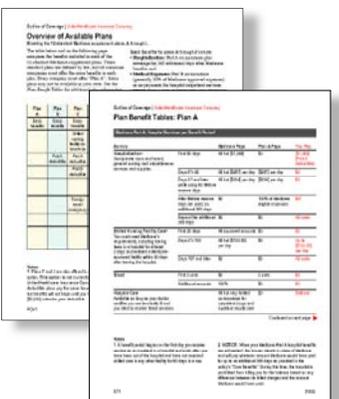


Glossary

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 Plans and Rates* 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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About Cancellation

Your Medicare supplement plan can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your

Important Information *continued*

AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

Important Information *continued*

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property.

Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

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

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

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

{{AARP Medicare Supplement Plans logo here
Insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

**[MNTFLE100010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]**

**For the earliest plan
effective date, enroll by:
[XX/XX/XXXX]**

[MNTFLE100030N0ST: APPEARS IN ALL LETTER VERSIONS]

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.

[MNTFLE1D0040NDST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and
Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans
and Rates* chart in Section 3 where you will find all the plans available to you. Popular
plans in **[state]** are highlighted: **[plans X and X]**.

Inside you will also find information on Medicare Select Plans C and F. These plans
offer you the same supplemental benefits as the traditional AARP Medicare Supplement
Plans C and F, but you'll receive a **much lower rate**. However, if you are hospitalized,
you'll be required to use one of the Medicare-certified hospitals listed in the enclosed
Medicare Select Plans directory.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.

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?]

LA25224AR

[MNTFLEID0040NTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to *Your Plans and Rates* chart in Section 3. The plans which you recently requested information on while talking with a phone representative: Medicare Select Plans C and F, and [plan X], [plans X and X], [plans X, X and X] are highlighted there.

Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**. However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed Medicare Select Plans directory.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.

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?]

[MNTFLEI00050A0ST: APPEARS IN ALL LETTER VERSIONS]

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

1. Pays up to 20% of costs that Medicare does not cover

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. Guaranteed coverage for life

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

4. Choose your own hospitals or a network plan

You have the freedom to choose a traditional AARP Medicare Supplement Plan or AARP Medicare Select Plan. With an AARP Medicare Supplement Plan, you select your own doctors, hospitals and specialists who accept Medicare without needing referrals. AARP Medicare Select Plans offer lower monthly premiums when you stay within a network of Medicare-certified hospitals.

5. Enjoy guaranteed acceptance – you can't be turned down for insurance coverage

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 Plans and Rates* chart in Section 3 of this booklet.

With an AARP Medicare Supplement Plan, 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 begins – even if you have a prior health condition.** What’s a pre-existing condition? That’s when medical advice was given or treatment was recommended by, or received from, a doctor within 3 months before your plan’s start date.

Would you like to learn even more about Medicare supplement or Medicare select insurance plans? If so, keep reading. You’ll also have everything you need to understand, choose, and enroll in an AARP Medicare Supplement Plan or AARP Medicare Select Plan that meets your needs and budget. If you have any questions along the way, call a helpful representative at **1-800-620-9037**.

Don’t delay in making this important health insurance decision.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

P.S. You may not be guaranteed acceptance if you wait to enroll. Call or send in your enrollment form today!

Please read all important legal disclaimers at the end of this letter.

* <http://www.uhcmedsupstats.com/>

**Eligibility period is within six months after you turn 65 and enroll in Medicare Part B.

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

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

Contents

1 Understand the Basics ▶ Page [X]

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

2 Compare Your Options ▶ Page [X]

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 [X]

See *Your Plans and Rates* 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 [X]

Commonly Asked Questions ▶ Page [X]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [X]

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

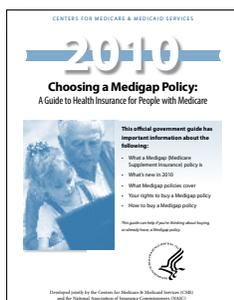
Important Information ▶ Page [X]

Find important legal information you should review.

Outline of Coverage ▶ Page [X]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com.

1 Understand the Basics

This section shows how Medicare supplement insurance pays some of the costs 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 pay for 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 may not 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.

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

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 \$110.50, 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 pay—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.

What are Medicare Part C plans?

Also known as Medicare advantage plans, Medicare Part C plans combine hospital costs, doctor's care and outpatients care in a single plan. See information on the following pages for more information.

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 Plans and Rates* in Section 3 of this booklet.

1 Medicare supplement insurance comes in 10 different plans.

The federal government has defined standard benefits for each of the plans, named with letters of the alphabet.

Insurance companies offering Medicare supplement plans can choose the plans they want to offer but must include at least Plan A.



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.)

Part A co-insurance for hospice care.

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

So, you may 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 may vary from state to state.

Not all types of Medicare supplement plans may be available in your state. Contact your State Insurance Department or State Health Insurance Assistance Program for more information.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the standardized Medicare supplement plans mentioned in key point #1, 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 reason 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. (Forms are included in non-member packages only.)

Why should I enroll now?

By enrolling during “open enrollment,” which lasts 6 months after you turn 65 and enroll in Medicare Part B, your acceptance is guaranteed. This means you cannot be turned down—even if you have a prior health condition. Please note that you can send in your Enrollment Form up to 3 months before turning 65 and enrolling in Medicare Part B. This way, you'll be sure that your AARP Medicare Supplement Plan will be effective when your Medicare coverage begins.

Also, if you enroll during the “open enrollment” period, 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.

Please read this if you are currently enrolled in an AARP Medicare Supplement Plan and decide to switch plans: The pre-existing conditions waiting period may be reduced or eliminated and you'll have no gap in your insurance coverage. When changing from one AARP Medicare Supplement Plan to another, keep in mind that your benefits will change and you may not be able to return to your original plan.

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, call 1.800.620.9037 and ask for information on prescription drug coverage. Enrolling in a Medicare supplement plan and a Part D plan will give you more complete health coverage. 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, call 1.800.620.9037.

*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 may 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 may switch to another Medicare supplement plan at any time.	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 you compare AARP Medicare Supplement Insurance to what other companies are offering, what else should you keep in mind?

✔ **Largest individual Medicare supplement insurer.** UnitedHealthcare Insurance Company (UnitedHealthcare) covers more people with Medicare supplement plans nationwide than any other individual insurance carrier.* They are the only plans that carry the AARP name.

*<http://www.uhcmedsupstats.com/>

✔ **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.

The National average rate increase is based on rate increases for years 2006-2010 for AARP Medicare Supplement plans. Increases vary by plan, state and year.

✔ **Choice of plans.** There are a variety of AARP Medicare Supplement Insurance Plans available in your state, so it's easy to find one that fits your needs and budget.

✔ **Vision discounts.** You'll enjoy savings on eye care and eyewear. Choose from thousands of retail and independent providers, and receive the personal attention your eyes deserve.**

✔ **Pharmacy services.** Save on prescription drugs and products for healthy living.**

**Please see "Your Exclusive Member Services" section for important disclosure information.

✔ **Electronic funds transfer discount.** Save \$2 off of your total monthly household premium (up to \$24 a year) if you have your monthly payment deducted automatically from your bank account.

✔ **5% multi-insured discount.** You can take 5% off your monthly premiums if two members are on the same account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

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.

John has an AARP Medicare Supplement Plan C and had a 5-day inpatient hospital stay.² Here's how his coverage worked out.



²This example is for illustrative purposes only. Individual customer experiences may vary.

Medicare Part A Costs

5-day Hospital Stay	\$22,040.00
Medicare Part A Pays	– \$20,940.00
Part A Deductible John Owes	\$ 1,100.00

Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
Medicare Part B Deductible John Owes	\$ 155.00
Medicare Part B Pays 80% after Deductible	– \$ 4,276.00
Remaining 20% John Owes	\$ 1,224.00

An AARP Medicare Supplement Plan C paid these costs for John.

Plan C paid for Part A Deductible	– \$ 1,100.00 ³
Plan C paid for Part B Deductible	– \$ 155.00 ³
Plan C paid for 20% Medicare Co-insurance	– \$ 1,224.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,479.00
Total Out-of-Pocket Expenses for John⁴	\$ 0.00

³These are 2010 Medicare Part A & B deductibles.

⁴The amount of out-of-pocket expenses does not reflect the monthly payment.



Questions? Call for answers today.



If you have questions while reviewing this kit, just call 1.800.620.9037. Your questions will be answered in easy-to-understand language and you'll get help exploring your options.

Call 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 711.

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?

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

This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare'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.

*<http://www.uhcmedsupstats.com/>

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.



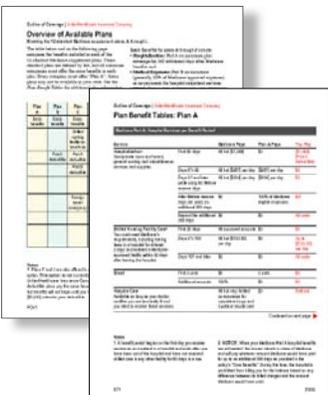
Commonly Asked Questions

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 Plans and Rates* 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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare Select and Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and costs vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement

Important Information *continued*

Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the *Your Plans and Rates* and *Outline of Coverage* which allow you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

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

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

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

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

Important Information *continued*

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

Right to Replace Your Medicare Select Plan

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

Quality Assurance

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

General Information

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

This package describes the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards.

However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

{{AARP Medicare Supplement Plans logo here
Insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

[MNTFLE100010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]

**For the earliest plan
effective date, enroll by:
[XX/XX/XXXX]**

[MNTFLE100030M0ST: APPEARS IN ALL LETTER VERSIONS]

Dear [Sample A. Sample],

As a plan holder, you already know the benefits of having an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Thank you for taking the time to re-evaluate your Medicare supplement insurance needs.

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.

[MNTFLE1D0040MDST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans and Rates* chart in Section 3 where you will find all the plans available to you. Popular plans in [state] are highlighted: [plans X and X].

Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**. However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed Medicare Select Plans directory.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.]

LA25225AR

[MNTFLE1D0040MTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[The first 2 sections of this booklet can help you learn more about Medicare and Medicare supplement insurance. If you're ready to compare plans, skip to the *Your Plans and Rates* chart in Section 3. The plans which you recently requested information on while talking with a service representative: Medicare Select Plans C and F, and [plan X], [plans X and X], [plans X, X and X] are highlighted there.

Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**. However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed Medicare Select Plans directory.

When you're ready to enroll, skip to the simple enrollment form at the back of this kit.]

[MNTFLE100050A0ST: APPEARS IN ALL LETTER VERSIONS]

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

1. Pays up to 20% of costs that Medicare does not cover

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. Guaranteed coverage for life

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

4. Choose your own hospitals or a network plan

You have the freedom to choose a traditional AARP Medicare Supplement Plan or AARP Medicare Select Plan. With an AARP Medicare Supplement Plan, you select your own doctors, hospitals and specialists who accept Medicare without needing referrals. AARP Medicare Select Plans offer lower monthly premiums when you stay within a network of Medicare-certified hospitals.

5. You can change plans even with prior health conditions

If you decide to make a change to another AARP Medicare Supplement Plan, the pre-existing conditions waiting period may be reduced or eliminated, and you'll have no gap in your insurance coverage. This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan begins – even if you have a prior health condition. What's a pre-existing condition? That's when a doctor gave medical advice, or recommended, or gave treatment within 3 months before your plan's start date.

Keep in mind, when changing from one AARP Medicare Supplement Plan to another, your benefits will change, and you may not be able to return to your original plan.

Would you like to learn even more about Medicare supplement or Medicare select insurance plans? If so, keep reading. You'll also have everything you need to understand, choose, and enroll in an AARP Medicare Supplement Plan or AARP Medicare Select Plan that meets your needs and budget. If you have any questions along the way, call a helpful representative at **1-800-620-9037**.

Don't delay in making this important health insurance decision.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

P.S. You may not be guaranteed acceptance if you wait to enroll. Call or send in your enrollment form today!

Please read all important legal disclaimers at the end of this letter.

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

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

Contents

1 Understand the Basics ▶ Page [X]

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

2 Compare Your Options ▶ Page [X]

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 [X]

See *Your Plans and Rates* 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 [X]

Commonly Asked Questions ▶ Page [X]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [X]

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

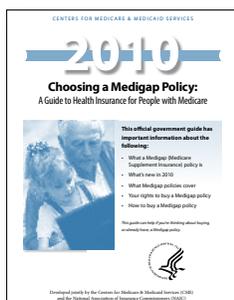
Important Information ▶ Page [X]

Find important legal information you should review.

Outline of Coverage ▶ Page [X]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com.

1 Understand the Basics

This section shows how Medicare supplement insurance pays some of the costs 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 pay for 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 may not 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.

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

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 \$110.50, 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 pay—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.

What are Medicare Part C plans?

Also known as Medicare advantage plans, Medicare Part C plans combine hospital costs, doctor's care and outpatients care in a single plan. See information on the following pages for more information.

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 Plans and Rates* in Section 3 of this booklet.

1 Medicare supplement insurance comes in 10 different plans.

The federal government has defined standard benefits for each of the plans, named with letters of the alphabet.

Insurance companies offering Medicare supplement plans can choose the plans they want to offer but must include at least Plan A.



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.)

Part A co-insurance for hospice care.

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

So, you may 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 may vary from state to state.

Not all types of Medicare supplement plans may be available in your state. Contact your State Insurance Department or State Health Insurance Assistance Program for more information.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the standardized Medicare supplement plans mentioned in key point #1, 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 reason 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. (Forms are included in non-member packages only.)

Why should I enroll now?

By enrolling during “open enrollment,” which lasts 6 months after you turn 65 and enroll in Medicare Part B, your acceptance is guaranteed. This means you cannot be turned down—even if you have a prior health condition. Please note that you can send in your Enrollment Form up to 3 months before turning 65 and enrolling in Medicare Part B. This way, you’ll be sure that your AARP Medicare Supplement Plan will be effective when your Medicare coverage begins.

Also, if you enroll during the “open enrollment” period, 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.

Please read this if you are currently enrolled in an AARP Medicare Supplement Plan and decide to switch plans: The pre-existing conditions waiting period may be reduced or eliminated and you’ll have no gap in your insurance coverage. When changing from one AARP Medicare Supplement Plan to another, keep in mind that your benefits will change and you may not be able to return to your original plan.

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, call 1.800.620.9037 and ask for information on prescription drug coverage. Enrolling in a Medicare supplement plan and a Part D plan will give you more complete health coverage. 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, call 1.800.620.9037.

*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 may 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 may switch to another Medicare supplement plan at any time.	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 you compare AARP Medicare Supplement Insurance to what other companies are offering, what else should you keep in mind?

✔ **Largest individual Medicare supplement insurer.** UnitedHealthcare Insurance Company (UnitedHealthcare) covers more people with Medicare supplement plans nationwide than any other individual insurance carrier.* They are the only plans that carry the AARP name.

*<http://www.uhcmedsupstats.com/>

✔ **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.

The National average rate increase is based on rate increases for years 2006-2010 for AARP Medicare Supplement plans. Increases vary by plan, state and year.

✔ **Choice of plans.** There are a variety of AARP Medicare Supplement Insurance Plans available in your state, so it's easy to find one that fits your needs and budget.

✔ **Vision discounts.** You'll enjoy savings on eye care and eyewear. Choose from thousands of retail and independent providers, and receive the personal attention your eyes deserve.**

✔ **Pharmacy services.** Save on prescription drugs and products for healthy living.**

**Please see "Your Exclusive Member Services" section for important disclosure information.

✔ **Electronic funds transfer discount.** Save \$2 off of your total monthly household premium (up to \$24 a year) if you have your monthly payment deducted automatically from your bank account.

✔ **5% multi-insured discount.** You can take 5% off your monthly premiums if two members are on the same account and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

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.

John has an AARP Medicare Supplement Plan C and had a 5-day inpatient hospital stay.² Here's how his coverage worked out.



²This example is for illustrative purposes only. Individual customer experiences may vary.

Medicare Part A Costs

5-day Hospital Stay	\$22,040.00
Medicare Part A Pays	– \$20,940.00
Part A Deductible John Owes	\$ 1,100.00

Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
Medicare Part B Deductible John Owes	\$ 155.00
Medicare Part B Pays 80% after Deductible	– \$ 4,276.00
Remaining 20% John Owes	\$ 1,224.00

An AARP Medicare Supplement Plan C paid these costs for John.

Plan C paid for Part A Deductible	– \$ 1,100.00 ³
Plan C paid for Part B Deductible	– \$ 155.00 ³
Plan C paid for 20% Medicare Co-insurance	– \$ 1,224.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,479.00
Total Out-of-Pocket Expenses for John⁴	\$ 0.00

³These are 2010 Medicare Part A & B deductibles.

⁴The amount of out-of-pocket expenses does not reflect the monthly payment.



Questions? Call for answers today.



If you have questions while reviewing this kit, just call 1.800.620.9037. Your questions will be answered in easy-to-understand language and you'll get help exploring your options.

Call 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 711.

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?

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

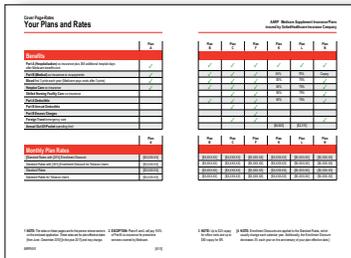
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.*

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.

*<http://www.uhcmedsupstats.com/>

3 Take the Next Step

Now that you've read all about Medicare supplement insurance, it's time to take the next step. Follow these 3 steps to help you choose a plan and enroll.



The image shows a sample of the 'Your Plans and Rates' table. It is a complex grid with multiple columns and rows. The columns represent different Medicare Supplement Plans (e.g., Plan G, Plan N, Plan F, Plan H, Plan A, Plan B, Plan C, Plan D, Plan E, Plan F, Plan G, Plan H, Plan I, Plan J, Plan K, Plan L, Plan M, Plan N, Plan O, Plan P, Plan Q, Plan R, Plan S, Plan T, Plan U, Plan V, Plan W, Plan X, Plan Y, Plan Z, Plan AA, Plan AB, Plan AC, Plan AD, Plan AE, Plan AF, Plan AG, Plan AH, Plan AI, Plan AJ, Plan AK, Plan AL, Plan AM, Plan AN, Plan AO, Plan AP, Plan AQ, Plan AR, Plan AS, Plan AT, Plan AU, Plan AV, Plan AW, Plan AX, Plan AY, Plan AZ, Plan BA, Plan BB, Plan BC, Plan BD, Plan BE, Plan BF, Plan BG, Plan BH, Plan BI, Plan BJ, Plan BK, Plan BL, Plan BM, Plan BN, Plan BO, Plan BP, Plan BQ, Plan BR, Plan BS, Plan BT, Plan BU, Plan BV, Plan BW, Plan BX, Plan BY, Plan BZ, Plan CA, Plan CB, Plan CC, Plan CD, Plan CE, Plan CF, Plan CG, Plan CH, Plan CI, Plan CJ, Plan CK, Plan CL, Plan CM, Plan CN, Plan CO, Plan CP, Plan CQ, Plan CR, Plan CS, Plan CT, Plan CU, Plan CV, Plan CW, Plan CX, Plan CY, Plan CZ, Plan DA, Plan DB, Plan DC, Plan DD, Plan DE, Plan DF, Plan DG, Plan DH, Plan DI, Plan DJ, Plan DK, Plan DL, Plan DM, Plan DN, Plan DO, Plan DP, Plan DQ, Plan DR, Plan DS, Plan DT, Plan DU, Plan DV, Plan DW, Plan DX, Plan DY, Plan DZ, Plan EA, Plan EB, Plan EC, Plan ED, Plan EE, Plan EF, Plan EG, Plan EH, Plan EI, Plan EJ, Plan EK, Plan EL, Plan EM, Plan EN, Plan EO, Plan EP, Plan EQ, Plan ER, Plan ES, Plan ET, Plan EU, Plan EV, Plan EW, Plan EX, Plan EY, Plan EZ, Plan FA, Plan FB, Plan FC, Plan FD, Plan FE, Plan FF, Plan FG, Plan FH, Plan FI, Plan FJ, Plan FK, Plan FL, Plan FM, Plan FN, Plan FO, Plan FP, Plan FQ, Plan FR, Plan FS, Plan FT, Plan FU, Plan FV, Plan FW, Plan FX, Plan FY, Plan FZ, Plan GA, Plan GB, Plan GC, Plan GD, Plan GE, Plan GF, Plan GG, Plan GH, Plan GI, Plan GJ, Plan GK, Plan GL, Plan GM, Plan GN, Plan GO, Plan GP, Plan GQ, Plan GR, Plan GS, Plan GT, Plan GU, Plan GV, Plan GW, Plan GX, Plan GY, Plan GZ, Plan HA, Plan HB, Plan HC, Plan HD, Plan HE, Plan HF, 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Plan PU, Plan PV, Plan PW, Plan PX, Plan PY, Plan PZ, Plan QA, Plan QB, Plan QC, Plan QD, Plan QE, Plan QF, Plan QG, Plan QH, Plan QI, Plan QJ, Plan QK, Plan QL, Plan QM, Plan QN, Plan QO, Plan QP, Plan QQ, Plan QR, Plan QS, Plan QT, Plan QU, Plan QV, Plan QW, Plan QX, Plan QY, Plan QZ, Plan RA, Plan RB, Plan RC, Plan RD, Plan RE, Plan RF, Plan RG, Plan RH, Plan RI, Plan RJ, Plan RK, Plan RL, Plan RM, Plan RN, Plan RO, Plan RP, Plan RQ, Plan RR, Plan RS, Plan RT, Plan RU, Plan RV, Plan RW, Plan RX, Plan RY, Plan RZ, Plan SA, Plan SB, Plan SC, Plan SD, Plan SE, Plan SF, Plan SG, Plan SH, Plan SI, Plan SJ, Plan SK, Plan SL, Plan SM, Plan SN, Plan SO, Plan SP, Plan SQ, Plan SR, Plan SS, Plan ST, Plan SU, Plan SV, Plan SW, Plan SX, Plan SY, Plan SZ, Plan TA, Plan TB, Plan TC, Plan TD, Plan TE, Plan TF, Plan TG, Plan TH, Plan TI, Plan TJ, Plan TK, Plan TL, Plan TM, Plan TN, Plan TO, Plan TP, Plan TQ, Plan TR, Plan TS, Plan TT, Plan TU, Plan TV, Plan TW, Plan TX, Plan TY, Plan TZ, Plan UA, Plan UB, Plan UC, Plan UD, Plan UE, Plan UF, Plan UG, Plan UH, Plan UI, Plan UJ, Plan UK, Plan UL, Plan UM, Plan UN, Plan UO, Plan UP, Plan UQ, Plan UR, Plan US, Plan UT, Plan UY, Plan UZ, Plan VA, Plan VB, Plan VC, Plan VD, Plan VE, Plan VF, Plan VG, Plan VH, Plan VI, Plan VJ, Plan VK, Plan VL, Plan VM, Plan VN, Plan VO, Plan VP, Plan VQ, Plan VR, Plan VS, Plan VT, Plan VY, Plan VZ, Plan WA, Plan WB, Plan WC, Plan WD, Plan WE, Plan WF, Plan WG, Plan WH, Plan WI, Plan WJ, Plan WK, Plan WL, Plan WM, Plan WN, Plan WO, Plan WP, Plan WQ, Plan WR, Plan WS, Plan WT, Plan WY, Plan WZ, Plan XA, Plan XB, Plan XC, Plan XD, Plan XE, Plan XF, Plan XG, Plan XH, Plan XI, Plan XJ, Plan XK, Plan XL, Plan XM, Plan XN, Plan XO, Plan XP, Plan XQ, Plan XR, Plan XS, Plan XT, Plan XU, Plan XV, Plan XW, Plan XX, Plan XY, Plan XZ, Plan YA, Plan YB, Plan YC, Plan YD, Plan YE, Plan YF, Plan YG, Plan YH, Plan YI, Plan YJ, Plan YK, Plan YL, Plan YM, Plan YN, Plan YO, Plan YP, Plan YQ, Plan YR, Plan YS, Plan YT, Plan YU, Plan YV, Plan YW, Plan YX, Plan YY, Plan YZ, Plan ZA, Plan ZB, Plan ZC, Plan ZD, Plan ZE, Plan ZF, Plan ZG, Plan ZH, Plan ZI, Plan ZJ, Plan ZK, Plan ZL, Plan ZM, Plan ZN, Plan ZO, Plan ZP, Plan ZQ, Plan ZR, Plan ZS, Plan ZT, Plan ZU, Plan ZV, Plan ZW, Plan ZX, Plan ZY, Plan ZZ.

1 Choose Your Plan.

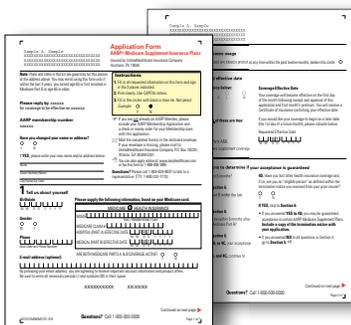
Review *Your Plans and Rates* beginning on the next page. Personalized for you, [Sample A. Sample,] this section will help you compare all of the AARP Medicare Supplement Plans available to you. [Highlighted are popular plans in [state].] [Highlighted are the plans you recently requested when you spoke to a phone representative.] Benefits marked with a check ✓ are included under the specific plan.

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



2 Find Your Rate.

Plan rates are listed in *Your Plans and Rates* at the bottom of the chart.*



The image shows a sample of an enrollment form for an AARP Medicare Supplement Plan. The form is titled 'Application Form' and includes sections for 'Personal Information', 'Plan Selection', and 'Enrollment Information'. It contains various fields for text entry, checkboxes, and a large area for a signature and date. The form is presented as a scan of a physical document.

3 Enroll.

Once you've decided on a plan, just fill out the enrollment form in the back of this booklet 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*.

If you have questions or if you'd like help exploring your options, please call 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 711.

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 the earliest plan effective date, enroll by [XX/XX/XXXX].

*The dollar amounts are monthly payments per person. These are current rates and may change.

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.



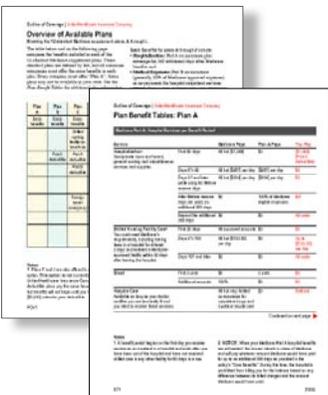
Commonly Asked Questions

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 Plans and Rates* 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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare Select and Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and costs vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement

Important Information *continued*

Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the *Your Plans and Rates* and *Outline of Coverage* which allow you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

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

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

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

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

Important Information *continued*

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

Right to Replace Your Medicare Select Plan

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

Quality Assurance

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

General Information

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

This package describes the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards.

However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

***[MNTFLE200010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]***

**[For the earliest plan
effective date, enroll by
XX XX, XXXX]**

[MNTFLE200030N0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 all the plans available to you. Have you replied?]

[MNTFLE200030NTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[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 **[plan X]**, **[plans X and X]**, **[plans X, X and X]** which you
requested when you spoke with a phone representative. Have you replied?]

[MNTFLE200040A0ST: APPEARS IN ALL LETTER VERSIONS]

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!

Like other Medicare supplement plans, you could save up to thousands of dollars in out-
of-pocket expenses with an AARP Medicare Supplement Plan.* That's a feeling of
security.

LA25327AR

[MNTFLE2M0050A0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines the AARP Medicare Supplement Plans available in [State] and your individual plan rates.

If you have any questions, just call **1-800-620-9037**.]

[MNTFLE2M0050ATST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines the plans you requested, and your individual plan rates. It also shows each of the AARP Medicare Supplement Plans available in [State].

If you have any questions, just call **1-800-620-9037**.]

[MNTFLE200060A0ST: APPEARS IN ALL LETTER VERSIONS]

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. Pays up to 20% of the Medicare Part B expenses that Medicare does not pay

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. 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 patients. 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.

This is coverage that travels with you. Since you're not limited to a network of health care providers, 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 if you are traveling outside the U.S.

4. You could receive benefits with no waiting period

With an AARP Medicare Supplement plan, 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 begins — even if you have a prior health condition.** What’s a pre-existing condition? That’s when medical advice was given or treatment was recommended by, or received from, a doctor within 3 months before your plan’s start date.

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

5. 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 Plan, you receive these special services:

Join the SilverSneakers[®] Fitness Program for a healthier lifestyle

Receive free access to treadmills, weights, heated pools and fitness classes that come with a basic membership at participating fitness centers. There are also signature SilverSneakers classes led by certified instructors to help you improve your overall health. Plus, you’ll want to take advantage of the informative health education seminars and fun social events.

24-hour access to registered nurses

If you have a health question or concern, speak directly with a caring registered nurse — call toll-free day or night. Learn about chronic health conditions, get self-care tips, or discuss treatment options. Or access any of the Health Information Library’s 1,100 recorded messages on health and wellness topics.

Savings on prescription drugs and vision discounts

Reduce your expenses on prescription drugs and enjoy savings on routine eye exams and eyewear from thousands of retail and independent providers.

You’ll also want to read about other member services available at no additional cost to you, including the **5% Multi-insured and Electronic Funds Transfer discounts**. Please see *Your Exclusive Member Services* for more details.

[‡]**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.**

Enjoy guaranteed acceptance into the plan of your choice

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 Plans and Rates* chart in Section 3 of this booklet.

Choose AARP Medicare Supplement Insurance. **Call 1-800-620-9037** or complete and mail your enrollment form today.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

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

Please read all important legal disclaimers at the end of this letter.

*Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2010. <http://www.medpac.gov/documents/Jun10DataBookEntireReport.pdf> (4 Oct, 2010) p. 16

††<http://www.uhcmedsupstats.com/>

**Eligibility period is within six months after you turn 65 and enroll in Medicare Part B.

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United 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. The AARP Prescription Discount Program, provided by Walgreens Health Initiatives, offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. **The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time.** All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. OptumHealth is the provider of Nurse HealthLine. **OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

Contents

Your Plan Choice Guide ▶ Page [x]

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

Exclusive Member Services ▶ Page [x]

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 [x]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [x]

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

Important Information ▶ Page [x]

Find important legal information you should review.

Outline of Coverage ▶ Page [x]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com

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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About Cancellation

Your Medicare supplement plan can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your

Important Information *continued*

AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

Important Information *continued*

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property.

Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

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

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

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

{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

***[MNTFLE200010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]***

**[For the earliest plan
effective date, enroll by
XX XX, XXXX]**

[MNTFLE200030M0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

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

As a plan holder, you already know the benefits of having an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Thank you for taking the time to re-evaluate your Medicare supplement insurance needs.

In the last few weeks, you received a red and white envelope called *Your Decision Guide* with information about all the plans available to you. Have you replied?]

[MNTFLE200030MTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

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

LA25328AR

[MNTFLE200040A0ST: APPEARS IN ALL LETTER VERSIONS]

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!

Like other Medicare supplement plans, you could save up to thousands of dollars in out-of-pocket expenses with an AARP Medicare Supplement Plan.* That's a feeling of security.

[MNTFLE2M0050A0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines the AARP Medicare Supplement Plans available in [State] and your individual plan rates.

If you have any questions, just call **1-800-620-9037**.]

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Here are 5 reasons to keep reading:

1. Pays up to 20% of the Medicare Part B expenses that Medicare does not pay

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. 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 patients. 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.

This is coverage that travels with you. Since you're not limited to a network of health care providers, 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 if you are traveling outside the U.S.

4. You can change plans even with prior health conditions

If you decide to make a change to another AARP Medicare Supplement Plan, the pre-existing conditions waiting period may be reduced or eliminated, and you'll have no gap in your insurance coverage. This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan begins—even if you have a prior health condition. What's a pre-existing condition? That's when a doctor gave medical advice, or recommended, or gave treatment within 3 months before your plan's start date.

Keep in mind, when changing from one AARP Medicare Supplement Plan to another, your benefits will change, and you may not be able to return to your original plan.

5. 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 Plan, you receive these special services:

Join the SilverSneakers[®] Fitness Program for a healthier lifestyle

Receive free access to treadmills, weights, heated pools and fitness classes that come with a basic membership at participating fitness centers. There are also signature SilverSneakers classes led by certified instructors to help you improve your overall health. Plus, you'll want to take advantage of the informative health education seminars and fun social events.

24-hour access to registered nurses

If you have a health question or concern, speak directly with a caring registered nurse — call toll-free day or night. Learn about chronic health conditions, get self-care tips, or discuss treatment options. Or access any of the Health Information Library's 1,100 recorded messages on health and wellness topics.

Savings on prescription drugs and vision discounts

Reduce your expenses on prescription drugs and enjoy savings on routine eye exams and eyewear from thousands of retail and independent providers.

You'll also want to read about other member services available at no additional cost to you, including the **5% Multi-insured and Electronic Funds Transfer discounts**. Please see *Your Exclusive Member Services* for more details.

‡**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.**

Enjoy guaranteed acceptance into the plan of your choice

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 Plans and Rates* chart in Section 3 of this booklet.

Choose AARP Medicare Supplement Insurance. **Call 1-800-620-9037** or complete and mail your enrollment form today.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

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

Please read all important legal disclaimers at the end of this letter.

*Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2010. <http://www.medpac.gov/documents/Jun10DataBookEntireReport.pdf> (4 Oct, 2010) p. 16

††<http://www.uhcmedsupstats.com/>

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United 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. The AARP Prescription Discount Program, provided by Walgreens Health Initiatives, offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. **The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time.** All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. OptumHealth is the provider of Nurse HealthLine. **OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

Contents

Your Plan Choice Guide ▶ Page [x]

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

Exclusive Member Services ▶ Page [x]

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 [x]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [x]

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

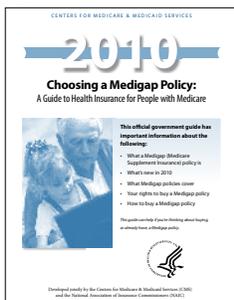
Important Information ▶ Page [x]

Find important legal information you should review.

Outline of Coverage ▶ Page [x]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com

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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About Cancellation

Your Medicare supplement plan can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your

Important Information *continued*

AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

Important Information *continued*

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property.

Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

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

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

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

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

{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

**[MNTFLE200010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]**

**[For the earliest plan
effective date, enroll by
XX XX, XXXX]**

[MNTFLE200030N0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 all the plans available to you. Have you replied?]

[MNTFLE200030NTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[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 **[plan X]**, **[plans X and X]**, **[plans X, X and X]** which you
requested when you spoke with a phone representative. Have you replied?]

[MNTFLE200040A0ST: APPEARS IN ALL LETTER VERSIONS]

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!

Like other Medicare supplement plans, you could save up to thousands of dollars in out-
of-pocket expenses with an AARP Medicare Supplement Plan.* That's a feeling of
security.

LA25329AR

[MNTFLE2D0050ADST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines each of the AARP Medicare Supplement Plans and Medicare Select Plans available in [State]. Your individual plan rates are also listed.

AARP Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**.[†] However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed directory.

If you have any questions, just call **1-800-620-9037**.]

[MNTFLE2D0050ATST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines the plans you requested, and your individual plan rates. It also shows each of the AARP Medicare Supplement Plans and Medicare Select Plans available in [State].

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If you have any questions, just call **1-800-620-9037**.]

[MNTFLE200060A0ST: APPEARS IN ALL LETTER VERSIONS]

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. Pays up to 20% of the Medicare Part B expenses that Medicare does not pay

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. Guaranteed coverage for life

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

4. You could receive benefits with no waiting period

With an AARP Medicare Supplement plan, 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 begins — even if you have a prior health condition.** What’s a pre-existing condition? That’s when medical advice was given or treatment was recommended by, or received from, a doctor within 3 months before your plan’s start date.

5. 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 Plan, you receive these special services:

Join the SilverSneakers[®] Fitness Program for a healthier lifestyle

Receive free access to treadmills, weights, heated pools and fitness classes that come with a basic membership at participating fitness centers. There are also signature SilverSneakers classes led by certified instructors to help you improve your overall health. Plus, you’ll want to take advantage of the informative health education seminars and fun social events.

24-hour access to registered nurses

If you have a health question or concern, speak directly with a caring registered nurse — call toll-free day or night. Learn about chronic health conditions, get self-care tips, or discuss treatment options. Or access any of the Health Information Library’s 1,100 recorded messages on health and wellness topics.

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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 Plans and Rates* chart in Section 3 of this booklet.

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Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

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

Please read all important legal disclaimers at the end of this letter.

*Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2010. <http://www.medpac.gov/documents/Jun10DataBookEntireReport.pdf> (4 Oct, 2010) p. 16

† Annual savings shown are based on [2010] rates for AARP Medicare Select Plan C compared to the traditional AARP Medicare Supplement Plan C. Savings vary between [10% - 37%] depending on the state in which you live.

††<http://www.uhcmedsupstats.com/>

**Eligibility period is within six months after you turn 65 and enroll in Medicare Part B.

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Enclosed is complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

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The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United 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. The AARP Prescription Discount Program, provided by Walgreens Health Initiatives, offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. **The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time.** All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. OptumHealth is the provider of Nurse HealthLine. **OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

Contents

Your Plan Choice Guide ▶ Page [x]

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

Exclusive Member Services ▶ Page [x]

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 [x]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [x]

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

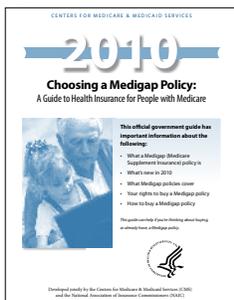
Important Information ▶ Page [x]

Find important legal information you should review.

Outline of Coverage ▶ Page [x]

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 1.800.620.9037, toll-free, or visit www.medsupeducation.com

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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare Select and Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and costs vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement

Important Information *continued*

Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the *Your Plans and Rates* and *Outline of Coverage* which allow you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

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

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

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

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

Important Information *continued*

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

Right to Replace Your Medicare Select Plan

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

Quality Assurance

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

General Information

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

This package describes the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards.

However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued

in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

{{AARP Medicare Supplement Plans logo here
insured by UnitedHealthcare Insurance Company}}

Prepared For:
Requested By:

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

***[MNTFLE200010A0ST: APPEARS IN ALL LETTER VERSIONS (DOES NOT
PRINT IF REPLY BY DATE IS NOT ON THE RECORD LAYOUT)]***

**[For the earliest plan
effective date, enroll by
XX XX, XXXX]**

[MNTFLE200030M0ST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

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

As a plan holder, you already know the benefits of having an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Thank you for taking the time to re-evaluate your Medicare supplement insurance needs.

In the last few weeks, you received a red and white envelope called *Your Decision Guide* with information about all the plans available to you. Have you replied?]

[MNTFLE200030MTST: APPEARS IN ALL TAILORED LETTER VERSIONS]

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

As a plan holder, you already know the benefits of having an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). Thank you for taking the time to re-evaluate your Medicare supplement insurance needs.

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

LA25330AR

[MNTFLE200040A0ST: APPEARS IN ALL LETTER VERSIONS]

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!

Like other Medicare supplement plans, you could save up to thousands of dollars in out-of-pocket expenses with an AARP Medicare Supplement Plan.* That's a feeling of security.

[MNTFLE2D0050ADST: APPEARS IN ALL UNTAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines each of the AARP Medicare Supplement Plans and Medicare Select Plans available in [State]. Your individual plan rates are also listed.

AARP Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**.[†] However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed directory.

If you have any questions, just call **1-800-620-9037**.]

[MNTFLE2D0050ATST: APPEARS IN ALL TAILORED LETTER VERSIONS]

[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 Plans and Rates* chart included in this booklet outlines the plans you requested, and your individual plan rates. It also shows each of the AARP Medicare Supplement Plans and Medicare Select Plans available in [State].

AARP Medicare Select Plans C and F offer the same supplemental benefits as the traditional AARP Medicare Supplement Plans C and F, but you'll receive a **much lower rate**.[†] However, if you are hospitalized, you'll be required to use one of the Medicare-certified hospitals listed in the enclosed directory.

If you have any questions, just call **1-800-620-9037**.]

[MNTFLE200060A0ST: APPEARS IN ALL LETTER VERSIONS]

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. Pays up to 20% of the Medicare Part B expenses that Medicare does not pay

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. Compatible with Medicare Part D prescription drug coverage

All Medicare supplement plans are compatible with stand-alone prescription drug plans, also known as Medicare Part D plans.

3. Guaranteed coverage for life

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

4. You can change plans even with prior health conditions

If you decide to make a change to another AARP Medicare Supplement Plan, the pre-existing conditions waiting period may be reduced or eliminated, and you'll have no gap in your insurance coverage. This means you're eligible to receive benefits for any covered hospital stays or medical services starting on or after the date your plan begins — even if you have a prior health condition. What's a pre-existing condition? That's when a doctor gave medical advice, or recommended, or gave treatment within 3 months before your plan's start date.

Keep in mind, when changing from one AARP Medicare Supplement Plan to another, your benefits will change, and you may not be able to return to your original plan.

5. 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 Plan, you receive these special services:

Join the SilverSneakers® Fitness Program for a healthier lifestyle

Receive free access to treadmills, weights, heated pools and fitness classes that come with a basic membership at participating fitness centers. There are also signature SilverSneakers classes led by certified instructors to help you improve your overall health. Plus, you'll want to take advantage of the informative health education seminars and fun social events.

24-hour access to registered nurses

If you have a health question or concern, speak directly with a caring registered nurse — call toll-free day or night. Learn about chronic health conditions, get self-care tips, or

discuss treatment options. Or access any of the Health Information Library's 1,100 recorded messages on health and wellness topics.

Savings on prescription drugs and vision discounts

Reduce your expenses on prescription drugs and enjoy savings on routine eye exams and eyewear from thousands of retail and independent providers.

You'll also want to read about other member services available at no additional cost to you, including the **5% Multi-insured and Electronic Funds Transfer discounts**. Please see *Your Exclusive Member Services* for more details.

†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.

Choose AARP Medicare Supplement Insurance. **Call 1-800-620-9037** or complete and mail your enrollment form today.

Sincerely,

Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

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

Please read all important legal disclaimers at the end of this letter.

*Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2010. <http://www.medpac.gov/documents/Jun10DataBookEntireReport.pdf> (4 Oct, 2010) p. 16

† Annual savings shown are based on [2010] rates for AARP Medicare Select Plan C compared to the traditional AARP Medicare Supplement Plan C. Savings vary between [10% - 37%] depending on the state in which you live.

††<http://www.uhcmembersstats.com/>

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

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

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

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

This is a solicitation of insurance. An agent 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.

Enclosed is 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 1-800-620-9037, toll-free, or visit www.medsupeducation.com.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United 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. The AARP Prescription Discount Program, provided by Walgreens Health Initiatives, offers AARP members access to prescription drugs at a discounted price. The AARP Prescription Discount Program is not prescription drug insurance and is not intended to be a substitute for prescription drug insurance. Members are entitled to discounts on cash prices for all FDA approved drugs. Discounts associated with the Program are only available at participating network pharmacies, including Walgreens Mail Services. The AARP Prescription Discount Program is endorsed by AARP. Walgreens pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. **The AARP Prescription Discount Program is not a licensed pharmacy and may be discontinued at any time.** All decisions about prescription medications are between you and your doctor or other health care provider. **EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating Independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license. OptumHealth is the provider of Nurse HealthLine. **OptumHealth nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance**

program and may be discontinued at any time. All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

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

Contents

Your Plan Choice Guide ▶ Page [x]

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

Exclusive Member Services ▶ Page [x]

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 [x]

Read common questions and answers about Medicare supplement insurance.

Glossary ▶ Page [x]

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

Important Information ▶ Page [x]

Find important legal information you should review.

Outline of Coverage ▶ Page [x]

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



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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 [2010], the Part B amount that you are responsible for is [\$155.00]. 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.

Enrolling in a Medicare supplement plan and a prescription drug plan (Part D) will help you complete your Medicare coverage.

For more information call [1.800.620.9037].

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?

Call [1.800.620.9037] for help exploring your options or for answers to any questions you may have about AARP Medicare Supplement Insurance.

TTY users should call [711]. 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.

Commonly Asked Questions *continued*

For information about Medicare supplement insurance:

Read [2010] *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 or skilled nursing facility 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 Part B pays about 80% and you pick up the rest.

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 In general, these are 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. Some states may have additional guaranteed issue rights under state law.

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.

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 These are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

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 10 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. Some states may have additional open enrollment rights under state law.

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 help 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.

Important Information

How to Use *Your Decision Guide*

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

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

To find the plan that is best for you:

- Look at *Your Plans and Rates* chart in Section 3 which shows the benefits of each Medicare Select and Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and costs vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-620-9037, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español—llame al 1-866-863-6764, 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 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance 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. Apply within the required time period following the termination of your prior health insurance 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 insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Important Information About

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement

Important Information *continued*

Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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

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

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

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

last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the *Your Plans and Rates* and *Outline of Coverage* which allow you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

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

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

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

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

Important Information *continued*

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

Right to Replace Your Medicare Select Plan

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

Quality Assurance

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

The AARP Insurance Trust

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

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare Insurance Company, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP, its members, and people 50-plus. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP, its members, and people 50-plus.

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

General Information

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

This package describes the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards.

However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims can be processed automatically.

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

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

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

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**Questions?
Call for help.**

If you have questions while reviewing this kit, just call 1.800.620.9037, 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 711.

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 Insurance Plans

Your Decision Guide

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

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insured by **UnitedHealthcare
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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 an AARP Medicare Supplement plan easier. How? By providing clear explanations, diagrams that simplify information, and a glossary of terms.

Why go through all the trouble? Because 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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AARP® Medicare Supplement Insurance Plans

Your Decision Guide

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

[REMINDER]

Prepared especially for **Sample A. Sample**

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

www.aarphealthcare.com/getmyplan

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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?

Call 1-800-620-9037 for answers to your questions or to request another enrollment kit.

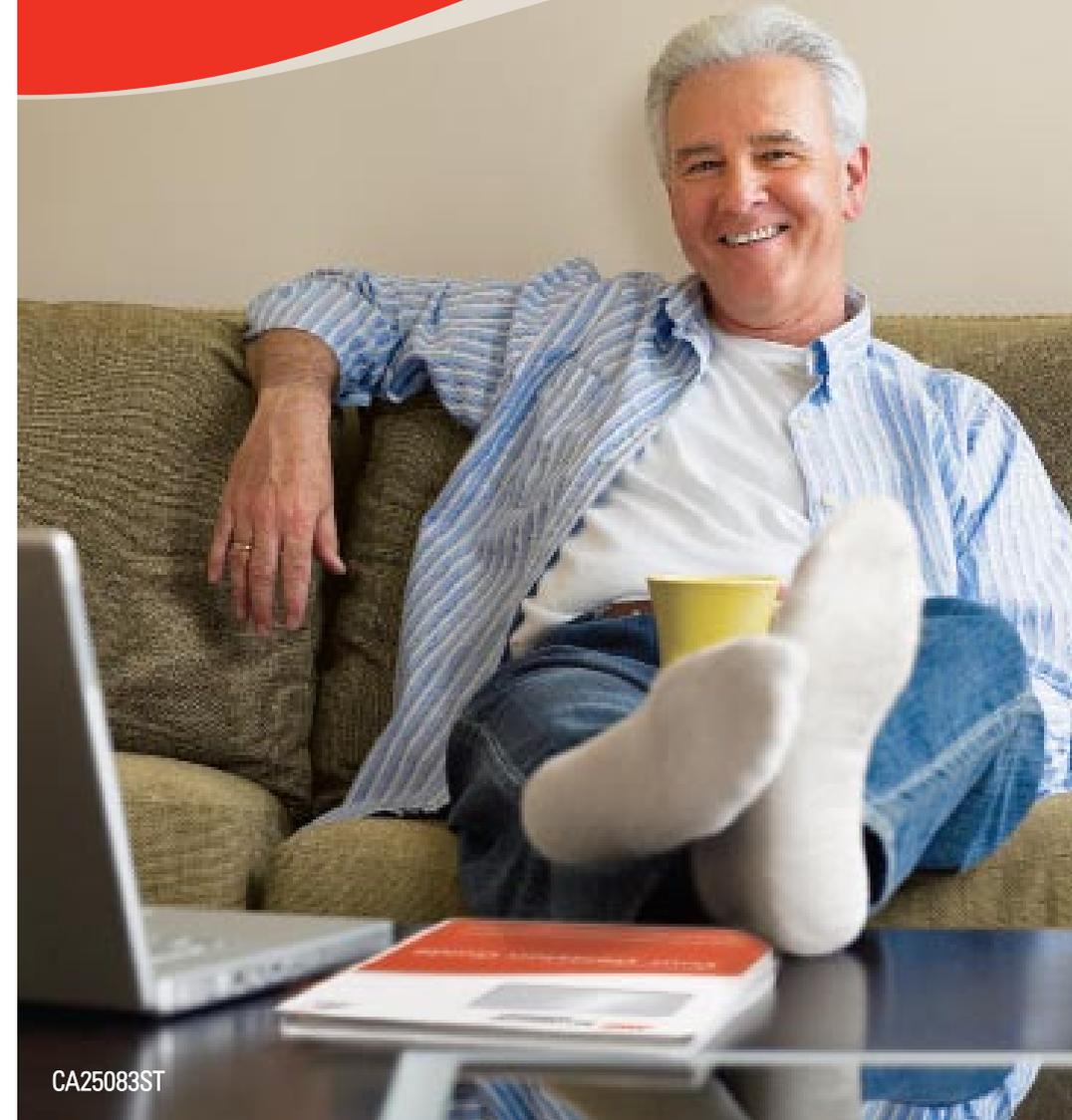


It's easy to choose an AARP® Medicare Supplement Insurance Plan. Call today!

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 only covers about 80% of your Medicare Part B expenses.

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 certain plans help with deductibles, too.

✔ 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...

✔ **Security.** UnitedHealthcare Insurance Company (UnitedHealthcare) covers more people with Medicare supplement plans nationwide than any other individual insurance carrier.* They are the only plans that carry the AARP name.

✔ **Price.** To help lower your monthly premium, you may be eligible for certain discounts depending on the state where you live. Learn more about the discounts you may qualify for by calling today.

✔ **Flexibility.** Find a plan that fits your needs by choosing from any of the AARP Medicare Supplement Plans that are available in your state.

✔ **Stability.** Rates for AARP Medicare Supplement Plans have increased less than 6% in the past 5 years, on national average.** Plus, as with all standardized Medicare supplement plans, you can't be singled out for a rate increase.

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.

Make an informed decision.

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



Questions? Call 1.800.620.9037
for straight answers.

*<http://www.uhcmcdsupstats.com>

**The National average rate increase is based on rate increases for years 2006-2010 for AARP Medicare Supplement Plans. Increases vary by plan, state and year.

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

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

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Your Decision Guide

Here is the information you requested. ▶

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

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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.



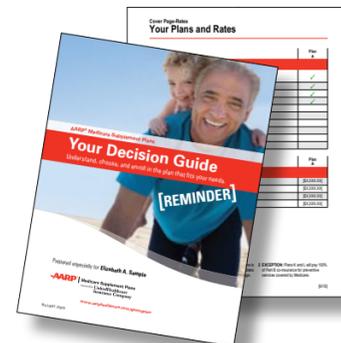
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Make an informed decision.

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 Insurance Plans

Your Decision Guide

[REMINDER]

Make an informed decision. ▶

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