

SERFF Tracking Number: UHLC-128204560 State: Arkansas  
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:  
 Company Tracking Number: LA25889AR  
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
 Plans 2010  
 Product Name: GROUP MEDICARE SUPPLEMENT PLANS  
 Project Name/Number: ADVERTISING/LA25889AR

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT PLANS SERFF Tr Num: UHLC-128204560 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num:

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: LA25889AR

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Wanda Augustus, Bobbie Walton

Disposition Date: 03/27/2012

Date Submitted: 03/26/2012

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: LA25889AR

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

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 03/27/2012

State Status Changed: 03/27/2012

Deemer Date:

Created By: Wanda Augustus

Submitted By: Wanda Augustus

Corresponding Filing Tracking Number: LA25889AR

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement.

The enclosed materials will be utilized with the following which were approved by the Department on 11/5/09, under State Tracking number 43459 .

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)

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Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)

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)

The following enrollment application(s) will be used with the enclosed advertising material(s) approved by the Department on 11/13/09 under State Tracking Number 43696: M75146IMMMAR01 01B, M94140MNMAR01 01B, S75646IMMMAR01 01B, and S94340MNMAR01 01B.

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 and GU25003AR which was approved by the Department on 11/3/09 under State Tracking Number 43646.

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director  
680 Blair Mill Rd.  
Horsham, PA 19044

Susan\_J\_Cipollo@uhc.com  
215-902-8444 [Phone]  
215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company  
185 Asylum Street  
Hartford, CT 06103  
(860) 702-5000 ext. [Phone]

CoCode: 79413  
Group Code: 707  
Group Name:  
FEIN Number: 36-2739571

State of Domicile: Connecticut  
Company Type: Life and Health  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$400.00  
Retaliatory? No  
Fee Explanation: \$50.00 X 8 = \$400.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$400.00	03/26/2012	57468541

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/27/2012	03/27/2012

*SERFF Tracking Number:* UHLC-128204560 *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/27/2012

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
<b>Supporting Document</b>	STATEMENT OF VARIABILITY	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes
<b>Form</b>	LETTER	Filed-Closed	Yes

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## Form Schedule

### Lead Form Number: LA25889AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 03/27/2012	LA25889A	Advertising	LETTER	Initial		45.000	LA25889AR.pdf
Filed-Closed 03/27/2012	LA25890A	Advertising	LETTER	Initial		45.000	LA25890AR.pdf
Filed-Closed 03/27/2012	LA25891ST	Advertising	LETTER	Initial		45.000	LA25891ST.pdf
Filed-Closed 03/27/2012	LA25892ST	Advertising	LETTER	Initial		45.000	LA25892ST.pdf
Filed-Closed 03/27/2012	LA25897A	Advertising	LETTER	Initial		45.000	LA25897AR.pdf
Filed-Closed 03/27/2012	LA25898A	Advertising	LETTER	Initial		45.000	LA25898AR.pdf
Filed-Closed 03/27/2012	LA25899A	Advertising	LETTER	Initial		45.000	LA25899AR.pdf
Filed-Closed 03/27/2012	LA25900A	Advertising	LETTER	Initial		45.000	LA25900AR.pdf

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

## Get coverage that goes the distance with you.

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call **[1-888-663-4099]**,  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
**[GoLong.com]**

Dear [Sample A. Sample],

Thank you for requesting the enclosed guide on AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

Putting certain long-term plans in place is important, and this information can help get you started. This packet of material was prepared especially for you and will help you understand the basics of Medicare and the AARP Medicare Supplement Plans. It's designed to make it easy for you to find the plan that fits your needs — and your budget. When you find the plan that fits your needs, you'll have coverage that works for you now and in the future.

*((Paragraph below prints for untailed letters))*

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. **[A popular plan] [Popular plans] in [state] [is] [are] highlighted: [Plan X] [Plans X and X].**

**LA25889AR**

*((Paragraph below prints for tailored letters))*

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. This chart highlights the [plan] [plans] you recently asked for when you called: [Plan X] [Plans X and X] [Plans X, X and X].

Why choose AARP Medicare Supplement Insurance? UnitedHealthcare insures more people in Medicare supplement plans nationwide than any other insurer.\* We offer the guidance to help people find the right AARP Medicare Supplement Plan to meet their needs now and for years to come.

What's more, AARP has been a leading advocate for older Americans for more than 50 years.\*\* One way it serves its members is by selecting products that may meet their needs, such as AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare.

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

**1. Pays about 20% of the costs that Medicare Part B 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.

**4. Coverage that travels with you**

You're not limited to a network of providers, such as doctors, hospitals, laboratories or outpatient clinics. If you travel outside the U.S., there's even a plan that pays a benefit for emergency care outside of the country.

**5. Enjoy guaranteed acceptance – you can't be turned down**

All Medicare supplement plans guarantee acceptance for six 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.

If you enroll within six months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing conditions 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 a doctor gave medical advice, or recommended, or gave treatment within three months before your plan’s start date.

What’s more, when you choose Medicare supplement insurance, your coverage will 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.

### **Start planning your future.**

Put your plan for health insurance into action with a little help from UnitedHealthcare. Take this opportunity to review your guide to learn even more about Medicare supplement insurance. You’ll find the information you need to understand, choose, and enroll in an AARP Medicare Supplement Insurance Plan that suits you. Of course, if you have any questions, a licensed insurance agent is ready to help at [\[1-888-663-4099\]](tel:1-888-663-4099).

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

### **P.S. Enroll today for your earliest possible plan start date.**

\* “December 2010 Medigap Enrollment & Market Share,” [\[May 2011\]](#), [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [\[1-800-523-5800\]](tel:1-800-523-5800) to request a copy of the full report.

\*\* <http://www.aarp.org/about-aarp/>

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-

36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [\[1-888-663-4099\]](tel:1-888-663-4099), toll-free, or visit us on the Web at [\[www.medsupeducation.com\]](http://www.medsupeducation.com).

Visit [\[GoLong.com\]](http://GoLong.com)

AARP MEDICARE SUPPLEMENT INSURANCE PLANS

Insured by UnitedHealthcare Insurance Company

# Contents

The sections listed below are color coded for easy reference.

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## 1 Understand the Basics

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

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## 2 Compare Your Options

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

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## 3 Take the Next Step

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.

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## 4 Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply tear out and complete the AARP Medicare Supplement Insurance Plan enrollment form located in the back of this booklet. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 standard premium is \$99.90, 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 1.888.663.4099 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 1.888.663.4099.**

\*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
<b>Choice</b>	Select your own doctors and hospitals, as long as they accept Medicare.	You may be required to use network doctors and hospitals.
<b>Access</b>	See specialists without referrals.	You may need referrals and may be required to use network specialists.
<b>Freedom</b>	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.
<b>Flexibility</b>	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.
<b>Cost</b>	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.
<b>Prescription Drug Coverage</b>	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.

Base rates have increased by less than 6% annually from 2006 through 2010, while varying by specific 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.\*\*

✔ **Nurse HealthLine.** Call and speak to a registered nurse concerning your health questions, learn about chronic health conditions, get self-care tips and more.\*\*

\*\*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.<sup>1</sup> Here's how his coverage worked out.



<sup>1</sup>This 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	– \$20,884.00
<b>Part A Deductible John Owes</b>	<b>\$ 1,156.00</b>

#### Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
<b>Medicare Part B Deductible John Owes</b>	<b>\$ 140.00</b>
Medicare Part B Pays 80% after Deductible	– \$ 4,288.00
<b>Remaining 20% John Owes</b>	<b>\$ 1,072.00</b>

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

Plan C paid for Part A Deductible	– \$ 1,156.00 <sup>2</sup>
Plan C paid for Part B Deductible	– \$ 140.00 <sup>2</sup>
Plan C paid for 20% Medicare Co-insurance	– \$ 1,072.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,368.00
<b>Total Out-of-Pocket Expenses for John<sup>3</sup></b>	<b>\$ 0.00</b>

<sup>2</sup>These are 2012 Medicare Part A & B deductibles.

<sup>3</sup>The 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 1.888.663.4099.** 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?

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

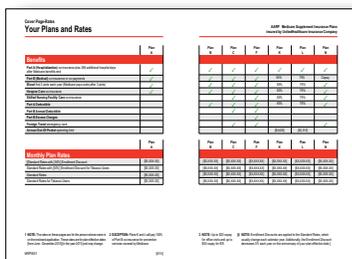
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.\*

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 No.	Plan Name	Plan Type	Plan Features	Plan Rates
Plan A	1000	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan B	1001	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan C	1002	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan D	1003	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan E	1004	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan F	1005	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan G	1006	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan H	1007	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan I	1008	Standard Medicare Supplement Plan	Standard	✓	\$100
Plan J	1009	Standard Medicare Supplement Plan	Standard	✓	\$100

## 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.

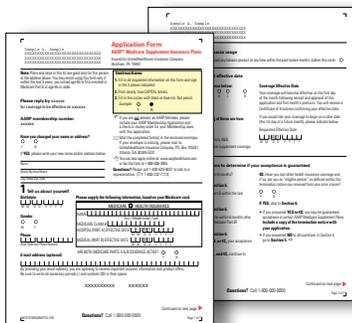
Once you've decided on a plan, just fill out the enrollment form in the back of this booklet and return it in the envelope provided. [Or enroll online at [GoLong.com](http://GoLong.com).] In about 2 weeks, you should receive confirmation of your enrollment along with a *Welcome Kit*.

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. 1.888.663.4099. 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.



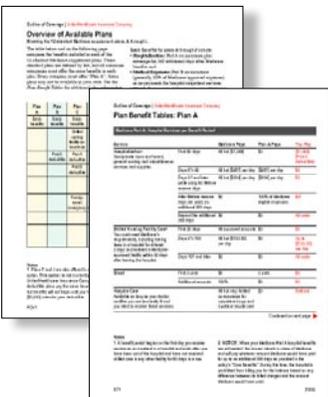
## Commonly Asked Questions

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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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 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

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

## Get coverage that goes the distance with you.

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

Dear [Sample A. Sample],

As a valued plan holder, thank you for taking the time to re-evaluate your Medicare supplement insurance plan needs by requesting the enclosed *Decision Guide*.

You already know when choosing a Medicare supplement plan, it's important to look for the experience and expertise that will go the distance with you. AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), continue to help you move in the right direction toward a healthy future.

This guide was prepared especially for you. It's designed to make it easy for you to find the AARP Medicare Supplement Plan that fits your needs — and your budget.

*((Paragraph below prints for untailed letters))*

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. [[A popular plan] [Popular plans] in [state] [is] [are] highlighted: [Plan X] [Plans X and X].]

**LA25890AR**

*((Paragraph below prints for tailored letters))*

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. This chart highlights the [plan] [plans] you recently asked for when you called: [Plan X] [Plans X and X] [Plans X, X and X].

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

**1. Pays about 20% of the costs that Medicare Part B 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.

**4. Coverage that travels with you**

You're not limited to a network of providers, such as doctors, hospitals, laboratories or outpatient clinics. If you travel outside the U.S., there's even a plan that pays a benefit for emergency care outside of the country.

**5. You may 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 three 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.

**Start planning your future.**

Put your plan for health insurance into action with a little help from UnitedHealthcare. Take this opportunity to review your guide to learn even more about Medicare supplement insurance. You'll find the information you need to understand, choose, and enroll in an AARP Medicare Supplement Insurance Plan that suits you. Of course, if you have any questions, a licensed insurance agent is ready to help at [\[1-888-663-4099\]](tel:1-888-663-4099).

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

**P.S. Enroll today for your earliest possible plan start date.**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [\[1-888-663-4099\]](tel:1-888-663-4099), toll-free, or visit us on the Web at [\[www.medsupeducation.com\]](http://www.medsupeducation.com).

Visit [\[GoLong.com\]](http://GoLong.com)  
AARP MEDICARE SUPPLEMENT INSURANCE PLANS  
Insured by UnitedHealthcare Insurance Company

# Contents

The sections listed below are color coded for easy reference.

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## 1 Understand the Basics

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

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## 2 Compare Your Options

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

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.

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## 4 Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply tear out and complete the AARP Medicare Supplement Insurance Plan enrollment form located in the back of this booklet. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 standard premium is \$99.90, 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.

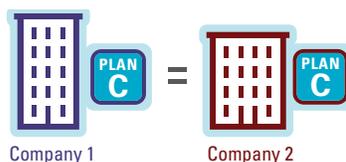
The federal government has defined standard benefits for each of the plans, named with letters of the alphabet.

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 1.888.663.4099 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 1.888.663.4099.**

\*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
<b>Choice</b>	Select your own doctors and hospitals, as long as they accept Medicare.	You may be required to use network doctors and hospitals.
<b>Access</b>	See specialists without referrals.	You may need referrals and may be required to use network specialists.
<b>Freedom</b>	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.
<b>Flexibility</b>	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.
<b>Cost</b>	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.
<b>Prescription Drug Coverage</b>	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.

Base rates have increased by less than 6% annually from 2006 through 2010, while varying by specific 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.\*\*

✔ **Nurse HealthLine.** Call and speak to a registered nurse concerning your health questions, learn about chronic health conditions, get self-care tips and more.\*\*

\*\*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.<sup>1</sup> Here's how his coverage worked out.



<sup>1</sup>This 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	– \$20,884.00
<b>Part A Deductible John Owes</b>	<b>\$ 1,156.00</b>

#### Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
<b>Medicare Part B Deductible John Owes</b>	<b>\$ 140.00</b>
Medicare Part B Pays 80% after Deductible	– \$ 4,288.00
<b>Remaining 20% John Owes</b>	<b>\$ 1,072.00</b>

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

Plan C paid for Part A Deductible	– \$ 1,156.00 <sup>2</sup>
Plan C paid for Part B Deductible	– \$ 140.00 <sup>2</sup>
Plan C paid for 20% Medicare Co-insurance	– \$ 1,072.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,368.00
<b>Total Out-of-Pocket Expenses for John<sup>3</sup></b>	<b>\$ 0.00</b>

<sup>2</sup>These are 2012 Medicare Part A & B deductibles.

<sup>3</sup>The 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 1.888.663.4099.** 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?

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

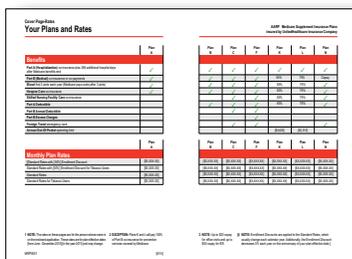
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.\*

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.



## 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.

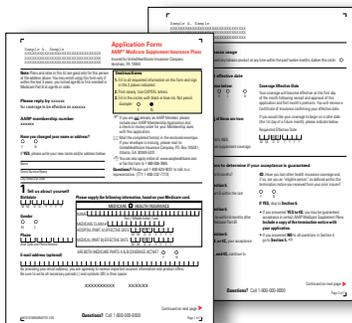
Once you've decided on a plan, just fill out the enrollment form in the back of this booklet and return it in the envelope provided. [Or enroll online at [GoLong.com](https://www.aarp.org/go-long).] In about 2 weeks, you should receive confirmation of your enrollment along with a *Welcome Kit*.

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. 1.888.663.4099. 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.



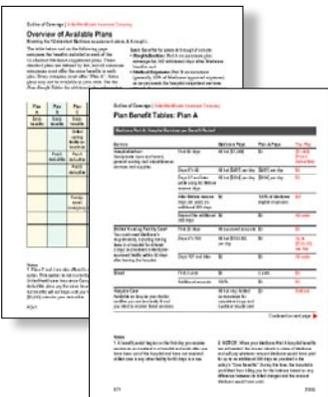
## Commonly Asked Questions

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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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 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

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

## Get coverage that goes the distance with you.

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call **[1-888-663-4099]**,  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
**[GoLong.com]**

Dear [Sample A. Sample],

Thank you for requesting the enclosed guide on AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

Putting certain long-term plans in place is important, and this information can help get you started. This packet of material was prepared especially for you and will help you understand the basics of Medicare and the AARP Medicare Supplement Plans. It's designed to make it easy for you to find the plan that fits your needs — and your budget. When you find the plan that fits your needs, you'll have coverage that works for you now and in the future.

*((Paragraph below prints for untailed letters))*

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].

**LA25891ST**

*((Paragraph below prints for tailored letters))*

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. This chart highlights the [plan] [plans] you recently asked for when you called: [Medicare Select Plan X] [Medicare Select Plans X and X] [Medicare Select Plan X, and] [Medicare Select Plans X and X, and] [Plan X] [Plans X and X].

Medicare Select Plans offer you the same supplemental benefits as traditional AARP Medicare Supplement Plans, but you **pay a lower monthly rate**† by using one of the Medicare-certified hospitals listed in the enclosed directory for inpatient hospital stays. For example, if you choose Medicare Select Plan C, you'll get the exact same benefits as traditional Medicare Supplement Plan C offers, only you'll pay a lower monthly rate since you're using a network-approved hospital.

Why choose AARP Medicare Supplement Insurance? UnitedHealthcare insures more people in Medicare supplement plans nationwide than any other insurer.\* We offer the guidance to help people find the right AARP Medicare Supplement Plan to meet their needs now and for years to come.

What's more, AARP has been a leading advocate for older Americans for more than 50 years.\*\* One way it serves its members is by selecting products that may meet their needs, such as AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare.

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

**1. Pays about 20% of the costs that Medicare Part B 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, your coverage will 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**

All Medicare supplement plans guarantee acceptance for six 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.

If you enroll within six months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing conditions 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 a doctor gave medical advice, or recommended, or gave treatment within three months before your plan's start date.

#### **Start planning your future.**

Put your plan for health insurance into action with a little help from UnitedHealthcare. Take this opportunity to review your guide to learn even more about Medicare supplement or Medicare select insurance. You'll find the information you need to understand, choose, and enroll in an AARP Medicare Supplement Plan or AARP Medicare Select Plan that suits you. Of course, if you have any questions, a licensed insurance agent is ready to help at [\[1-888-663-4099\]](tel:1-888-663-4099).

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

#### **P.S. Enroll today for your earliest possible plan start date.**

♦ Annual savings shown are based on [\[2011\]](#) rates for AARP Medicare Select Plan C or F compared to the traditional AARP Medicare Supplement Plan C or F. Savings vary between [\[12%-38%\]](#) depending on the state in which you live.

\* "December 2010 Medigap Enrollment & Market Share," [May 2011], [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [1-800-523-5800] to request a copy of the full report.

\*\* <http://www.aarp.org/about-aarp/>

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [1-888-663-4099], toll-free, or visit us on the Web at [[www.medsupeducation.com](http://www.medsupeducation.com)].

Visit [[GoLong.com](http://GoLong.com)]

AARP MEDICARE SUPPLEMENT INSURANCE PLANS  
Insured by UnitedHealthcare Insurance Company

# Contents

The sections listed below are color coded for easy reference.

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## 1 Understand the Basics

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

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## 2 Compare Your Options

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

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## 3 Take the Next Step

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.

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## 4 Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply tear out and complete the AARP Medicare Supplement Insurance Plan enrollment form located in the back of this booklet. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 standard premium is \$99.90, 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 1.888.663.4099 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 1.888.663.4099.**

\*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
<b>Choice</b>	Select your own doctors and hospitals, as long as they accept Medicare.	You may be required to use network doctors and hospitals.
<b>Access</b>	See specialists without referrals.	You may need referrals and may be required to use network specialists.
<b>Freedom</b>	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.
<b>Flexibility</b>	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.
<b>Cost</b>	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.
<b>Prescription Drug Coverage</b>	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. Base rates have increased by less than 6% annually from 2006 through 2010, while varying by specific 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.\*\*

✔ **Nurse HealthLine.** Call and speak to a registered nurse concerning your health questions, learn about chronic health conditions, get self-care tips and more.\*\*

\*\*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.<sup>1</sup> Here's how his coverage worked out.



<sup>1</sup>This 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	– \$20,884.00
<b>Part A Deductible John Owes</b>	<b>\$ 1,156.00</b>

#### Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
<b>Medicare Part B Deductible John Owes</b>	<b>\$ 140.00</b>
Medicare Part B Pays 80% after Deductible	– \$ 4,288.00
<b>Remaining 20% John Owes</b>	<b>\$ 1,072.00</b>

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

Plan C paid for Part A Deductible	– \$ 1,156.00 <sup>2</sup>
Plan C paid for Part B Deductible	– \$ 140.00 <sup>2</sup>
Plan C paid for 20% Medicare Co-insurance	– \$ 1,072.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,368.00
<b>Total Out-of-Pocket Expenses for John<sup>3</sup></b>	<b>\$ 0.00</b>

<sup>2</sup>These are 2012 Medicare Part A & B deductibles.

<sup>3</sup>The 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 1.888.663.4099.** 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?

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

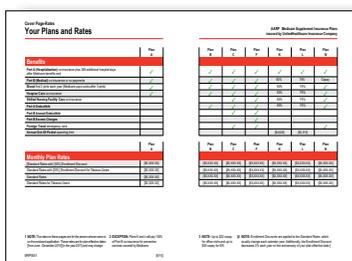
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.\*

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 No.	Plan Name	Plan Type	Plan Class	Plan Category	Plan Features	Plan Rates
Plan 1	1001	Plan 1	Medicare Supplement	Standard	Standard	✓	\$100
Plan 2	1002	Plan 2	Medicare Supplement	Standard	Standard	✓	\$100
Plan 3	1003	Plan 3	Medicare Supplement	Standard	Standard	✓	\$100
Plan 4	1004	Plan 4	Medicare Supplement	Standard	Standard	✓	\$100
Plan 5	1005	Plan 5	Medicare Supplement	Standard	Standard	✓	\$100

## 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.

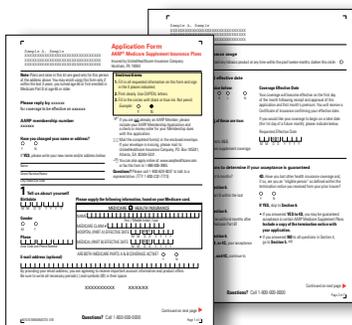
Once you've decided on a plan, just fill out the enrollment form in the back of this booklet and return it in the envelope provided. [Or enroll online at [GoLong.com](http://GoLong.com).] In about 2 weeks, you should receive confirmation of your enrollment along with a *Welcome Kit*.

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. 1.888.663.4099. 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.



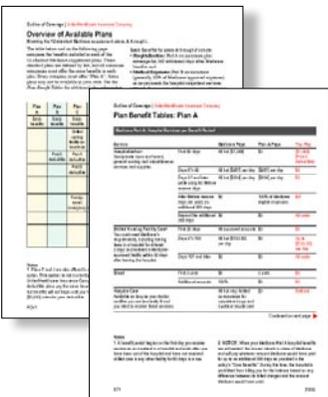
## Commonly Asked Questions

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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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.

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### **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.

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### **The AARP Insurance Trust**

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare Insurance Company, not by AARP or its affiliates. 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. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare 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**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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 does not employ or endorse agents, brokers or producers.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

## Get coverage that goes the distance with you.

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

Dear [Sample A. Sample],

As a valued plan holder, thank you for taking the time to re-evaluate your Medicare supplement insurance plan needs by requesting the enclosed *Decision Guide*.

You already know when choosing a Medicare supplement plan, it's important to look for the experience and expertise that will go the distance with you. AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), continue to help you move in the right direction toward a healthy future.

This guide was prepared especially for you. It's designed to make it easy for you to find the AARP Medicare Supplement Plan that fits your needs — and your budget.

*((Paragraph below prints for untailed letters))*

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].

**LA25892ST**

*((Paragraph below prints for tailored letters))*

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. This chart highlights the [plan] [plans] you recently asked for when you called: [Medicare Select Plan X] [Medicare Select Plans X and X] [Medicare Select Plan X, and] [Medicare Select Plans X and X, and] [Plan X] [Plans X and X].

Medicare Select Plans offer you the same supplemental benefits as traditional AARP Medicare Supplement Plans, but you **pay a lower monthly rate**† by using one of the Medicare-certified hospitals listed in the enclosed directory for inpatient hospital stays. For example, if you choose Medicare Select Plan C, you'll get the exact same benefits as traditional Medicare Supplement Plan C offers, only you'll pay a lower monthly rate since you're using a network-approved hospital.

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

**1. Pays about 20% of the costs that Medicare Part B 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, your coverage will 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 may 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 three 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.

### **Start planning your future.**

Put your plan for health insurance into action with a little help from UnitedHealthcare. Take this opportunity to review your guide to learn even more about Medicare supplement or Medicare select insurance. You'll find the information you need to understand, choose, and enroll in an AARP Medicare Supplement Plan or AARP Medicare Select Plan that suits you. Of course, if you have any questions, a licensed insurance agent is ready to help at [\[1-888-663-4099\]](tel:1-888-663-4099).

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

### **P.S. Enroll today for your earliest possible plan start date.**

♦ Annual savings shown are based on [\[2011\]](#) rates for AARP Medicare Select Plan C or F compared to the traditional AARP Medicare Supplement Plan C or F. Savings vary between [\[12%-38%\]](#) depending on the state in which you live.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [\[1-888-663-4099\]](tel:1-888-663-4099), toll-free, or visit us on the Web at [\[www.medsupeducation.com\]](http://www.medsupeducation.com).

Visit [\[GoLong.com\]](http://GoLong.com)

AARP MEDICARE SUPPLEMENT INSURANCE PLANS

Insured by UnitedHealthcare Insurance Company

# Contents

The sections listed below are color coded for easy reference.

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## 1 Understand the Basics

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

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## 2 Compare Your Options

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

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## 3 Take the Next Step

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.

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## 4 Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply tear out and complete the AARP Medicare Supplement Insurance Plan enrollment form located in the back of this booklet. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 standard premium is \$99.90, 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 1.888.663.4099 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 1.888.663.4099.**

\*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
<b>Choice</b>	Select your own doctors and hospitals, as long as they accept Medicare.	You may be required to use network doctors and hospitals.
<b>Access</b>	See specialists without referrals.	You may need referrals and may be required to use network specialists.
<b>Freedom</b>	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.
<b>Flexibility</b>	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.
<b>Cost</b>	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.
<b>Prescription Drug Coverage</b>	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.

Base rates have increased by less than 6% annually from 2006 through 2010, while varying by specific 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.\*\*

✔ **Nurse HealthLine.** Call and speak to a registered nurse concerning your health questions, learn about chronic health conditions, get self-care tips and more.\*\*

\*\*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.<sup>1</sup> Here's how his coverage worked out.



<sup>1</sup>This 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	– \$20,884.00
<b>Part A Deductible John Owes</b>	<b>\$ 1,156.00</b>

#### Medicare Part B Costs

Additional Outpatient Charges	\$ 5,500.00
<b>Medicare Part B Deductible John Owes</b>	<b>\$ 140.00</b>
Medicare Part B Pays 80% after Deductible	– \$ 4,288.00
<b>Remaining 20% John Owes</b>	<b>\$ 1,072.00</b>

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

Plan C paid for Part A Deductible	– \$ 1,156.00 <sup>2</sup>
Plan C paid for Part B Deductible	– \$ 140.00 <sup>2</sup>
Plan C paid for 20% Medicare Co-insurance	– \$ 1,072.00
AARP Medicare Supplement Plan C Total Payment	\$ 2,368.00
<b>Total Out-of-Pocket Expenses for John<sup>3</sup></b>	<b>\$ 0.00</b>

<sup>2</sup>These are 2012 Medicare Part A & B deductibles.

<sup>3</sup>The 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 1.888.663.4099.** 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?

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

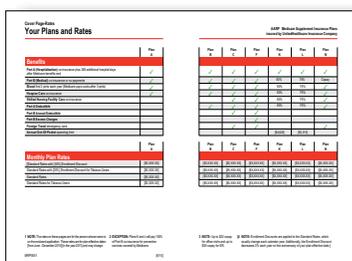
This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than 2.8 million AARP members nationwide.\*

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 table titled "Your Plans and Rates" with columns for Plan Name, Plan Type, and Rate. It lists several AARP Medicare Supplement Plans, including Plan G, Plan F, and Plan C. The table includes checkboxes for "Popular Plans" and "Recently Requested Plans".

## 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.

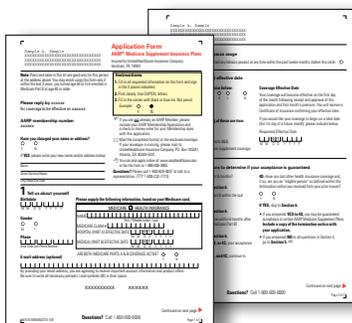
Once you've decided on a plan, just fill out the enrollment form in the back of this booklet and return it in the envelope provided. [Or enroll online at [GoLong.com](http://GoLong.com).] In about 2 weeks, you should receive confirmation of your enrollment along with a *Welcome Kit*.

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. 1.888.663.4099. 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.



The image shows a screenshot of the "Application Form" for AARP Medicare Supplement Plan. It includes sections for "Please reply by return mail", "AARP membership number", and "How long has your name on a plan?". There are checkboxes and fields for personal information.

# 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.



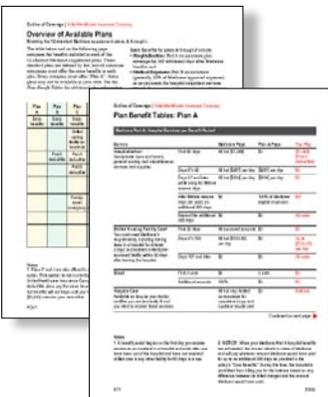
## Commonly Asked Questions

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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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.

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### **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.

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### **The AARP Insurance Trust**

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare Insurance Company, not by AARP or its affiliates. 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. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare 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**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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 does not employ or endorse agents, brokers or producers.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

**Join the [2.9 million] members\* who  
put their trust in an AARP® Medicare  
Supplement Insurance Plan.**

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

Dear [Sample A. Sample],

Thank you for your recent request for information about AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

*((Paragraph below prints for untailed letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about all the plans available to you. Please spend some time reading through this guide. It was designed to help you understand how AARP Medicare Supplement Plans work with Medicare Parts A & B. If you've already enrolled, you can disregard this package.

*((Paragraph below prints for tailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about [Plan X] [Plans X and X] [Plans X, X and X] [Select Plan X] [Select Plans X and X] [Plan X and Select Plan X] [Plan X and Select Plans X and X] [Plans X, X and Select Plan X], which you asked for. Please spend some time reading through this guide. It was designed to help you understand how AARP Medicare Supplement Plans work with Medicare Parts A & B. If you've already enrolled, you can disregard this package.

LA25897AR

**Feeling secure is knowing an AARP Medicare Supplement Insurance Plan could save you up to thousands of dollars in out-of-pocket expenses.\*\***

Medicare only pays about 80% of your Part B expenses – costs related to doctors visits and outpatient care – but with Medicare supplement insurance, you can get help with these expenses. This package can help you understand these plans and enroll in a plan that fits your needs.

*((Paragraph below prints for untailed letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates.

*((Paragraph below prints for tailored letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates. You'll notice that the particular [plan] [plans] you requested information on [is] [are] highlighted in yellow on this chart.

If you have any questions, just call [1-888-663-4099].

This offer comes from UnitedHealthcare, which provides Medicare supplement plans to more people nationwide than any other insurer.† These are the only Medicare supplement plans that carry the AARP name. And that's not all...

**Here are five reasons to keep reading:**

**1. Pays about 20% of the Medicare Part B expenses that Medicare does not pay**

Since Medicare pays only about 80% of your Medicare Part B expenses (costs related to doctors visits and outpatient care), 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. Enjoy guaranteed acceptance – you can't be turned down**

The law guarantees your acceptance into a Medicare supplement insurance plan for six months after you turn 65 and enroll in Medicare Part B. You will be accepted into any plan listed on the *Your Plans and Rates* chart in the enclosed booklet.

If you enroll within six months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing conditions 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 a doctor gave medical advice, or recommended, or gave treatment within three 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 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.

##### **Vision discounts**

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.**

**Rely on our experience and expertise for help with this important decision.**

Review *Your Decision Guide* and the simple explanations to learn more about AARP Medicare Supplement Insurance Plans. If you have any questions, call **[1-888-663-4099]** and talk with one of our licensed insurance agents. They can help you with the information you need to understand and enroll in a plan that's right for you today and for years to come.

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

**P.S. Enroll today for your earliest possible plan start date.**

\* infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," **[December, 2010]**; [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call **[1-800-523-5800]** to request a copy of the full report.

\*\* Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2011.  
<http://www.medpac.gov/Documents/Jun11DataBookEntireReport.pdf> (10 August, 2011) p. 55-57.

+ "December 2010 Medigap Enrollment & Market Share," **[May 2011]**, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call **[1-800-523-5800]** to request a copy of the full report.

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AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [1-888-663-4099], toll-free, or visit us on the Web at [[www.medsupeducation.com](http://www.medsupeducation.com)].

**The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare) and are not part of insurance coverage and may be discontinued at any time.** AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs. **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 [[GoLong.com](http://GoLong.com)]

AARP MEDICARE SUPPLEMENT INSURANCE PLANS  
Insured by UnitedHealthcare Insurance Company

# Contents

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## Your Plans and Rates

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

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## Exclusive Member Services

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

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## Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply complete the enclosed AARP Medicare Supplement Insurance Plan enrollment form. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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 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

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

**Join the [2.9 million] members\* who  
put their trust in an AARP® Medicare  
Supplement Insurance Plan.**

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

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.

*((Paragraph below prints for untailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about all the plans available to you. Please spend some time reading through this guide and comparing these plans to your current plan. If you've already done so, you can disregard this package.

*((Paragraph below prints for tailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about [Plan X] [Plans X and X] [Plans X, X and X] [Select Plan X] [Select Plans X and X] [Plan X and Select Plan X] [Plan X and Select Plans X and X] [Plans X, X and Select Plan X], which you asked for. Please spend some time reading through this guide and comparing these highlighted plans to your current plan. If you've already done so, you can disregard this package.

**LA25898AR**

**Feeling secure is knowing an AARP Medicare Supplement Insurance Plan could save you up to thousands of dollars in out-of-pocket expenses.\*\***

Medicare only pays about 80% of your Part B expenses – costs related to doctors visits and outpatient care – but with Medicare supplement insurance, you can get help with these expenses. This package can help you understand these plans and enroll in a plan that fits your needs.

*((Paragraph below prints for untailed letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates.

*((Paragraph below prints for tailored letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates. You'll notice that the particular [plan] [plans] you requested information on [is] [are] highlighted in yellow on this chart.

If you have any questions, just call [1-888-663-4099].

This offer comes from UnitedHealthcare, which provides Medicare supplement plans to more people nationwide than any other insurer.<sup>†</sup> These are the only Medicare supplement plans that carry the AARP name. And that's not all...

**Here are five reasons to keep reading:**

**1. Pays about 20% of the Medicare Part B expenses that Medicare does not pay**

Since Medicare pays only about 80% of your Medicare Part B expenses (costs related to doctors visits and outpatient care), 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 may 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 three 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 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.

##### **Vision discounts**

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.**

**Rely on our experience and expertise for help with this important decision.**

Review *Your Decision Guide* and the simple explanations to learn more about AARP Medicare Supplement Insurance Plans. If you have any questions, call **[1-888-663-4099]** and talk with one of our licensed insurance agents. They can help you with the information you need to understand and enroll in a plan that's right for you today and for years to come.

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

**P.S. Enroll today for your earliest possible plan start date.**

\* infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," **[December, 2010]**; [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call **[1-800-523-5800]** to request a copy of the full report.

\*\* Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2011.  
<http://www.medpac.gov/Documents/Jun11DataBookEntireReport.pdf> (10 August, 2011) p. 55-57.

+ "December 2010 Medigap Enrollment & Market Share," **[May 2011]**, [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call **[1-800-523-5800]** to request a copy of the full report.

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AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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 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

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

**Join the [2.9 million] members\* who  
put their trust in an AARP® Medicare  
Supplement Insurance Plan.**

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

Dear [Sample A. Sample],

Thank you for your recent request for information about AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

*((Paragraph below prints for untailed letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about all the plans available to you. Please spend some time reading through this guide. It was designed to help you understand how AARP Medicare Supplement Plans work with Medicare Parts A & B. If you've already enrolled, you can disregard this package.

*((Paragraph below prints for tailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about [Plan X] [Plans X and X] [Plans X, X and X] [Select Plan X] [Select Plans X and X] [Plan X and Select Plan X] [Plan X and Select Plans X and X] [Plans X, X and Select Plan X], which you asked for. Please spend some time reading through this guide. It was designed to help you understand how AARP Medicare Supplement Plans work with Medicare Parts A & B. If you've already enrolled, you can disregard this package.

LA25899AR

**Feeling secure is knowing an AARP Medicare Supplement Insurance Plan could save you up to thousands of dollars in out-of-pocket expenses.\*\***

Medicare only pays about 80% of your Part B expenses – costs related to doctors visits and outpatient care – but with Medicare supplement insurance, you can get help with these expenses. This package can help you understand these plans and enroll in a plan that fits your needs.

*((Paragraph below prints for untailed letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates.

*((Paragraph below prints for tailored letters))*

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates. You'll notice that the particular [plan] [plans] you requested information on [is] [are] highlighted in yellow on this chart.

Medicare Select Plans offer you the same supplemental benefits as traditional AARP Medicare Supplement Plans, but you **pay a lower monthly rate**<sup>†</sup> by using one of the Medicare-certified hospitals listed in the enclosed directory for inpatient hospital stays. For example, if you choose Medicare Select Plan C, you'll get the exact same benefits as traditional Medicare Supplement Plan C offers, only you'll pay a lower monthly rate since you're using a network-approved hospital.

If you have any questions, just call [1-888-663-4099].

This offer comes from UnitedHealthcare, which provides Medicare supplement plans to more people nationwide than any other insurer.<sup>†</sup> These are the only Medicare supplement plans that carry the AARP name. And that's not all...

**Here are five reasons to keep reading:**

**1. Pays about 20% of the Medicare Part B expenses that Medicare does not pay**

Since Medicare pays only about 80% of your Medicare Part B expenses (costs related to doctors visits and outpatient care), 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 will 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. Enjoy guaranteed acceptance – you can't be turned down**

The law guarantees your acceptance into a Medicare supplement insurance plan for six months after you turn 65 and enroll in Medicare Part B. You will be accepted into any plan listed on the *Your Plans and Rates* chart in the enclosed booklet.

If you enroll within six months after turning 65 and enrolling in Medicare Part B, you will also receive a “pre-existing conditions 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 a doctor gave medical advice, or recommended, or gave treatment within three 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 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.

#### **Vision discounts**

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.**

**Rely on our experience and expertise for help with this important decision.**

Review *Your Decision Guide* and the simple explanations to learn more about AARP Medicare Supplement Insurance Plans and Medicare Select Insurance Plans. If you have any questions, call [\[1-888-663-4099\]](tel:1-888-663-4099) and talk with one of our licensed insurance agents. They can help you with the information you need to understand and enroll in a plan that's right for you today and for years to come.

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

**P.S. Enroll today for your earliest possible plan start date.**

\* infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [\[December, 2010\]](#); [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [\[1-800-523-5800\]](tel:1-800-523-5800) to request a copy of the full report.

\*\* Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2011.  
<http://www.medpac.gov/Documents/Jun11DataBookEntireReport.pdf> (10 August, 2011) p. 55-57.

♦ Annual savings shown are based on [\[2011\]](#) rates for AARP Medicare Select Plan C or F compared to the traditional AARP Medicare Supplement Plan C or F. Savings vary between [\[12%-38%\]](#) depending on the state in which you live.

† "December 2010 Medigap Enrollment & Market Share," [\[May 2011\]](#), [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [\[1-800-523-5800\]](tel:1-800-523-5800) to request a copy of the full report.

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AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [1-888-663-4099], toll-free, or visit us on the Web at [[www.medsupeducation.com](http://www.medsupeducation.com)].

**The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare) and are not part of insurance coverage and may be discontinued at any time.** AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs. **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 [[GoLong.com](http://GoLong.com)]

AARP MEDICARE SUPPLEMENT INSURANCE PLANS  
Insured by UnitedHealthcare Insurance Company

# Contents

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## **Your Plans and Rates**

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

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## **Exclusive Member Services**

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

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## **Reference Materials**

### **Commonly Asked Questions**

Read common questions and answers about Medicare supplement insurance.

### **Glossary**

Find the meaning of insurance terms underlined in this booklet.

### **Important Information**

Find important legal information you should review.

### **Outline of Coverage**

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## **Ready to enroll?**

Simply complete the enclosed AARP Medicare Supplement Insurance Plan enrollment form. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.com).

# Commonly Asked Questions

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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 [2012] *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](http://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](http://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 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, 1-888-663-4099, 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.

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### **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.

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### **The AARP Insurance Trust**

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare Insurance Company, not by AARP or its affiliates. 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. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare 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**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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 does not employ or endorse agents, brokers or producers.

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

Prepared For: [Sample A. Sample]  
Requested By:  
[Sample A. Sample]  
1234 Main St.  
XXXXXXXXXX  
Anytown, ST 12345]

**Join the [2.9 million] members\* who  
put their trust in an AARP® Medicare  
Supplement Insurance Plan.**

*((Callout below prints when reply-by date is on the record layout))*

**Reply by [XX/XX/XXXX] for your  
plan to start on [XX/XX/XXXX].**

Call [1-888-663-4099],  
Monday to Friday, 7 a.m. to 11 p.m.  
and Saturday, 9 a.m. to 5 p.m., ET.  
TTY: 711  
[GoLong.com]

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.

*((Paragraph below prints for untailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about all the plans available to you. Please spend some time reading through this guide and comparing these plans to your current plan. If you've already done so, you can disregard this package.

*((Paragraph below prints for tailored letters))*

In the last few weeks, you received a package called *Your Decision Guide*, with information about [Plan X] [Plans X and X] [Plans X, X and X] [Select Plan X] [Select Plans X and X] [Plan X and Select Plan X] [Plan X and Select Plans X and X] [Plans X, X and Select Plan X], which you asked for. Please spend some time reading through this guide and comparing these highlighted plans to your current plan. If you've already done so, you can disregard this package.

LA25900AR

**Feeling secure is knowing an AARP Medicare Supplement Insurance Plan could save you up to thousands of dollars in out-of-pocket expenses.\*\***

Medicare only pays about 80% of your Part B expenses – costs related to doctors visits and outpatient care – but with Medicare supplement insurance, you can get help with these expenses. This package can help you understand these plans and enroll in a plan that fits your needs.

***((Paragraph below prints for untailed letters))***

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans and Medicare Select Plans available in [State] and your individual plan rates.

***((Paragraph below prints for tailored letters))***

For your convenience, the personalized *Your Plans and Rates* chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans and Medicare Select Plans available in [State] and your individual plan rates. You'll notice that the particular [plan] [plans] you requested information on [is] [are] highlighted in yellow on this chart.

Medicare Select Plans offer you the same supplemental benefits as traditional AARP Medicare Supplement Plans, but you **pay a lower monthly rate**<sup>♦</sup> by using one of the Medicare-certified hospitals listed in the enclosed directory for inpatient hospital stays. For example, if you choose Medicare Select Plan C, you'll get the exact same benefits as traditional Medicare Supplement Plan C offers, only you'll pay a lower monthly rate since you're using a network-approved hospital.

If you have any questions, just call [1-888-663-4099].

This offer comes from UnitedHealthcare, which provides Medicare supplement plans to more people nationwide than any other insurer.<sup>†</sup> These are the only Medicare supplement plans that carry the AARP name. And that's not all...

**Here are five reasons to keep reading:**

**1. Pays about 20% of the Medicare Part B expenses that Medicare does not pay**

Since Medicare pays only about 80% of your Medicare Part B expenses (costs related to doctors visits and outpatient care), 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 will 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 may 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 three 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 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.

#### **Vision discounts**

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.**

**Rely on our experience and expertise for help with this important decision.**

Review *Your Decision Guide* and the simple explanations to learn more about AARP Medicare Supplement Insurance Plans and Medicare Select Insurance Plans. If you have any questions, call [\[1-888-663-4099\]](tel:1-888-663-4099) and talk with one of our licensed insurance agents. They can help you with the information you need to understand and enroll in a plan that's right for you today and for years to come.

Go Long,

Susan Morisato  
President, Insurance Solutions  
UnitedHealthcare Insurance Company

**P.S. Enroll today for your earliest possible plan start date.**

\* infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [\[December, 2010\]](#); [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [\[1-800-523-5800\]](tel:1-800-523-5800) to request a copy of the full report.

\*\* Medicare Payment Advisory Commission (MedPAC). *A Data Book: Healthcare Spending and the Medicare Program*, June 2011.  
<http://www.medpac.gov/Documents/Jun11DataBookEntireReport.pdf> (10 August, 2011) p. 55-57.

♦ Annual savings shown are based on [\[2011\]](#) rates for AARP Medicare Select Plan C or F compared to the traditional AARP Medicare Supplement Plan C or F. Savings vary between [\[12%-38%\]](#) depending on the state in which you live.

† "December 2010 Medigap Enrollment & Market Share," [\[May 2011\]](#), [www.uhcmedsupstats.com](http://www.uhcmedsupstats.com) or call [\[1-800-523-5800\]](tel:1-800-523-5800) to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use

of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

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

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

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

**Get a Free Guide:** You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide is free and briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [1-888-663-4099], toll-free, or visit us on the Web at [[www.medsupeducation.com](http://www.medsupeducation.com)].

**The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (UnitedHealthcare) and are not part of insurance coverage and may be discontinued at any time.** AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs. **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 [GoLong.com](https://www.golong.com)

AARP MEDICARE SUPPLEMENT INSURANCE PLANS  
Insured by UnitedHealthcare Insurance Company

# Contents

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## Your Plans and Rates

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

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## Exclusive Member Services

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

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## Reference Materials

### Commonly Asked Questions

Read common questions and answers about Medicare supplement insurance.

### Glossary

Find the meaning of insurance terms underlined in this booklet.

### Important Information

Find important legal information you should review.

### Outline of Coverage

Review the detailed information about your plan choices, benefits, and rules that apply. All insurance companies must give you these documents by law.

## Ready to enroll?

Simply complete the enclosed AARP Medicare Supplement Insurance Plan enrollment form. (If you are not already an AARP member, we've included an application to make it easy for you to join.) You can return the form(s) in the envelope provided.

**Important Notice:** *A 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 1.888.663.4099, toll-free, or visit [GoLong.com](http://GoLong.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 [2012], the Part B amount that you are responsible for is [\$140.00]. 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 [1.888.663.4099].

## 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 [1.888.663.4099] 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 [2012] *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](http://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](http://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:**

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# 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 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, 1-888-663-4099, 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.

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### **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.

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### **The AARP Insurance Trust**

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare Insurance Company, not by AARP or its affiliates. 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. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare 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**

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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 does not employ or endorse agents, brokers or producers.

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

SERFF Tracking Number: UHLC-128204560 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:  
Company Tracking Number: LA25889AR  
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
Product Name: GROUP MEDICARE SUPPLEMENT PLANS  
Project Name/Number: ADVERTISING/LA25889AR

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> STATEMENT OF VARIABILITY	Filed-Closed	<b>Date:</b> 03/27/2012
<b>Comments:</b> SEE ATTACHED STATEMENT OF VARIABILITY.		
<b>Attachment:</b> AR SOV.pdf		

**STATEMENT OF VARIABILITY – ARKANSAS**

<p><b>Variable Copy for:</b></p> <p>LA25889AR LA25890AR LA25891ST LA25892ST LA25897AR LA25898AR LA25899AR LA25900AR</p> <p><b>All variables listed below do not appear in every letter. This list is a collective explanation of all variables that appear in all submitted letter versions. Simply look for the variable copy in the left-hand column and find a description in the right-hand column.</b></p>	<p><b>Description:</b></p>
<p>[Sample A. Sample]</p>	<p>Name of prospect.</p>
<p>[Sample A. Sample 1234 Main St. XXXXXXXXXX Anytown, ST 12345]</p>	<p>Name and address of prospect.</p>
<p>[2.9 million]</p>	<p>[2.9 million] is the current number of AARP members who are enrolled in an AARP Medicare Supplement Insurance Plan.</p>
<p>Reply by [XX/XX/XXXX] for your plan to start on [XX/XX/XXXX].</p>	<p>[XX/XX/XXXX] will fill with the date that the consumer must apply by in order to get the earliest plan effective date.</p>
<p>[1-888-663-4099]</p>	<p>Customer Service phone number used for this particular campaign.</p>
<p>[GoLong.com]</p>	<p>Website used for this campaign</p>
<p>[[A popular plan] [Popular plans] in [state] [is] [are] highlighted: [Plan X] [Plans X and X].]</p>	<p>When prospects request information, but do not specify specific plans to send information on, their package will contain either of the following: “A popular plan in Arkansas is highlighted.” or “Popular plans in Arkansas are highlighted:.”</p>

	<p>Depending on the above, either one of the popular AARP plans available in Arkansas or two of the popular AARP plans available in Arkansas will fill into “Plan X” or “Plans X and X.”</p> <p>Note: Arkansas will fill into the area that says “[state]”</p>
<p>This chart highlights the [plan] [plans] you recently asked for when you called: [Plan X] [Plans X and X] [Plans X, X and X].</p>	<p>Lists either the plan or plans that the prospect expressed an interest in when inquiring for more information.</p>
<p>Popular plans in [state] are highlighted: [Plans X and X].</p>	<p>When prospects request information, but do not specify specific plans to send information on, their package will contain the following: “Popular plans in Arkansas are highlighted:. Two of AARP’s popular plans in Arkansas will fill in after this statement.</p> <p>Note: Arkansas will fill into the area that says “[state]”</p>
<p>This chart highlights the [plan] [plans] you recently asked for when you called: [Medicare Select Plan X] [Medicare Select Plans X and X] [Medicare Select Plan X, and] [Medicare Select Plans X and X, and] [Plan X] [Plans X and X].</p>	<p>Lists either the plan or plans that the prospect expressed an interest in when inquiring for more information.</p>
<p>In the last few weeks, you received a package called <i>Your Decision Guide</i>, with information about [Plan X] [Plans X and X] [Plans X, X and X] [Select Plan X] [Select Plans X and X] [Plan X and Select Plan X] [Plan X and Select Plans X and X] [Plans X, X and Select Plan X], which you asked for.</p>	<p>Lists either the plan or plans that the prospect expressed an interest in when inquiring for more information.</p>
<p>For your convenience, the personalized <i>Your Plans and Rates</i> chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates.</p>	<p>[state] will fill in with “Arkansas.”</p>
<p>For your convenience, the personalized <i>Your Plans and Rates</i> chart in the enclosed booklet outlines all the AARP Medicare Supplement Plans available in [State] and your individual plan rates. You’ll notice that the particular [plan][plans] you requested information on [is] [are] highlighted in yellow on this chart.</p>	<p>[state] will fill in with “Arkansas.”</p> <p>Either “plan” or “plans” will fill in, depending on whether prospect requested information on one plan or more than one plan. Same thing with “is” and “are.”</p>
<p>*infogroup/ORC, “Substantiation of Advertising Claims Concerning AARP Medicare Supplement</p>	<p>[December 2010] is the date the study was conducted.</p>

Insurance Plans,” [December, 2010]; www.uhcmcdsupstats.com or call [1-800-523-5800] to request a copy of the full report.	[1-800-523-5800] is the current phone number prospects can call to request a copy of the report.
* “December 2010 Medigap Enrollment & Market Share,” [May 2011], www.uhcmcdsupstats.com or call [1-800-523-5800] to request a copy of the full report.	[May 2011] is the date the study was conducted.  [1-800-523-5800] is the current phone number prospects can call to request a copy of the report.
If you are interested in receiving this free guide, please call [1-888-663-4099], toll-free, or visit us on the Web at [www.medsupeducation.com].	[1-888-663-4099] is the customer service phone number used for this particular campaign.  [www.medsupeducation.com] is the current website prospects can visit to request a copy of <i>A Guide to Health Insurance for People with Medicare</i> .

<b>Variable Copy for: Take the Next Step</b>	<b>Description:</b>
[Highlighted are popular plans in [state].]	For prospects who did not request information on a specific plan. The state of Arkansas will fill into the area showing [state].
[Highlighted are the plans you recently requested when you spoke to a phone representative.]	For prospects who requested information on specific plans.
[Or enroll online at GoLong.com.]	Statement included when prospect is able to enroll online.
[XX,XX,XXXX]	[XX/XX/XXXX] will fill with the date that the consumer must apply by in order to get the earliest plan effective date.

<b>Variable Copy for: Commonly Asked Questions</b>	<b>Description:</b>
[2012] , [\$140.00]	Indicates year and Part B deductible.
[711]	Current TTY number for hearing impaired.

[1.866.863.6764]	Hispanic customer service number used for this campaign.
[2012]	Indicates current year of publication.
[1.800.MEDICARE (1.800.633.4227)] , [1.877.486.2048].	Indicates current phone / TTY numbers to reach governmental Medicare Helpline.