Medicare Supplement Enrollment Kit

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

New York

Rates are for January 1, 2026 - December 1, 2026 plan effective dates.
Edition date: 10/13/25.

AARP® Medicare Supplement from UnitedHealthcare®

BC10064NY

There for you now, and in the future.

Like many on Medicare, you may be looking for additional benefits to help pay for some of the out-of-pocket medical expenses not covered. Medicare Supplement insurance plans offer standardized benefits to help keep you covered. With an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company of New York (UnitedHealthcare), you may enjoy:

Experience

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

Freedom

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

Stability

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

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

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

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

AARP® | Medicare Supplement
from UnitedHealthcare®
UnitedHealthcare Insurance Company of New York (UnitedHealthcare)

Important Notice: You are entitled to receive a "Guide to Health Insurance for People with Medicare." This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

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

[1] From a report prepared for UnitedHealthcare by Human8, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," June 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

[2] From a report prepared for UnitedHealthcare by Mark Farrah Associates, "December 2023 Medigap Enrollment & Market Share," June 2024, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

[3] From a report prepared for UnitedHealthcare by Human8, "2023 Medicare Supplement Plan Satisfaction Posted Questionnaire," May 2023, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance Plans. UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just $20.00 a year).

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

Plans are available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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

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

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

Gym Membership and More

For plans effective January 1, 2026 and later

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

Gym Membership

Renew Active® is a fitness program for body and mind. Renew Active is focused on helping the Medicare population maintain functional mobility and cognitive health through:

- A gym membership at no additional cost to you.
- Access to a large network of national gyms and fitness locations with a wide variety of fitness classes.
- Access to thousands of on-demand workout videos and live streaming fitness classes.
- An online program offering content about brain health with exclusive content for Renew Active members, from AARP® Staying Sharp®.

Brain Health

AARP® Staying Sharp® is an online program focused on brain health and overall health and wellness. It's packed with exclusive content for Renew Active members and helps you build healthier habits based on the six pillars of brain health.

24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages. Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.

These offers are available at no additional cost to you and only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company of New York. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits and are subject to geographical availability. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company of New York. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

AARP® | Medicare Supplement from UnitedHealthcare®

Renew Active Fitness Program
Participation in the Renew Active® program is voluntary. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market.

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

Nurse line
The information provided through these services is for informational purposes only. Your health information is kept confidential in accordance with applicable law. This is not a substitute for your doctor's care. Nurses and other representatives from these services cannot diagnose problems or recommend treatment. All decisions about medications, vision care, hearing care, health and wellness care or other care is between you and your health care provider. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

AARP Medicare Supplement Insurance Plans
AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company of New York. UnitedHealthcare Insurance Company of New York pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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

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

Plans are available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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

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

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

Bright Ways To Save

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

TAKE $24 OFF with Electronic Funds Transfer

You'll save $2.00 off your total monthly premium, or $24 per year, when you use the convenient and easy payment option, Electronic Funds Transfer (EFT). Your monthly payments are automatically forwarded by your bank, which means no checks to write and no postage to pay. Simply complete the EFT form located in this booklet.

SAVE $24 per year with the Annual Payer Discount

Take $24 off your total premium when you pay your entire 12-month premium.

Note: Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined.

LOCK In Your Premium with the Rate Guarantee

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

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

AARP® | Medicare Supplement from UnitedHealthcare®

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

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

Plans are available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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

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

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

Overview of Available Plans

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

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

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

Note: A ✔ means 100% of this benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Medicare Part B coinsurance or Copayment	✔	✔	✔	✔	50%	75%	✔	✔ copays apply[3]	✔	✔
Blood (first three pints)	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Part A hospice care coinsurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Skilled nursing facility coinsurance			✔	✔	50%	75%	✔	✔	✔	✔
Medicare Part A deductible		✔	✔	✔	50%	75%	50%	✔	✔	✔
Medicare Part B deductible									✔	✔
Medicare Part B excess charges				✔						✔
Foreign travel emergency (up to plan limits)			✔	✔			✔	✔	✔	✔
Out-of-pocket limit in 2025[2]					$7220[2]	$3610[2]				

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G is only available on or after January 1, 2020, and does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of- pocket yearly limit.

[3] Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

PREMIUM INFORMATION

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

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR CERTIFICATE CAREFULLY

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

RIGHT TO RETURN CERTIFICATE

If you find that you are not satisfied with your coverage, you may return the certificate to:

UNITEDHEALTHCARE
PO BOX 9003
HUNTINGDON VALLEY PA 19006-9998

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments.

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

POLICY REPLACEMENT

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

NOTICE

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

Important Note about the Plan Information in This Package

The deductibles and co-payments shown in this package are the 2025 amounts.

If Medicare decides to make a change for 2026, your AARP® Medicare Supplement Plan benefits will automatically change to match any increase in the deductibles and co-payments.

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

AARP | Medicare Supplement from UnitedHealthcare

ATTENTION Applicants

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

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

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

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

SA25845NY

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

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

Plans Available to All Applicants						Medicare first eligible before 2020 only[1]	
Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C[1]	Plan F[1]
Standard Rates							
$223.00	$323.00	$372.50	$113.75	$230.75	$299.00	$443.00	$419.00

These rates are for plan effective dates from January 2026 - December 2026 and may change.

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

NEW YORK Area 1 ZIP Codes

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

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

NEW YORK Area 1 ZIP Codes CONTINUED

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

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

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

Plans Available to All Applicants						Medicare first eligible before 2020 only[1]	
Plan A	Plan B	Plan G	Plan K	Plan L	Plan N	Plan C[1]	Plan F[1]
Standard Rates							
$203.00	$294.00	$336.25	$103.50	$210.00	$279.25	$399.50	$378.00

These rates are for plan effective dates from January 2026 - December 2026 and may change.

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

NEW YORK Area 2 ZIP Codes

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

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

NEW YORK Area 2 ZIP Codes CONTINUED

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

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$0	$1,676 (Part A deductible)
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	$0	Up to $209.50 per day
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan A (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan A Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B

Service		Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible
	Remainder of Medicare-approved amounts	80%	20%	$0

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan B

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan B pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,676 (Part A deductible	$0
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	$0	Up to $209.50 per day
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan B (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan B pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B

Service		Medicare Pays	Plan B Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	$0

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan C Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,676 (Part A deductible	$0
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $209.50 per day	$0
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan C (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan C Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B

Service		Medicare Pays	Plan C Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan C Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First $250 of each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,676 (Part A deductible	$0
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $209.50 per day	$0
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges Above Medicare-approved amounts		$0	100%	$0
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B

Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$257 (Part B deductible)	$0
	Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First $250 of each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,676 (Part A deductible	$0
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $209.50 per day	$0
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		**Medicare Pays**	**Plan G Pays**	**You Pay**
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges Above Medicare-approved amounts		$0	100%	$0
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$0	$257 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B				
Service		**Medicare Pays**	**Plan G Pays**	**You Pay**
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits not covered by Medicare				
Service		**Medicare Pays**	**Plan G Pays**	**You Pay**
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First $250 of each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan K Pays	You Pay[2]
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$838 (50% of Part A deductible	$838 (50% of Part A deductible)♦
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $104.75 per day	Up to $104.75 per day♦
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	50%	50%♦
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/ co-insurance	50% of Medicare co-payment/ co-insurance♦

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Notes

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

2 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $7220 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		**Medicare Pays**	**Plan K pays**	**You Pay[3]**
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)[4] ♦
	Preventive Benefits for Medicare covered services	Generally 80% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $7220)[3]
Blood	First 3 pints	$0	50%	50%♦
	Next $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)[4] ♦
	Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10%♦
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B				
Service		**Medicare Pays**	**Plan K Pays**	**You Pay[3]**
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0

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Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $7220 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

4 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

Parts A and B				
Service		**Medicare Pays**	**Plan K Pays**	**You Pay[3]**
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[5]	$0	$0	$257 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	10%	10%♦

Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $7220 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

Plan Benefit Tables: Plan L

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan L Pays	You Pay[2]
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,257 (75% of Part A deductible	$419 (25% of Part A deductible)♦
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $157.13 per day	Up to $52.37 per day♦
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	75%	25%♦
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	75% of co-payment/ co-insurance	25% of Medicare co-payment/ co-insurance♦

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Notes

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

2 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $3610 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		**Medicare Pays**	**Plan L Pays**	**You Pay[3]**
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)[4] ♦
	Preventive Benefits for Medicare covered services	Generally 80% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%♦
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $3610)[3]
Blood	First 3 pints	$0	75%	25%♦
	Next $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)[4] ♦
	Remainder of Medicare-approved amounts	80%	Generally 15%	Generally 5%♦
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B				
Service		**Medicare Pays**	**Plan L Pays**	**You Pay[3]**
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0

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Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $3610 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

4 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

Parts A and B				
Service		**Medicare Pays**	**Plan L Pays**	**You Pay[3]**
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[5]	$0	$0	$257 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	15%	5%♦

Notes

3 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $3610 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period[1]

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,676	$1,676 (Part A deductible	$0
	Days 61-90	All but $419 per day	$419 per day	$0
	Days 91 and later while using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
	After lifetime reserve days are used, an additional 365 days	$0	100% of Medicare eligible expenses	$0
	Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1] You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	Days 21-100	All but $209.50 per day	Up to $209.50 per day	$0
	Days 101 and later	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	$0

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Notes

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

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		**Medicare Pays**	**Plan N Pays**	**You Pay**
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services	Tests for diagnostic services	100%	$0	$0

Parts A and B				
Service		**Medicare Pays**	**Plan N Pays**	**You Pay**
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	$0	$0

Continued on next page

Notes

2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued				
Service		**Medicare Pays**	**Plan N Pays**	**You Pay**
Durable medical equipment Medicare-approved services	First $257 of Medicare-approved amounts[2]	$0	$0	$257 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First $250 of each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Notes
2 Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Your Guide to AARP Medicare Supplement Insurance Plans

AARP | Medicare Supplement from UnitedHealthcare

To help you choose the AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company of New York (UnitedHealthcare), to best meet your needs and budget, be sure to look at the information shown in this Guide and the other documents that show the expenses that Medicare pays, the benefits each Plan pays and the costs you will have to pay yourself. Also, be sure to review the Monthly Premium information. **Benefits and cost vary depending upon the Plan selected.**

Eligibility to Apply

To be eligible to apply, you must be an eligible AARP member, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. In New York, there is ongoing Guaranteed Acceptance so Medicare supplement plans are guaranteed available.

Exclusions

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

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

1. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
2. Individuals who, within the last 63 days, have been covered under other health insurance coverage or are replacing current health insurance coverage.

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

You Cannot Be Singled Out for Cancellation

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

The AARP Insurance Trust

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

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

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

General Information

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

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

By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare so your AARP Medicare Supplement Plan claims may be processed automatically.

UnitedHealthcare accepts insurance premium payments made by the insured or a relative or legal guardian on behalf of the insured. UnitedHealthcare reserves the right to decline insurance premium payments from third parties other than a relative or legal guardian of the insured.

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.**

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

These materials describe the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.

AARP | Medicare Supplement
from UnitedHealthcare

Enrollment Checklist

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

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

Application Form

- ❑ Be sure to review and complete each applicable section.
- ❑ Please only write comments where indicated on the application.
- ❑ Be sure to sign and date the application in all the places indicated.

AARP Membership Form

AARP membership is required to enroll in an AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company. If you are not currently an AARP member or are unsure, you may enroll, renew or verify in one of three ways:

- ❑ Log on to aarp.org/ActToday;
- ❑ Call toll-free 1-866-331-1964; or
- ❑ Complete the membership form and submit it with the plan application, along with a separate check for $20.00 payable to AARP.
  - Note: One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.

Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you may deduct $2 from the first month's premium check.

- ❑ Submit the completed form (signed and dated).

Notice to Applicants Regarding Replacement of Coverage

If you are replacing or losing current coverage as indicated on the form:

- ❑ Complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records.
  - The licensed insurance agent must also sign and date both copies of the form.

Conditional Receipt for New York Residents

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

New York Agent Required Disclosure

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

If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare Insurance Company
P.O. Box 105331
Atlanta, GA 30348-5331

(Over Please)

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

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

Plans are available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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

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

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

Application Form

AARP® Medicare Supplement Insurance Plans

Insured by
UnitedHealthcare Insurance Company of New York
(UnitedHealthcare), Islandia, NY 11749

Instructions

1. Fill in all requested information on this Application Form and sign in all places a signature is needed.

2. Print clearly, using CAPITAL letters AND black or blue ink - not pencil. *Example:* ☒ Yes ☐ No

3. Initial any changes or corrections you make while completing this Application Form.

Note: Plans and rates are only good for residents of the state of New York.

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AARP Membership Number (If you are already a member) _____

Applicant First Name MI Last Name

Permanent Home Address Line 1 (P.O. Box/PMB is not allowed)

Permanent Home Address Line 2 City State Zip

Mailing Address Line 1 (if different from permanent address)

Mailing Address Line 2 City State Zip

1 Provide additional information about yourself and your Medicare Insurance.

( ) -

1A. Phone Number **1B.** Email address (optional). Include periods (.) and symbols (@).

By providing your address, phone number and/or email address, you are agreeing to receive information and be contacted by UnitedHealthcare Insurance Company of New York.

1C. Birthdate ____/____/____ (Month / Day / Year) **1D.** Gender ☐ Male ☐ Female

1E. Medicare Number_____ (From your Medicare card.)

1F. Medicare Start: Hospital (Part A) ____/ 01 /____ (Month / Year) Medical (Part B) ____/ 01 /____ (Month / Year)

1G. Will your Medicare Part A and Part B be active on your AARP Medicare Supplement Plan start date? ☐ Yes ☐ No

2460720307 _AGT

First Name Last Name

2 Choose your Plan and start date.

Plan Choice

2A. You are eligible to apply if all of these are true:

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare supplement plan at the same time.

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

☐ Plan A ☐ Plan B
☐ Plan C
☐ Plan F ☐ Plan G
☐ Plan K ☐ Plan L
☐ Plan N

Plan Start Date

2B. Your Plan will start on the first day of the month following receipt and approval of this Application Form and receipt of your first month's payment. If you would like your Plan to start on a later date (the first day of a future month), please indicate the date:

/ 01 /
Month Day Year

3 Your past and current coverage

Review the statements.

- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy must be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. Upon receipt of timely notice, the issuer must either return to the certificate holder that portion of the premium attributable to the period of Medicaid eligibility, or provide coverage to the end of the term for which premiums were paid, at the option of the insured, subject to adjustment for paid claims. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your Application Form.

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First Name Last Name

3 Your past and current coverage (continued)

PLEASE ANSWER ALL QUESTIONS.	
To the best of your knowledge, **3A.** Did you turn age 65 in the last 6 months?	☐Yes ☐No
3B. Did you enroll in Medicare Part B in the last 6 months?	☐Yes ☐No
3C. If YES, what is the effective date?	/01/ Month Day Year
Questions about Medicaid	
3D. Are you covered for medical assistance through the state Medicaid program? (Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question. **If YES, you must answer Questions 3E and 3F.**	☐Yes ☐No
3E. Will Medicaid pay your premiums for this Medicare supplement policy?	☐Yes ☐No
3F. Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?	☐Yes ☐No
Questions about Medicare Advantage plans (sometimes called Medicare Part C)	
3G. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)? **If YES, you must answer Questions 3H through 3K.**	☐Yes ☐No
3H. Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.	**Start Date** / / Month Day Year **End Date** / / Month Day Year
3I. If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.) **If YES, please enclose a copy of the Replacement Notice.**	☐Yes ☐No
3J. Was this your first time in this type of Medicare plan?	☐Yes ☐No
3K. Did you drop a Medicare supplement policy to enroll in the Medicare plan?	☐Yes ☐No
Questions about Medicare supplement plans	
3L. Do you have another Medicare supplement policy in force? If so, what insurance company and what plan do you have? Insurance Company: _____ Policy: _____ **If YES, you must answer Question 3M.**	☐Yes ☐No

TEAR HERE

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First Name Last Name

3 Your past and current coverage (continued)

3M. Do you intend to replace your current Medicare supplement policy with this policy? **If YES, please enclose a copy of the Replacement Notice.**	☐Yes ☐No
Questions about any other type of health insurance coverage	
3N. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)? **If YES, you must answer Questions 3O through 3Q.**	☐Yes ☐No
3O. If so, with what insurance company and what kind of policy? **Insurance Company:**_____	**Policy:** ☐HMO/PPO ☐Major Medical ☐Employer Plan ☐Union Plan ☐Other_____
3P. What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.	**Start Date** ____/____/____ Month Day Year **End Date** ____/____/____ Month Day Year
3Q. Are you replacing this health insurance?	☐Yes ☐No

TEAR HERE

✗ _____ ____/____/____

Your Signature (required) **Today's Date** (required) Month Day Year

TEAR HERE

4 Verification of Application Information

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

- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **The sale of a Medicare supplement policy or certificate is prohibited where an individual has a Medicare supplement policy or certificate in force and does not desire to replace the existing policy or certificate or where the Medicare supplement policy or certificate would duplicate benefits to which the individual is entitled under a Medicare Advantage plan.**
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company of New York, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

First Name Last Name

4 Verification of Application Information (continued)

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

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

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

I understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 6 months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within 6 months prior to the insurance effective date.

TEAR HERE

My signature indicates I have read and understand all contents of this Application Form and have answered all questions to the best of my ability.

X _____ / /

Your Signature (required) **Today's Date** (required)
Month Day Year

Note: If you are signing as the legal representative (e.g., POA, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐

5 Authorization for Verification of Information

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

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare Insurance Company of New York and its affiliates ("The Company") any data or records about me or my mental or physical health. I understand the purpose of this disclosure and use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. This authorization is valid for 24 months from the date of my signature.

TEAR HERE

My signature indicates I have read and understand all contents of this Application Form and have answered all questions to the best of my ability.

X _____ / /

Your Signature (required) **Today's Date** (required)
Month Day Year

Note: If you are signing as the legal representative (e.g., POA, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐

First Name Last Name

6 For Agent/Broker Use Only

Agent/Broker must complete the following information and include the notice of replacement coverage, if appropriate, with this Application Form. All information must be complete or the Application Form will be returned.

1. List any other health insurance policies issued to the applicant:

_____

_____

2. List policies issued which are still in force:

_____

_____

3. List policies issued in the past 5 years which are no longer in force:

_____

_____

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

Agent Name (PLEASE PRINT)_____ ___ _____
First Name MI Last Name

X _____ _____ _____/____/_____
Agent Signature (required) Agent ID (required) Today's Date (required)
Month Day Year

_____ ( ) -
Agent Email Address Agent Phone Number

X _____ _____
Broker Name Broker ID

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New York Agent Required Disclosure

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

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

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

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

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

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CONDITIONAL RECEIPT

UnitedHealthcare Insurance Company of New York
Islandia, NY 11749

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

$_____ Received from: _____
Name of Applicant

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

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

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

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

AGENT SIGNATURE (REQUIRED)_____

AGENT ID (REQUIRED)_____

TODAY'S DATE (REQUIRED) _____

AARP Member Benefits

Using just one benefit can pay for the cost of membership.

Join or renew AARP Membership and

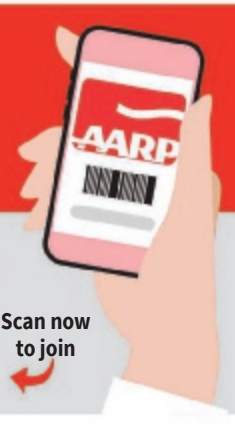
SAVE 25%*

when you sign up for **Automatic Renewal!**

Visit aarp.org/savetoday or call 1-866-331-1964

Plus, join today and receive a **FREE** second household membership

Scan now to join



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Explore everything AARP membership has to offer:

Health Care Products & Discounts

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

Community Involvement

Volunteer opportunities, social activities, safe driving courses and charitable programs.

Insurance & Financial Services

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

Advocacy That Matters

Fighting for you in your state and across the country to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits.

Travel Tips and Discounts

Travel tips and destination guides, insider tips, tools and travel advice.

Award-Winning Publications

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

***off AARP standard yearly price for your first year**

With AARP automatic renewal, you will be charged $15 for your first year. For any subsequent year you remain enrolled, you will be charged the full annual rate (currently $20) on the first day of the month in which your membership expires. You may cancel at any time by calling 1-800-516-1993.

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TEAR HERE

Or, join or renew your membership by mail.

Mail-in Membership Activation Form

Check or money order enclosed, payable to AARP.
(Send no cash, please.)

- ☐ 1 year/**$20**
- ☐ 3 years/**$55**
- ☐ 5 years/**$79**

AARP

VGCDUHCM

BA25608ST

Your Name *(please print)* _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

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

FREE Membership for Household Member

Spouse's/Partner's Name _____

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

AGT

Act today and make the most of membership.

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

Visit aarp.org/savetoday Or call 1-866-331-1964

Scan now to join.

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

- ✔ Medicare Supplemental Insurance
- ✔ Dental Coverage
- ✔ Hearing Care Discounts
- ✔ Vision Care Discounts
- ✔ AARP Medicare Resource Center
- ✔ Personalized Nutrition Resources
- ✔ Healthy Food Delivery Service
- ✔ AARP Hearing Center
- ✔ Family Caregiving Resources
- ✔ AARP Staying Sharp

AARP®

Return this form in the enclosed envelope.

Please allow 3-4 weeks for membership kit and gift. AARP is a nonprofit, nonpartisan organization. AARP offers member benefits, including those provided by unaffiliated third parties that pay AARP a royalty fee for use of its intellectual property. These fees are used for AARP's general purposes. Some benefits are age limited. One membership includes additional household member. Anyone 18+ can join. AARP shares member information with companies that provide member benefits and support AARP operations, as well as select nonprofits. To learn how we collect, use, and share data, or if you don't want your information shared with benefit providers or nonprofits, call 800-433-7419, email aarpmember@aarp.org, or visit aarp.org/privacy. Annual dues include - $4.45 for subscriptions to ***AARP The Magazine***, $3.35 to ***AARP Bulletin***. We may convert your check into an electronic deposit.

BA25608ST AGT

TEAR HERE

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Take advantage of the Electronic Funds Transfer (EFT) service!

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save $2.00 a month – or more.*

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

Benefits of the EFT service:

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

Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

Your EFT Start Date

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

Complete Form on Reverse ▶

This side for your information only, return not required.

SA26150ST

AUTOMATIC PAYMENT AUTHORIZATION FORM

☐ I allow UnitedHealthcare Insurance Company or an affiliate, together known as "UnitedHealthcare," to take monthly withdrawals, for the then-current monthly rate for the named member, from the bank account shown on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the individual's payment due each month. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name _____ AARP Member Number_____

Member Address _____

Street Address

_____

City State Zip Code

Bank Name_____

Bank Routing No. _____ Account Type: ☐ Checking

(9 digit number) ☐ Savings (statement savings only)

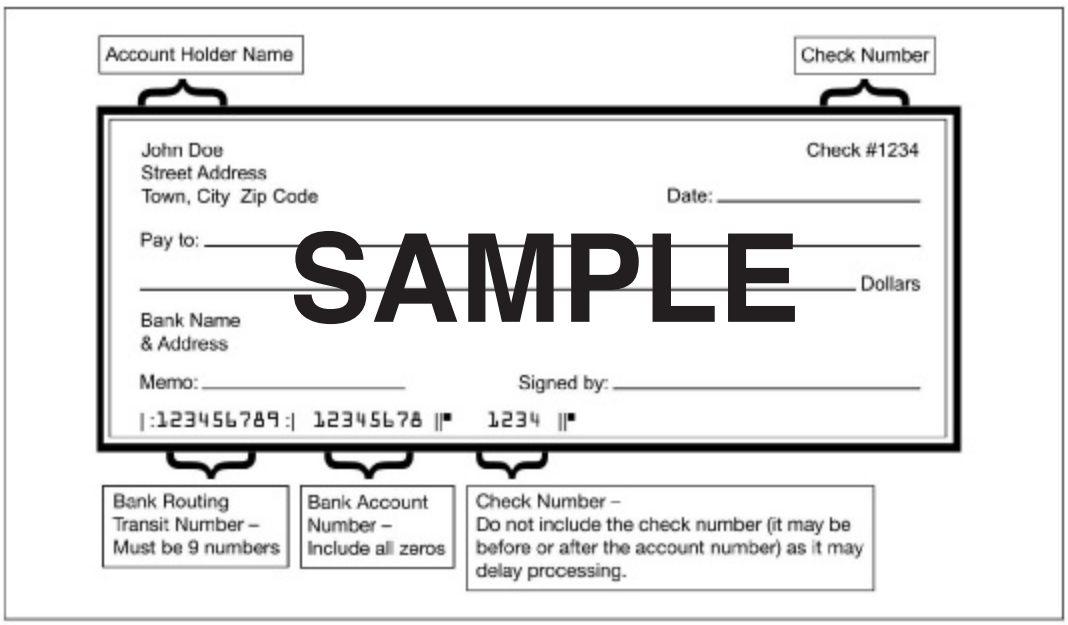
Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

Please refer to the diagram below of a sample check to obtain your bank routing information.



We look forward to continuing to serve you.

TEAR HERE

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Take advantage of the Electronic Funds Transfer (EFT) service!

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save $2.00 a month – or more.*

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

Benefits of the EFT service:

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

Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

Your EFT Start Date

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Member Address _____

Street Address

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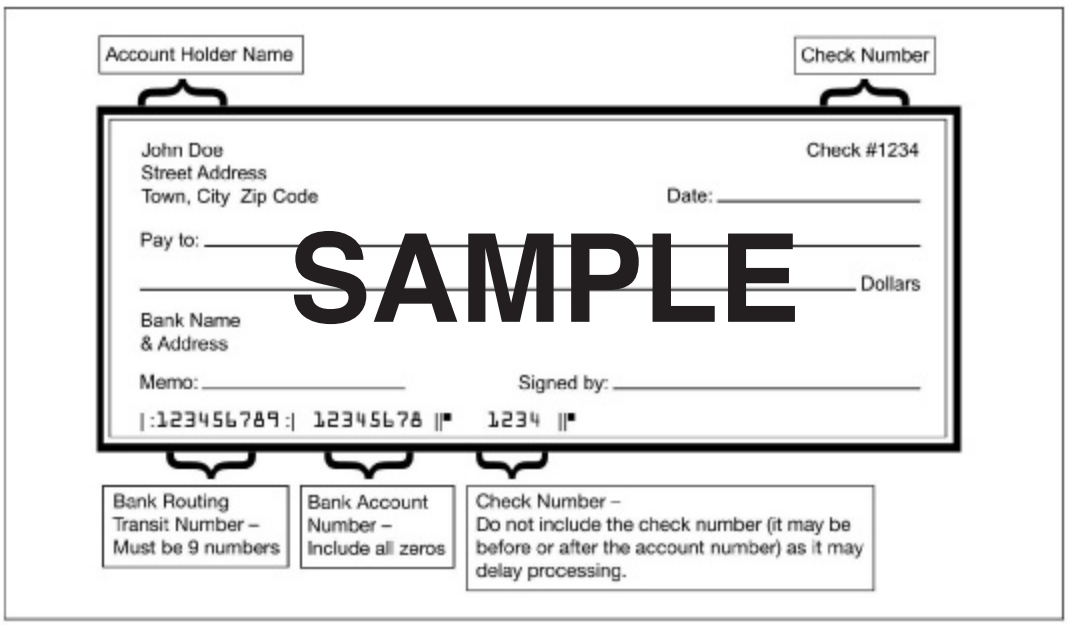

We look forward to continuing to serve you.

TEAR HERE

TEAR HERE

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

Islandia, New York

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

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

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

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

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

_____ Additional benefits.

_____ No change in benefits, but lower premiums.

_____ Fewer benefits and lower premiums

_____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

_____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.

_____ Other (Please Specify) _____

_____

_____

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

2. State regulation provides that in applying a pre-existing condition limitation, a Medicare Supplement issuer must credit the time the applicant was previously covered under creditable coverage (including Medicare Supplement insurance, Medicare Select coverage and Medicare Advantage plans) if the previous creditable coverage was continuous to a date not more than 63 days prior to the enrollment date of the new policy or certificate.

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

Do not cancel your present coverage until you have received your new certificate and are sure that you want to keep it.

_____

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

_____

(Applicant's Signature) (Date)

_____

(Applicant's Printed Name & Address)

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

Islandia, New York

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

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

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

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

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

_____ Additional benefits.

_____ No change in benefits, but lower premiums.

_____ Fewer benefits and lower premiums

_____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

_____ Disenrollment from a Medicare Advantage plan. Please explain reason for Disenrollment.

_____ Other (Please Specify) _____

_____

_____

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

2. State regulation provides that in applying a pre-existing condition limitation, a Medicare Supplement issuer must credit the time the applicant was previously covered under creditable coverage (including Medicare Supplement insurance, Medicare Select coverage and Medicare Advantage plans) if the previous creditable coverage was continuous to a date not more than 63 days prior to the enrollment date of the new policy or certificate.

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

Do not cancel your present coverage until you have received your new certificate and are sure that you want to keep it.

_____

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

_____

(Applicant's Signature) (Date)

_____

(Applicant's Printed Name & Address)

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TEAR HERE

TEAR HERE

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

UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

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

RN055 7/09

NOTICE OF AVAILABILITY AND LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call toll-free 1-800-523-5800 (TTY 711).

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame gratis al 1-800-822-0246 (TTY 711).

ملاحظة: إذا كنت تتحدث اللغة **العربية (Arabic)** ، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل مجاناً على 1-800-523-5800 (الهاتف النصي 711).

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। 1-800-523-5800 (TTY 711) টোল ফি নম্বরে কল করুন।.

注意：如果您說**中文 (Chinese),** 您可以獲得免費語言協助服務以及大字體等其他形式的免費通訊。請致電免付費電話 1-800-523-5800（聽力語言殘障服務專線（TTY 711）。

ATTENTION: Si vous parlez **français (French),** des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Veuillez appeler le 1-800-523-5800 (numéro vert) ou le 711 (ATS).

ATTENTION: Si w pale **Kreyòl Ayisyen (Haitian Creole),** gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele gratis 1-800-523-5800 (TTY 711).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie gebührenfrei 1-800-523-5800 (TTY 711) an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલો છો , તો મફત ભાષા સહાય સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. ટોલ-ફ્રી 1-800-523-5800 (TTY 711) પર કૉલ કરો.

XIN LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi số điện thoại miễn phí 1-800-523-5800 (TTY 711).

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। टोल-फ्री 1-800-523-5800 (TTY 711) पर कॉल करें।.

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami gratuitamente l'1-800-523-5800 (TTY 711).

ご注意：日本語（Japanese）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。 1-800-523-5800（TTY 711）にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 해당 서비스가 필요한 경우 무료 전화 1-800-523-5800 (TTY 711)번으로 전화해 주십시오.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. به رایگان با شماره 1-800-523-5800 (TTY 711) تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej oraz bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer 1-800-523-5800 (telefon tekstowy TTY: 711).

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue gratuitamente para 1-800-523-5800 (TTY 711).

ВНИМАНИЕ! Если вы говорите **на русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните бесплатно 1-800-523-5800 (телетайп TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag nang walang bayad sa 1-800-523-5800 (TTY 711).

توجہ: اگر آپ **اردو(Urdu)** بولتے ہیں تو، زبان کی مدد کی مفت خدمات اور دوسرے فارمیٹس میں مفت پیغام رسانی، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ ٹول فری کال کریں 1-800-523-5800 (TTY 711)

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Thank You for Applying for an AARP® Medicare Supplement Insurance Plan Insured by UnitedHealthcare Insurance Company

For Your Records:

You selected Plan _____ with a requested effective date (1st day of a future month) of _____/ _____/ _____.
Based on the information you provided, your monthly premium for the plan you selected may be $_____.

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

What's Next:

Once your application is received, you may expect your insured Member Identification (ID) Card to arrive. Using the information on the Member ID Card, you may register for a secure online account at **www.myaarpmedicare.com** to gain access to self-service tools and resources to help you manage both your plan and your health.

AARP® | Medicare Supplement
from UnitedHealthcare®

Let's stay connected.

As your licensed insurance agent contracted with UnitedHealthcare Insurance Company, I am here to help.

Name _____

Email _____

Phone _____

AARP® | Medicare Supplement from UnitedHealthcare®

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare. UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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

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

Plans are available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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

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

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

2026-AARP-EU-KNY31_000