

America's #1 Medicare Supplement Provider*



*From a report prepared for UnitedHealthcare Insurance Company by Mark Farrah Associates, "December 2019 Medigap Enrollment & Market Share," April 2020. UnitedHealthcare's nationwide Medigap market share of 32.1% (4.5 million of the total 13.5 million Medigap insureds) is more than any other individual insurance carrier. www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

Find out why UnitedHealthcare is the #1 provider of Medicare supplement plans in the nation.*

AARP® Medicare Supplement Insurance Plans, **insured by UnitedHealthcare Insurance Company (UnitedHealthcare)**, like any Medicare supplement insurance plans and Original Medicare (Parts A & B), work together to help keep your out-of-pocket medical costs not paid by Medicare, such as deductibles and other copays, to a minimum.



Any Doctor



Any Hospital



Anytime

MEDICARE SUPPLEMENT PLANS OFFER:

| | |
|----------------------|--|
| Doctor Choice | Select your own doctors and hospitals, as long as they accept Medicare patients. |
| Freedom | Your coverage goes with you when traveling anywhere in the U.S. |
| Flexibility | May change to another AARP Medicare Supplement Plan at any time.** |

Take charge of your health care.

Denise Montanile
201-258-9188

Licensed Insurance Agent/Producer Contracted
with UnitedHealthcare Insurance Company

AARP | Medicare Supplement
from  **UnitedHealthcare**

**In most states, except for NY, CT, MA and VT, if you choose to change plans, you may be underwritten and may not be accepted into the plan if you are outside of Open Enrollment or Guaranteed Issue Periods or, if accepted, your rates may change.

← MOST COMPREHENSIVE LEAST →

| AARP Medicare Supplement Plans | Plans available to all applicants | | | | | | Medicare first eligible before 2020 only* | |
|---|-----------------------------------|---------------------|----------------------|----------------------|----------|----------|---|----------|
| DESCRIPTION OF SERVICE | G | N | L¹ | K¹ | B | A | F | C |
| Medicare Part A (Hospitalization) Coinsurance plus 365 additional hospital days after Medicare benefits end | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A Deductible | ✓ | ✓ | 75% | 50% | ✓ | | ✓ | ✓ |
| Medicare Part B Coinsurance or Copayment | ✓ | Copoly ² | 75% | 50% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B Deductible ⁵ | | | | | | | ✓ | ✓ |
| Medicare Part B Excess Charges ³ | ✓ | | | | | | ✓ | |
| Blood (first three pints) | ✓ | ✓ | 75% | 50% | ✓ | ✓ | ✓ | ✓ |
| Foreign Travel Emergency (up to plan limit) ⁴ | 80% | 80% | | | | | 80% | 80% |
| Hospice Part A Coinsurance or Copayment and Respite Care Expense | ✓ | ✓ | 75% | 50% | ✓ | ✓ | ✓ | ✓ |
| Skilled Nursing Facility Coinsurance | ✓ | ✓ | 75% | 50% | | | ✓ | ✓ |
| 2022 Out-of-Pocket Limit (Plans K and L only) ¹ | | | \$3,310 | \$6,620 | | | | |

Benefits and costs vary depending on the plan chosen. Plans vary in MA, MI, MN, NC, NJ, and WI.

Plans vary by state; Medicare Select plans are available in some states. **Network restrictions apply.**

*NOTE: IMPORTANT: Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

*FOR NEW YORK RESIDENTS: 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.

¹ For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$233 in 2022), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

² Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

³ In New York, excess charges are limited to 5%. Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Vermont law generally prohibits a physician from charging more than the Medicare approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state. In Texas, the amount cannot exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

⁴ Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum for medically necessary emergency care received outside the U.S. during the first 60 days of each trip.

⁵ Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year. Chart reflects 2022 data.

Please note that you must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

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In some states, plans may be 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.

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE NUMBER SHOWN.