

Overview of Available Plans

Medicare Supplement Plans A, F, G and N are currently being offered by UnitedHealthcare Insurance Company of America.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

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 2024 ²					\$7060 ²	\$3530 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2800 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 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.

Monthly Plan Rates for Texas - Area 1
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$141.28	\$143.88	\$107.69	\$193.91	\$162.47	\$165.46	\$123.84	\$222.99
66	\$141.28	\$143.88	\$107.69	\$193.91	\$162.47	\$165.46	\$123.84	\$222.99
67	\$141.28	\$143.88	\$107.69	\$193.91	\$162.47	\$165.46	\$123.84	\$222.99
68	\$146.42	\$149.11	\$111.61	\$200.96	\$168.38	\$171.48	\$128.35	\$231.10
69	\$151.55	\$154.34	\$115.52	\$208.01	\$174.29	\$177.50	\$132.85	\$239.21
70	\$156.69	\$159.58	\$119.44	\$215.06	\$180.20	\$183.51	\$137.35	\$247.32
71	\$161.83	\$164.81	\$123.36	\$222.11	\$186.10	\$189.53	\$141.86	\$255.43
72	\$166.97	\$170.04	\$127.27	\$229.17	\$192.01	\$195.55	\$146.36	\$263.54
73	\$172.10	\$175.27	\$131.19	\$236.22	\$197.92	\$201.56	\$150.87	\$271.65
74	\$177.24	\$180.51	\$135.10	\$243.27	\$203.83	\$207.58	\$155.37	\$279.76
75	\$182.38	\$185.74	\$139.02	\$250.32	\$209.74	\$213.60	\$159.87	\$287.86
76	\$187.52	\$190.97	\$142.94	\$257.37	\$215.64	\$219.62	\$164.38	\$295.97
77	\$192.66	\$196.20	\$146.85	\$264.42	\$221.55	\$225.63	\$168.88	\$304.08
78	\$197.79	\$201.43	\$150.77	\$271.47	\$227.46	\$231.65	\$173.38	\$312.19
79	\$202.93	\$206.67	\$154.68	\$278.53	\$233.37	\$237.67	\$177.89	\$320.30
80	\$210.64	\$214.52	\$160.56	\$289.10	\$242.23	\$246.69	\$184.64	\$332.46
81	\$218.34	\$222.36	\$166.43	\$299.68	\$251.09	\$255.72	\$191.40	\$344.63
82	\$226.05	\$230.21	\$172.31	\$310.26	\$259.96	\$264.74	\$198.15	\$356.79
83	\$233.76	\$238.06	\$178.18	\$320.83	\$268.82	\$273.77	\$204.91	\$368.95
84	\$241.46	\$245.91	\$184.06	\$331.41	\$277.68	\$282.79	\$211.66	\$381.12
85	\$249.17	\$253.76	\$189.93	\$341.99	\$286.54	\$291.82	\$218.42	\$393.28

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 1
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$256.88	\$261.61	\$195.81	\$352.57	\$295.41	\$300.85	\$225.18	\$405.45

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$428.98	\$510.13	\$464.06	\$553.53	\$493.33	\$586.65	\$533.67	\$636.55

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$282.56	\$287.77	\$215.39	\$387.82	\$324.95	\$330.93	\$247.69	\$445.99
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$428.98	\$510.13	\$464.06	\$553.53	\$493.33	\$586.65	\$533.67	\$636.55

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 1
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

Note: The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1	Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$159.31	\$162.25	\$121.44	\$218.66	\$183.21	\$186.58	\$139.66	\$251.46
66	\$159.31	\$162.25	\$121.44	\$218.66	\$183.21	\$186.58	\$139.66	\$251.46
67	\$159.31	\$162.25	\$121.44	\$218.66	\$183.21	\$186.58	\$139.66	\$251.46
68	\$165.11	\$168.15	\$125.86	\$226.62	\$189.87	\$193.37	\$144.74	\$260.60
69	\$170.90	\$174.05	\$130.27	\$234.57	\$196.54	\$200.15	\$149.81	\$269.75
70	\$176.69	\$179.95	\$134.69	\$242.52	\$203.20	\$206.94	\$154.89	\$278.89
71	\$182.49	\$185.85	\$139.11	\$250.47	\$209.86	\$213.72	\$159.97	\$288.04
72	\$188.28	\$191.75	\$143.52	\$258.42	\$216.52	\$220.51	\$165.05	\$297.18
73	\$194.07	\$197.65	\$147.94	\$266.37	\$223.19	\$227.29	\$170.13	\$306.33
74	\$199.87	\$203.55	\$152.35	\$274.33	\$229.85	\$234.08	\$175.21	\$315.47
75	\$205.66	\$209.45	\$156.77	\$282.28	\$236.51	\$240.86	\$180.29	\$324.61
76	\$211.45	\$215.35	\$161.19	\$290.23	\$243.17	\$247.65	\$185.36	\$333.76
77	\$217.25	\$221.25	\$165.60	\$298.18	\$249.84	\$254.43	\$190.44	\$342.90
78	\$223.04	\$227.15	\$170.02	\$306.13	\$256.50	\$261.22	\$195.52	\$352.05
79	\$228.83	\$233.05	\$174.43	\$314.08	\$263.16	\$268.00	\$200.60	\$361.19
80	\$237.52	\$241.90	\$181.06	\$326.01	\$273.15	\$278.18	\$208.22	\$374.91
81	\$246.21	\$250.75	\$187.68	\$337.94	\$283.15	\$288.36	\$215.84	\$388.62
82	\$254.90	\$259.60	\$194.31	\$349.87	\$293.14	\$298.54	\$223.45	\$402.34
83	\$263.59	\$268.45	\$200.93	\$361.79	\$303.13	\$308.71	\$231.07	\$416.06
84	\$272.28	\$277.30	\$207.56	\$373.72	\$313.13	\$318.89	\$238.69	\$429.77
85	\$280.97	\$286.15	\$214.18	\$385.65	\$323.12	\$329.07	\$246.31	\$443.49

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 1
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$289.67	\$295.00	\$220.81	\$397.58	\$333.12	\$339.25	\$253.93	\$457.21

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$483.74	\$575.25	\$523.31	\$624.20	\$556.31	\$661.53	\$601.81	\$717.81

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$318.63	\$324.50	\$242.89	\$437.33	\$366.43	\$373.17	\$279.32	\$502.93
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$483.74	\$575.25	\$523.31	\$624.20	\$556.31	\$661.53	\$601.81	\$717.81

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Under 65 Monthly Plan Rates for Texas - Area 1

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Group 3	Applies to individuals age 50-64 who are eligible for Medicare by reason of Disability or by reason of End-Stage Renal Disease.
Age ¹	Plan A
Female Non-Tobacco Rate	
50-64	\$1,638.89
Female Tobacco Rate	
50-64	\$1,884.72
Male Non-Tobacco Rate	
50-64	\$1,848.09
Male Tobacco Rate	
50-64	\$2,125.30

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

All rate increases must be approved by the Texas Department of Insurance.

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

TEXAS Area 1 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included
on the Page Headed "Cover Page – Rates"

770

772

773

775

Monthly Plan Rates for Texas - Area 2
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$130.81	\$133.22	\$99.72	\$179.54	\$150.43	\$153.20	\$114.67	\$206.47
66	\$130.81	\$133.22	\$99.72	\$179.54	\$150.43	\$153.20	\$114.67	\$206.47
67	\$130.81	\$133.22	\$99.72	\$179.54	\$150.43	\$153.20	\$114.67	\$206.47
68	\$135.57	\$138.07	\$103.34	\$186.07	\$155.90	\$158.77	\$118.84	\$213.98
69	\$140.33	\$142.91	\$106.97	\$192.60	\$161.37	\$164.35	\$123.01	\$221.49
70	\$145.08	\$147.76	\$110.59	\$199.13	\$166.84	\$169.92	\$127.18	\$229.00
71	\$149.84	\$152.60	\$114.22	\$205.66	\$172.31	\$175.49	\$131.35	\$236.50
72	\$154.60	\$157.44	\$117.85	\$212.19	\$177.78	\$181.06	\$135.52	\$244.01
73	\$159.35	\$162.29	\$121.47	\$218.72	\$183.25	\$186.63	\$139.69	\$251.52
74	\$164.11	\$167.13	\$125.10	\$225.25	\$188.72	\$192.20	\$143.86	\$259.03
75	\$168.87	\$171.98	\$128.73	\$231.77	\$194.19	\$197.77	\$148.03	\$266.54
76	\$173.63	\$176.82	\$132.35	\$238.30	\$199.66	\$203.34	\$152.20	\$274.04
77	\$178.38	\$181.67	\$135.98	\$244.83	\$205.14	\$208.92	\$156.37	\$281.55
78	\$183.14	\$186.51	\$139.60	\$251.36	\$210.61	\$214.49	\$160.54	\$289.06
79	\$187.90	\$191.36	\$143.23	\$257.89	\$216.08	\$220.06	\$164.71	\$296.57
80	\$195.03	\$198.62	\$148.67	\$267.68	\$224.28	\$228.41	\$170.97	\$307.83
81	\$202.17	\$205.89	\$154.11	\$277.48	\$232.49	\$236.77	\$177.22	\$319.09
82	\$209.30	\$213.16	\$159.55	\$287.27	\$240.69	\$245.13	\$183.48	\$330.36
83	\$216.44	\$220.42	\$164.99	\$297.06	\$248.90	\$253.48	\$189.73	\$341.62
84	\$223.57	\$227.69	\$170.43	\$306.86	\$257.10	\$261.84	\$195.99	\$352.88
85	\$230.71	\$234.96	\$175.87	\$316.65	\$265.31	\$270.20	\$202.24	\$364.14

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 2
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$237.85	\$242.23	\$181.31	\$326.45	\$273.52	\$278.56	\$208.50	\$375.41

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$397.20	\$472.34	\$429.70	\$512.52	\$456.77	\$543.19	\$494.14	\$589.39

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$261.63	\$266.45	\$199.44	\$359.09	\$300.87	\$306.41	\$229.35	\$412.95
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$397.20	\$472.34	\$429.70	\$512.52	\$456.77	\$543.19	\$494.14	\$589.39

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 2
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

Note: The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1	Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$147.51	\$150.23	\$112.44	\$202.47	\$169.64	\$172.76	\$129.31	\$232.83
66	\$147.51	\$150.23	\$112.44	\$202.47	\$169.64	\$172.76	\$129.31	\$232.83
67	\$147.51	\$150.23	\$112.44	\$202.47	\$169.64	\$172.76	\$129.31	\$232.83
68	\$152.87	\$155.69	\$116.53	\$209.83	\$175.81	\$179.04	\$134.01	\$241.30
69	\$158.24	\$161.15	\$120.62	\$217.19	\$181.97	\$185.33	\$138.71	\$249.77
70	\$163.60	\$166.62	\$124.71	\$224.55	\$188.14	\$191.61	\$143.41	\$258.23
71	\$168.97	\$172.08	\$128.80	\$231.92	\$194.31	\$197.89	\$148.11	\$266.70
72	\$174.33	\$177.54	\$132.89	\$239.28	\$200.48	\$204.17	\$152.82	\$275.17
73	\$179.70	\$183.01	\$136.98	\$246.64	\$206.65	\$210.46	\$157.52	\$283.63
74	\$185.06	\$188.47	\$141.07	\$254.00	\$212.82	\$216.74	\$162.22	\$292.10
75	\$190.42	\$193.93	\$145.15	\$261.37	\$218.99	\$223.02	\$166.92	\$300.57
76	\$195.79	\$199.39	\$149.24	\$268.73	\$225.16	\$229.30	\$171.63	\$309.03
77	\$201.15	\$204.86	\$153.33	\$276.09	\$231.33	\$235.59	\$176.33	\$317.50
78	\$206.52	\$210.32	\$157.42	\$283.46	\$237.49	\$241.87	\$181.03	\$325.97
79	\$211.88	\$215.78	\$161.51	\$290.82	\$243.66	\$248.15	\$185.73	\$334.43
80	\$219.93	\$223.98	\$167.64	\$301.86	\$252.92	\$257.57	\$192.79	\$347.13
81	\$227.97	\$232.17	\$173.78	\$312.91	\$262.17	\$267.00	\$199.84	\$359.83
82	\$236.02	\$240.37	\$179.91	\$323.95	\$271.42	\$276.42	\$206.89	\$372.53
83	\$244.07	\$248.56	\$186.04	\$334.99	\$280.68	\$285.84	\$213.95	\$385.23
84	\$252.11	\$256.76	\$192.18	\$346.04	\$289.93	\$295.27	\$221.00	\$397.93
85	\$260.16	\$264.95	\$198.31	\$357.08	\$299.18	\$304.69	\$228.05	\$410.63

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 2
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ² .								
86+	\$268.21	\$273.15	\$204.45	\$368.13	\$308.44	\$314.12	\$235.11	\$423.34

Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ² .								
65+	\$447.91	\$532.64	\$484.54	\$577.96	\$515.09	\$612.53	\$557.21	\$664.64

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates ⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ² .								
80+	\$295.03	\$300.46	\$224.89	\$404.94	\$339.28	\$345.53	\$258.62	\$465.67
Level 2 Rates ⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ² .								
80+	\$447.91	\$532.64	\$484.54	\$577.96	\$515.09	\$612.53	\$557.21	\$664.64

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Under 65 Monthly Plan Rates for Texas - Area 2

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Group 3	Applies to individuals age 50-64 who are eligible for Medicare by reason of Disability or by reason of End-Stage Renal Disease.
Age ¹	Plan A
Female Non-Tobacco Rate	
50-64	\$1,517.48
Female Tobacco Rate	
50-64	\$1,745.10
Male Non-Tobacco Rate	
50-64	\$1,711.18
Male Tobacco Rate	
50-64	\$1,967.85

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

All rate increases must be approved by the Texas Department of Insurance.

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

TEXAS Area 2 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included
on the Page Headed "Cover Page – Rates"

750	751	752	753	760	761	762
774	776	777	783	784	793	794

Monthly Plan Rates for Texas - Area 3
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
66	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
67	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
68	\$130.14	\$132.54	\$99.20	\$178.63	\$149.66	\$152.42	\$114.08	\$205.42
69	\$134.71	\$137.19	\$102.68	\$184.90	\$154.91	\$157.77	\$118.08	\$212.63
70	\$139.28	\$141.84	\$106.17	\$191.16	\$160.16	\$163.12	\$122.09	\$219.83
71	\$143.84	\$146.50	\$109.65	\$197.43	\$165.41	\$168.47	\$126.09	\$227.04
72	\$148.41	\$151.15	\$113.13	\$203.70	\$170.67	\$173.82	\$130.09	\$234.25
73	\$152.98	\$155.80	\$116.61	\$209.97	\$175.92	\$179.17	\$134.10	\$241.46
74	\$157.54	\$160.45	\$120.09	\$216.23	\$181.17	\$184.51	\$138.10	\$248.66
75	\$162.11	\$165.10	\$123.57	\$222.50	\$186.42	\$189.86	\$142.10	\$255.87
76	\$166.68	\$169.75	\$127.05	\$228.77	\$191.67	\$195.21	\$146.10	\$263.08
77	\$171.24	\$174.40	\$130.53	\$235.04	\$196.92	\$200.56	\$150.11	\$270.29
78	\$175.81	\$179.05	\$134.01	\$241.31	\$202.17	\$205.91	\$154.11	\$277.50
79	\$180.38	\$183.70	\$137.49	\$247.57	\$207.43	\$211.26	\$158.11	\$284.70
80	\$187.23	\$190.68	\$142.72	\$256.97	\$215.30	\$219.28	\$164.12	\$295.51
81	\$194.08	\$197.65	\$147.94	\$266.38	\$223.18	\$227.30	\$170.12	\$306.33
82	\$200.93	\$204.63	\$153.16	\$275.78	\$231.06	\$235.32	\$176.13	\$317.14
83	\$207.78	\$211.61	\$158.38	\$285.18	\$238.93	\$243.35	\$182.13	\$327.95
84	\$214.63	\$218.58	\$163.60	\$294.58	\$246.81	\$251.37	\$188.14	\$338.76
85	\$221.48	\$225.56	\$168.82	\$303.98	\$254.69	\$259.39	\$194.14	\$349.57

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 3
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$228.33	\$232.54	\$174.05	\$313.39	\$262.57	\$267.42	\$200.15	\$360.39

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$381.31	\$453.45	\$412.49	\$492.02	\$438.49	\$521.46	\$474.35	\$565.81

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$251.16	\$255.79	\$191.45	\$344.72	\$288.82	\$294.16	\$220.16	\$396.42
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$381.31	\$453.45	\$412.49	\$492.02	\$438.49	\$521.46	\$474.35	\$565.81

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 3
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

Note: The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1	Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
66	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
67	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
68	\$146.76	\$149.47	\$111.87	\$201.43	\$168.77	\$171.88	\$128.65	\$231.65
69	\$151.91	\$154.71	\$115.79	\$208.50	\$174.69	\$177.92	\$133.16	\$239.78
70	\$157.06	\$159.96	\$119.72	\$215.57	\$180.62	\$183.95	\$137.68	\$247.91
71	\$162.21	\$165.20	\$123.65	\$222.64	\$186.54	\$189.98	\$142.19	\$256.03
72	\$167.36	\$170.44	\$127.57	\$229.71	\$192.46	\$196.01	\$146.71	\$264.16
73	\$172.51	\$175.69	\$131.50	\$236.77	\$198.38	\$202.04	\$151.22	\$272.29
74	\$177.66	\$180.93	\$135.42	\$243.84	\$204.30	\$208.07	\$155.73	\$280.42
75	\$182.81	\$186.18	\$139.35	\$250.91	\$210.23	\$214.10	\$160.25	\$288.55
76	\$187.96	\$191.42	\$143.27	\$257.98	\$216.15	\$220.13	\$164.76	\$296.67
77	\$193.11	\$196.67	\$147.20	\$265.05	\$222.07	\$226.17	\$169.28	\$304.80
78	\$198.25	\$201.91	\$151.12	\$272.11	\$227.99	\$232.20	\$173.79	\$312.93
79	\$203.40	\$207.16	\$155.05	\$279.18	\$233.91	\$238.23	\$178.31	\$321.06
80	\$211.13	\$215.02	\$160.94	\$289.78	\$242.80	\$247.27	\$185.08	\$333.25
81	\$218.85	\$222.89	\$166.82	\$300.39	\$251.68	\$256.32	\$191.85	\$345.44
82	\$226.58	\$230.76	\$172.71	\$310.99	\$260.56	\$265.37	\$198.62	\$357.64
83	\$234.30	\$238.62	\$178.60	\$321.59	\$269.45	\$274.41	\$205.39	\$369.83
84	\$242.03	\$246.49	\$184.49	\$332.19	\$278.33	\$283.46	\$212.16	\$382.02
85	\$249.75	\$254.36	\$190.38	\$342.79	\$287.21	\$292.51	\$218.93	\$394.21

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 3
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$257.48	\$262.23	\$196.27	\$353.40	\$296.10	\$301.56	\$225.71	\$406.41

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$429.99	\$511.34	\$465.15	\$554.83	\$494.48	\$588.04	\$534.93	\$638.06

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$283.22	\$288.45	\$215.89	\$388.74	\$325.71	\$331.71	\$248.28	\$447.05
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$429.99	\$511.34	\$465.15	\$554.83	\$494.48	\$588.04	\$534.93	\$638.06

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Under 65 Monthly Plan Rates for Texas - Area 3

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Group 3	Applies to individuals age 50-64 who are eligible for Medicare by reason of Disability or by reason of End-Stage Renal Disease.
Age ¹	Plan A
Female Non-Tobacco Rate	
50-64	\$1,456.75
Female Tobacco Rate	
50-64	\$1,675.26
Male Non-Tobacco Rate	
50-64	\$1,642.72
Male Tobacco Rate	
50-64	\$1,889.12

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

All rate increases must be approved by the Texas Department of Insurance.

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

Monthly Plan Rates for Texas - Area 4
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

Note: The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1	Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
66	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
67	\$125.58	\$127.89	\$95.72	\$172.36	\$144.41	\$147.08	\$110.08	\$198.21
68	\$130.14	\$132.54	\$99.20	\$178.63	\$149.66	\$152.42	\$114.08	\$205.42
69	\$134.71	\$137.19	\$102.68	\$184.90	\$154.91	\$157.77	\$118.08	\$212.63
70	\$139.28	\$141.84	\$106.17	\$191.16	\$160.16	\$163.12	\$122.09	\$219.83
71	\$143.84	\$146.50	\$109.65	\$197.43	\$165.41	\$168.47	\$126.09	\$227.04
72	\$148.41	\$151.15	\$113.13	\$203.70	\$170.67	\$173.82	\$130.09	\$234.25
73	\$152.98	\$155.80	\$116.61	\$209.97	\$175.92	\$179.17	\$134.10	\$241.46
74	\$157.54	\$160.45	\$120.09	\$216.23	\$181.17	\$184.51	\$138.10	\$248.66
75	\$162.11	\$165.10	\$123.57	\$222.50	\$186.42	\$189.86	\$142.10	\$255.87
76	\$166.68	\$169.75	\$127.05	\$228.77	\$191.67	\$195.21	\$146.10	\$263.08
77	\$171.24	\$174.40	\$130.53	\$235.04	\$196.92	\$200.56	\$150.11	\$270.29
78	\$175.81	\$179.05	\$134.01	\$241.31	\$202.17	\$205.91	\$154.11	\$277.50
79	\$180.38	\$183.70	\$137.49	\$247.57	\$207.43	\$211.26	\$158.11	\$284.70
80	\$187.23	\$190.68	\$142.72	\$256.97	\$215.30	\$219.28	\$164.12	\$295.51
81	\$194.08	\$197.65	\$147.94	\$266.38	\$223.18	\$227.30	\$170.12	\$306.33
82	\$200.93	\$204.63	\$153.16	\$275.78	\$231.06	\$235.32	\$176.13	\$317.14
83	\$207.78	\$211.61	\$158.38	\$285.18	\$238.93	\$243.35	\$182.13	\$327.95
84	\$214.63	\$218.58	\$163.60	\$294.58	\$246.81	\$251.37	\$188.14	\$338.76
85	\$221.48	\$225.56	\$168.82	\$303.98	\$254.69	\$259.39	\$194.14	\$349.57

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 4
Female Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$228.33	\$232.54	\$174.05	\$313.39	\$262.57	\$267.42	\$200.15	\$360.39

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$381.31	\$453.45	\$412.49	\$492.02	\$438.49	\$521.46	\$474.35	\$565.81

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$251.16	\$255.79	\$191.45	\$344.72	\$288.82	\$294.16	\$220.16	\$396.42
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$381.31	\$453.45	\$412.49	\$492.02	\$438.49	\$521.46	\$474.35	\$565.81

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 4
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 20% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
 - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

***Also, see the “Rules and Disclosures about this insurance”**

Group 1

Applies to individuals whose plan effective date will be within fifteen years following their 65th birthday or Medicare Part B effective date, if later.

Standard Rates with Enrollment Discount³ for individuals ages 65-85 whose acceptance is guaranteed or who do not have any of the medical conditions on the application².

Age ¹	Non-Tobacco Rate				Tobacco Rate			
	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
65	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
66	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
67	\$141.61	\$144.22	\$107.94	\$194.37	\$162.85	\$165.85	\$124.14	\$223.52
68	\$146.76	\$149.47	\$111.87	\$201.43	\$168.77	\$171.88	\$128.65	\$231.65
69	\$151.91	\$154.71	\$115.79	\$208.50	\$174.69	\$177.92	\$133.16	\$239.78
70	\$157.06	\$159.96	\$119.72	\$215.57	\$180.62	\$183.95	\$137.68	\$247.91
71	\$162.21	\$165.20	\$123.65	\$222.64	\$186.54	\$189.98	\$142.19	\$256.03
72	\$167.36	\$170.44	\$127.57	\$229.71	\$192.46	\$196.01	\$146.71	\$264.16
73	\$172.51	\$175.69	\$131.50	\$236.77	\$198.38	\$202.04	\$151.22	\$272.29
74	\$177.66	\$180.93	\$135.42	\$243.84	\$204.30	\$208.07	\$155.73	\$280.42
75	\$182.81	\$186.18	\$139.35	\$250.91	\$210.23	\$214.10	\$160.25	\$288.55
76	\$187.96	\$191.42	\$143.27	\$257.98	\$216.15	\$220.13	\$164.76	\$296.67
77	\$193.11	\$196.67	\$147.20	\$265.05	\$222.07	\$226.17	\$169.28	\$304.80
78	\$198.25	\$201.91	\$151.12	\$272.11	\$227.99	\$232.20	\$173.79	\$312.93
79	\$203.40	\$207.16	\$155.05	\$279.18	\$233.91	\$238.23	\$178.31	\$321.06
80	\$211.13	\$215.02	\$160.94	\$289.78	\$242.80	\$247.27	\$185.08	\$333.25
81	\$218.85	\$222.89	\$166.82	\$300.39	\$251.68	\$256.32	\$191.85	\$345.44
82	\$226.58	\$230.76	\$172.71	\$310.99	\$260.56	\$265.37	\$198.62	\$357.64
83	\$234.30	\$238.62	\$178.60	\$321.59	\$269.45	\$274.41	\$205.39	\$369.83
84	\$242.03	\$246.49	\$184.49	\$332.19	\$278.33	\$283.46	\$212.16	\$382.02
85	\$249.75	\$254.36	\$190.38	\$342.79	\$287.21	\$292.51	\$218.93	\$394.21

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Monthly Plan Rates for Texas - Area 4
Male Non-Tobacco and Tobacco
AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Standard Rates for individuals ages 86 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
86+	\$257.48	\$262.23	\$196.27	\$353.40	\$296.10	\$301.56	\$225.71	\$406.41

Level 2 Rates⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
65+	\$429.99	\$511.34	\$465.15	\$554.83	\$494.48	\$588.04	\$534.93	\$638.06

Group 2		Applies to individuals whose plan effective date will be fifteen or more years following their 65th birthday or Medicare Part B effective date, if later.						
	Non-Tobacco Rate				Tobacco Rate			
Age ¹	Plan A	Plan G	Plan N	Plan F ⁴	Plan A	Plan G	Plan N	Plan F ⁴
Level 1 Rates⁵ for individuals ages 80 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application².								
80+	\$283.22	\$288.45	\$215.89	\$388.74	\$325.71	\$331.71	\$248.28	\$447.05
Level 2 Rates⁶ for individuals ages 80 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application².								
80+	\$429.99	\$511.34	\$465.15	\$554.83	\$494.48	\$588.04	\$534.93	\$638.06

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

Under 65 Monthly Plan Rates for Texas - Area 4

AARP® Medicare Supplement Insurance Plans
insured by UnitedHealthcare Insurance Company of America

Group 3	Applies to individuals age 50-64 who are eligible for Medicare by reason of Disability or by reason of End-Stage Renal Disease.
Age ¹	Plan A
Female Non-Tobacco Rate	
50-64	\$1,456.75
Female Tobacco Rate	
50-64	\$1,675.26
Male Non-Tobacco Rate	
50-64	\$1,642.72
Male Tobacco Rate	
50-64	\$1,889.12

The rates above are for plan effective dates from July 2023 - June 2024 and may change.

All rate increases must be approved by the Texas Department of Insurance.

1 Your age as of your plan effective date.

2 Refer to the application.

3 The **Enrollment Discount** applies if you are between the ages of 65 and 85 and your plan effective date is within fifteen years following your 65th birthday (or your Medicare Part B effective date, if later), and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 45% at ages 65 through 67. The discount percentage reduces by 2% each year on the anniversary date of your plan from age 68 to age 79 and then by 3% from age 80 until it reaches 0% on the anniversary date of your plan on or after age 86.

4 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 Rates apply to individuals whose plan effective date will be fifteen or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 Rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application.

6 Level 2 Rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application.

TEXAS Area 3 & 4 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included
on the Page Headed "Cover Page – Rates"

733	739	754	755	756	757	758
759	763	764	765	766	767	768
769	778	779	780	781	782	785
786	787	788	789	790	791	792
795	796	797	798	799	885	

Rules and Disclosures about this Insurance

This page explains important rules governing your Medicare supplement coverage. Please read them carefully and make sure you understand them before you buy or change any Medicare supplement insurance.

PREMIUM INFORMATION

We, UnitedHealthcare Insurance Company of America, can only raise your premium if we raise the premium for all policies like yours in this State. Your premium may increase as your Enrollment Discount reduces or runs out when you age.

The Monthly Plan Rate may be reduced when you qualify for a discount:

- **Multi-Insured Discount**
A 20% discount is applied if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company of America or an affiliate (“UnitedHealthcare”) under the same AARP membership number and share a household address. Eligibility for this discount will no longer apply if only one insured remains on the account (other than in the case of death).
- **Household Discount**
A 10% discount is applied when another person (no more than three) in the insured member’s household is also a member of AARP. Eligibility for this discount will no longer apply if the other person(s) no longer resides with you (other than in the case of their death). **Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT) Discount**
A \$4.00 discount is applied when your monthly payments are automatically forwarded by your bank (without payment by check).
Other Discount:
 - **Annual Payer Discount**
A \$24.00 per year per household discount is applied when you pay your entire 12 months of premium (July through June) in July.
Note: The EFT Discount and the Annual Payer Discount cannot be combined.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR CERTIFICATE VERY 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.

YOUR RIGHT TO RETURN THE CERTIFICATE

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

UnitedHealthcare
PO BOX 30607
Salt Lake City, UT 84130-0607

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.

CERTIFICATE 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 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.

(continued)

LIMITATIONS AND EXCLUSIONS

- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage Plan.
- Care not meeting Medicare's standards.
- Care for which you have no obligation to pay.
- Care you receive in a government hospital.
- Injury or sickness for which you are entitled to worker's compensation benefits.
- Benefits provided under another policy.
- Charges in excess of Medicare eligible expenses.
- Expenses you incur during the first 6 months after your effective date if due to a pre-existing condition.

A pre-existing condition is a condition for which one of these things happened within 6 months before your effective date:

- 1) a physician gave you medical advice for the condition.
- 2) a physician recommended or gave you treatment for the condition, which includes a physician recommending or prescribing a prescription drug for the condition.

(If you are an Eligible Person or had Creditable Coverage within the last 63 days, this limitation will not apply to you.)

REFUND OF PREMIUM

The certificate provides a refund of any unearned monthly premium upon the death of an insured or the surrender of the Certificate.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the enrollment application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the enrollment application carefully before you sign it. Be certain that all information has been properly recorded.

Plan A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$0 \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$1,632 (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - 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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment	100%	\$0	\$0
First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 80%	\$0 20%	\$240 (Part B Deductible) \$0

Plan F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- * 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A Deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – 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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$240 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies Durable medical equipment First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$240 (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

Plan G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- * 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – 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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies Durable medical equipment First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Unless Part B deductible has been met) \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

Plan N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$1,632 All but \$408 a day All but \$816 a day \$0 \$0	\$1,632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – 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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 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 the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$240 (Part B deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is 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 Next \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$240 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B deductible) \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

Your Guide to AARP Medicare Supplement Insurance Plans

To help you choose the AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company of America, to best meet your needs and budget, be sure to look at the information shown in this Guide and the Outline of Coverage 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 AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are only eligible if you enroll within 6 months after enrolling in Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.) Regardless of when you enroll, you may only enroll in Plan A.

Guaranteed Acceptance

- Your **Medicare Supplement Open Enrollment Period** lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. (If your initial enrollment in Part B is before age 65, you have a second six-month Open Enrollment period beginning the month you turn 65.) During this time, your acceptance is guaranteed in any plan for which you're eligible for based on whether your 65th birthday or Medicare Part A Effective Date was before or after 1/1/2020.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at www.Medicare.gov/publications. You may also want to contact the administrator of your prior health insurance plan or your local state department on aging. Additionally, the Health Information Counseling & Advocacy Program (HICAP) assists older Texans and Texans with disabilities by providing free information about health insurance and public benefits. To speak to a benefits counselor in your area, please call 1-800-252-9240.

Exclusions

- Benefits provided under Medicare.
- Benefits provided under a Medicare Advantage Plan.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Benefits provided under another policy.
- Charges in excess of Medicare Eligible Expenses.
- 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.
- Expenses you incur during the first 6 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months prior to your plan's effective date.

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

1. Individuals 65 years of age or older who are replacing prior creditable coverage within 63 days after termination; OR
2. Individuals whose application form is received prior to or during the 6-month period beginning with the first day of the month in which the individual is age 65 or older and enrolled in Medicare Part B; OR
3. Individuals who are entitled to Guaranteed Issue; OR
4. Individuals who are replacing a Medicare supplement or Medicare select plan.

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.

Continued ...

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 can never 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. You may keep your plan in force by paying the required premium when due. The required payment for your plan is subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state. 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

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.

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can 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. 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 reinstated 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 reinstated if requested within 90 days of losing your employer or union-based group health plan.

For Plans F and G that provide an Excess Charge Benefit, 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.

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 - Certificates of Insurance numbered MDA U001, MDF U002, MDG U003, MDN U004.

AARP Medicare Supplement Plans have been developed in line with federal standards.

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.