

Overview of Available Plans

Medicare Supplement Plans A, B, 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 available Plans A, B and D or G. 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 Pennsylvania - Area 1 Female Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$154.92	\$164.29	\$165.58	\$110.73	\$213.17
66	\$154.92	\$164.29	\$165.58	\$110.73	\$213.17
67	\$154.92	\$164.29	\$165.58	\$110.73	\$213.17
68	\$160.55	\$170.27	\$171.60	\$114.75	\$220.92
69	\$166.19	\$176.24	\$177.62	\$118.78	\$228.67
70	\$171.82	\$182.21	\$183.64	\$122.81	\$236.42
71	\$177.45	\$188.19	\$189.66	\$126.83	\$244.18
72	\$183.09	\$194.16	\$195.68	\$130.86	\$251.93
73	\$188.72	\$200.14	\$201.71	\$134.89	\$259.68
74	\$194.35	\$206.11	\$207.73	\$138.91	\$267.43
75	\$199.99	\$212.09	\$213.75	\$142.94	\$275.18
76	\$205.62	\$218.06	\$219.77	\$146.97	\$282.94
77	\$211.26	\$224.04	\$225.79	\$150.99	\$290.69
78	\$216.89	\$230.01	\$231.81	\$155.02	\$298.44
79	\$222.52	\$235.98	\$237.83	\$159.05	\$306.19
80	\$230.97	\$244.95	\$246.86	\$165.09	\$317.82
81	\$239.42	\$253.91	\$255.90	\$171.13	\$329.45
82	\$247.87	\$262.87	\$264.93	\$177.17	\$341.07
83	\$256.32	\$271.83	\$273.96	\$183.21	\$352.70
84	\$264.77	\$280.79	\$282.99	\$189.25	\$364.33
85	\$273.22	\$289.75	\$292.02	\$195.29	\$375.96

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Female Non-Tobacco

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

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	\$281.68	\$298.72	\$301.06	\$201.33	\$387.59
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	\$461.95	\$442.10	\$547.92	\$467.08	\$593.01

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.				
Age¹	Plan A	Plan B	Plan G	Plan N	Plan F⁴
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+	\$309.84	\$328.59	\$331.16	\$221.46	\$426.34
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+	\$461.95	\$442.10	\$547.92	\$467.08	\$593.01

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Female 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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$178.16	\$188.93	\$190.41	\$127.33	\$245.14
66	\$178.16	\$188.93	\$190.41	\$127.33	\$245.14
67	\$178.16	\$188.93	\$190.41	\$127.33	\$245.14
68	\$184.64	\$195.80	\$197.33	\$131.96	\$254.06
69	\$191.11	\$202.67	\$204.26	\$136.59	\$262.97
70	\$197.59	\$209.54	\$211.18	\$141.22	\$271.88
71	\$204.07	\$216.41	\$218.11	\$145.85	\$280.80
72	\$210.55	\$223.28	\$225.03	\$150.48	\$289.71
73	\$217.03	\$230.15	\$231.96	\$155.11	\$298.63
74	\$223.51	\$237.02	\$238.88	\$159.74	\$307.54
75	\$229.99	\$243.89	\$245.80	\$164.37	\$316.46
76	\$236.46	\$250.76	\$252.73	\$169.00	\$325.37
77	\$242.94	\$257.64	\$259.65	\$173.64	\$334.29
78	\$249.42	\$264.51	\$266.58	\$178.27	\$343.20
79	\$255.90	\$271.38	\$273.50	\$182.90	\$352.11
80	\$265.62	\$281.68	\$283.89	\$189.84	\$365.49
81	\$275.34	\$291.99	\$294.27	\$196.79	\$378.86
82	\$285.05	\$302.29	\$304.66	\$203.73	\$392.23
83	\$294.77	\$312.60	\$315.05	\$210.68	\$405.60
84	\$304.49	\$322.90	\$325.43	\$217.62	\$418.97
85	\$314.21	\$333.21	\$335.82	\$224.57	\$432.34

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Female Tobacco

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

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	\$323.93	\$343.52	\$346.21	\$231.52	\$445.72
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	\$531.24	\$508.40	\$630.10	\$537.12	\$681.95

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.				
Age¹	Plan A	Plan B	Plan G	Plan N	Plan F⁴
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+	\$356.32	\$377.87	\$380.83	\$254.67	\$490.29
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+	\$531.24	\$508.40	\$630.10	\$537.12	\$681.95

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Male Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$174.70	\$185.27	\$186.71	\$124.86	\$240.39
66	\$174.70	\$185.27	\$186.71	\$124.86	\$240.39
67	\$174.70	\$185.27	\$186.71	\$124.86	\$240.39
68	\$181.05	\$192.01	\$193.50	\$129.40	\$249.13
69	\$187.40	\$198.74	\$200.29	\$133.94	\$257.87
70	\$193.76	\$205.48	\$207.08	\$138.48	\$266.61
71	\$200.11	\$212.22	\$213.87	\$143.02	\$275.36
72	\$206.46	\$218.95	\$220.66	\$147.56	\$284.10
73	\$212.81	\$225.69	\$227.45	\$152.11	\$292.84
74	\$219.17	\$232.43	\$234.24	\$156.65	\$301.58
75	\$225.52	\$239.17	\$241.03	\$161.19	\$310.32
76	\$231.87	\$245.90	\$247.82	\$165.73	\$319.06
77	\$238.23	\$252.64	\$254.61	\$170.27	\$327.81
78	\$244.58	\$259.38	\$261.40	\$174.81	\$336.55
79	\$250.93	\$266.11	\$268.19	\$179.35	\$345.29
80	\$260.46	\$276.22	\$278.38	\$186.16	\$358.40
81	\$269.99	\$286.33	\$288.56	\$192.97	\$371.51
82	\$279.52	\$296.43	\$298.75	\$199.78	\$384.63
83	\$289.05	\$306.54	\$308.93	\$206.59	\$397.74
84	\$298.58	\$316.64	\$319.12	\$213.40	\$410.85
85	\$308.11	\$326.75	\$329.30	\$220.21	\$423.96

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Male Non-Tobacco

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

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	\$317.64	\$336.86	\$339.49	\$227.03	\$437.08
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	\$520.92	\$498.55	\$617.87	\$526.70	\$668.73

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	Plan A	Plan B	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+	\$349.40	\$370.54	\$373.43	\$249.73	\$480.78
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+	\$520.92	\$498.55	\$617.87	\$526.70	\$668.73

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Male Tobacco

AARP® Medicare Supplement Insurance Plans
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Additional Discounts* (not reflected in the rates below) for which you may qualify:

- **Multi-Insured** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$200.90	\$213.05	\$214.72	\$143.59	\$276.45
66	\$200.90	\$213.05	\$214.72	\$143.59	\$276.45
67	\$200.90	\$213.05	\$214.72	\$143.59	\$276.45
68	\$208.20	\$220.80	\$222.53	\$148.81	\$286.50
69	\$215.51	\$228.55	\$230.34	\$154.03	\$296.55
70	\$222.82	\$236.30	\$238.15	\$159.25	\$306.61
71	\$230.12	\$244.04	\$245.95	\$164.48	\$316.66
72	\$237.43	\$251.79	\$253.76	\$169.70	\$326.71
73	\$244.73	\$259.54	\$261.57	\$174.92	\$336.76
74	\$252.04	\$267.29	\$269.38	\$180.14	\$346.82
75	\$259.34	\$275.03	\$277.19	\$185.36	\$356.87
76	\$266.65	\$282.78	\$284.99	\$190.58	\$366.92
77	\$273.96	\$290.53	\$292.80	\$195.81	\$376.98
78	\$281.26	\$298.28	\$300.61	\$201.03	\$387.03
79	\$288.57	\$306.03	\$308.42	\$206.25	\$397.08
80	\$299.52	\$317.65	\$320.13	\$214.08	\$412.16
81	\$310.48	\$329.27	\$331.84	\$221.91	\$427.24
82	\$321.44	\$340.89	\$343.56	\$229.75	\$442.32
83	\$332.40	\$352.51	\$355.27	\$237.58	\$457.40
84	\$343.36	\$364.13	\$366.98	\$245.41	\$472.48
85	\$354.32	\$375.75	\$378.69	\$253.24	\$487.56

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 1 Male Tobacco

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

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	\$365.28	\$387.38	\$390.41	\$261.08	\$502.64
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	\$599.05	\$573.32	\$710.54	\$605.70	\$769.03

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.				
Age¹	Plan A	Plan B	Plan G	Plan N	Plan F⁴
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+	\$401.80	\$426.11	\$429.45	\$287.18	\$552.90
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+	\$599.05	\$573.32	\$710.54	\$605.70	\$769.03

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Under 65 Monthly Plan Rates for Pennsylvania - 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	Plan B	Plan G	Plan N	Plan F ⁴	
Female Non-Tobacco Rates						
50-64	\$154.92	\$164.29	\$165.58	\$110.73	\$213.17	
Female Tobacco Rates						
50-64	\$178.16	\$188.93	\$190.41	\$127.33	\$245.14	
Male Non-Tobacco Rates						
50-64	\$174.70	\$185.27	\$186.71	\$124.86	\$240.39	
Male Tobacco Rates						
50-64	\$200.90	\$213.05	\$214.72	\$143.59	\$276.45	

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

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.

PENNSYLVANIA Area 1 ZIP Codes

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

189

190

191

192

193

194

Monthly Plan Rates for Pennsylvania - Area 2 Female Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$143.66	\$152.35	\$153.53	\$102.67	\$197.67
66	\$143.66	\$152.35	\$153.53	\$102.67	\$197.67
67	\$143.66	\$152.35	\$153.53	\$102.67	\$197.67
68	\$148.88	\$157.89	\$159.12	\$106.41	\$204.86
69	\$154.10	\$163.43	\$164.70	\$110.14	\$212.05
70	\$159.33	\$168.97	\$170.28	\$113.88	\$219.24
71	\$164.55	\$174.51	\$175.87	\$117.61	\$226.42
72	\$169.78	\$180.05	\$181.45	\$121.34	\$233.61
73	\$175.00	\$185.59	\$187.03	\$125.08	\$240.80
74	\$180.22	\$191.13	\$192.62	\$128.81	\$247.99
75	\$185.45	\$196.67	\$198.20	\$132.54	\$255.18
76	\$190.67	\$202.21	\$203.78	\$136.28	\$262.36
77	\$195.90	\$207.75	\$209.37	\$140.01	\$269.55
78	\$201.12	\$213.29	\$214.95	\$143.75	\$276.74
79	\$206.34	\$218.83	\$220.53	\$147.48	\$283.93
80	\$214.18	\$227.14	\$228.91	\$153.08	\$294.71
81	\$222.02	\$235.45	\$237.28	\$158.68	\$305.49
82	\$229.85	\$243.76	\$245.66	\$164.28	\$316.28
83	\$237.69	\$252.07	\$254.03	\$169.88	\$327.06
84	\$245.52	\$260.38	\$262.41	\$175.48	\$337.84
85	\$253.36	\$268.69	\$270.78	\$181.08	\$348.62

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Female Non-Tobacco

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

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	\$261.20	\$277.00	\$279.16	\$186.69	\$359.41
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	\$428.36	\$409.96	\$508.07	\$433.12	\$549.89

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	Plan A	Plan B	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+	\$287.32	\$304.70	\$307.07	\$205.35	\$395.35
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+	\$428.36	\$409.96	\$508.07	\$433.12	\$549.89

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Female 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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$165.20	\$175.20	\$176.56	\$118.07	\$227.32
66	\$165.20	\$175.20	\$176.56	\$118.07	\$227.32
67	\$165.20	\$175.20	\$176.56	\$118.07	\$227.32
68	\$171.21	\$181.57	\$182.98	\$122.37	\$235.59
69	\$177.22	\$187.94	\$189.40	\$126.66	\$243.85
70	\$183.23	\$194.31	\$195.82	\$130.96	\$252.12
71	\$189.23	\$200.68	\$202.24	\$135.25	\$260.39
72	\$195.24	\$207.05	\$208.66	\$139.54	\$268.65
73	\$201.25	\$213.42	\$215.09	\$143.84	\$276.92
74	\$207.26	\$219.79	\$221.51	\$148.13	\$285.19
75	\$213.26	\$226.17	\$227.93	\$152.42	\$293.45
76	\$219.27	\$232.54	\$234.35	\$156.72	\$301.72
77	\$225.28	\$238.91	\$240.77	\$161.01	\$309.99
78	\$231.29	\$245.28	\$247.19	\$165.31	\$318.25
79	\$237.30	\$251.65	\$253.61	\$169.60	\$326.52
80	\$246.31	\$261.21	\$263.24	\$176.04	\$338.92
81	\$255.32	\$270.76	\$272.87	\$182.48	\$351.32
82	\$264.33	\$280.32	\$282.50	\$188.92	\$363.72
83	\$273.34	\$289.88	\$292.13	\$195.36	\$376.12
84	\$282.35	\$299.43	\$301.76	\$201.80	\$388.52
85	\$291.36	\$308.99	\$311.39	\$208.24	\$400.92

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Female Tobacco

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

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	\$300.38	\$318.55	\$321.03	\$214.69	\$413.32
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	\$492.62	\$471.45	\$584.27	\$498.08	\$632.37

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	Plan A	Plan B	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+	\$330.41	\$350.40	\$353.13	\$236.15	\$454.65
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+	\$492.62	\$471.45	\$584.27	\$498.08	\$632.37

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Male Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$161.99	\$171.79	\$173.14	\$115.78	\$222.90
66	\$161.99	\$171.79	\$173.14	\$115.78	\$222.90
67	\$161.99	\$171.79	\$173.14	\$115.78	\$222.90
68	\$167.88	\$178.04	\$179.43	\$119.99	\$231.01
69	\$173.77	\$184.29	\$185.73	\$124.20	\$239.12
70	\$179.66	\$190.53	\$192.02	\$128.41	\$247.22
71	\$185.56	\$196.78	\$198.32	\$132.62	\$255.33
72	\$191.45	\$203.03	\$204.62	\$136.83	\$263.43
73	\$197.34	\$209.28	\$210.91	\$141.04	\$271.54
74	\$203.23	\$215.52	\$217.21	\$145.25	\$279.65
75	\$209.12	\$221.77	\$223.50	\$149.46	\$287.75
76	\$215.01	\$228.02	\$229.80	\$153.67	\$295.86
77	\$220.90	\$234.27	\$236.10	\$157.89	\$303.96
78	\$226.79	\$240.51	\$242.39	\$162.10	\$312.07
79	\$232.68	\$246.76	\$248.69	\$166.31	\$320.17
80	\$241.52	\$256.13	\$258.13	\$172.62	\$332.33
81	\$250.35	\$265.50	\$267.58	\$178.94	\$344.49
82	\$259.19	\$274.87	\$277.02	\$185.25	\$356.65
83	\$268.03	\$284.24	\$286.46	\$191.57	\$368.81
84	\$276.86	\$293.61	\$295.91	\$197.88	\$380.97
85	\$285.70	\$302.98	\$305.35	\$204.20	\$393.13

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Male Non-Tobacco

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

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	\$294.54	\$312.36	\$314.80	\$210.52	\$405.29
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	\$483.04	\$462.29	\$572.93	\$488.40	\$620.09

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	Plan A	Plan B	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+	\$323.99	\$343.59	\$346.28	\$231.57	\$445.81
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+	\$483.04	\$462.29	\$572.93	\$488.40	\$620.09

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Male 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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$186.29	\$197.56	\$199.11	\$133.14	\$256.34
66	\$186.29	\$197.56	\$199.11	\$133.14	\$256.34
67	\$186.29	\$197.56	\$199.11	\$133.14	\$256.34
68	\$193.07	\$204.74	\$206.35	\$137.99	\$265.66
69	\$199.84	\$211.93	\$213.59	\$142.83	\$274.98
70	\$206.61	\$219.11	\$220.83	\$147.67	\$284.30
71	\$213.39	\$226.30	\$228.07	\$152.51	\$293.63
72	\$220.16	\$233.48	\$235.31	\$157.35	\$302.95
73	\$226.94	\$240.67	\$242.55	\$162.20	\$312.27
74	\$233.71	\$247.85	\$249.79	\$167.04	\$321.59
75	\$240.49	\$255.03	\$257.03	\$171.88	\$330.91
76	\$247.26	\$262.22	\$264.27	\$176.72	\$340.23
77	\$254.04	\$269.40	\$271.51	\$181.56	\$349.56
78	\$260.81	\$276.59	\$278.75	\$186.40	\$358.88
79	\$267.58	\$283.77	\$285.99	\$191.25	\$368.20
80	\$277.75	\$294.55	\$296.85	\$198.51	\$382.18
81	\$287.91	\$305.32	\$307.71	\$205.77	\$396.16
82	\$298.07	\$316.10	\$318.57	\$213.03	\$410.15
83	\$308.23	\$326.88	\$329.43	\$220.30	\$424.13
84	\$318.39	\$337.65	\$340.29	\$227.56	\$438.11
85	\$328.55	\$348.43	\$351.15	\$234.82	\$452.09

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 2 Male Tobacco

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

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	\$338.72	\$359.21	\$362.02	\$242.09	\$466.08
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	\$555.50	\$531.63	\$658.87	\$561.64	\$713.10

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.				
Age¹	Plan A	Plan B	Plan G	Plan N	Plan F⁴
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+	\$372.59	\$395.13	\$398.22	\$266.29	\$512.68
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+	\$555.50	\$531.63	\$658.87	\$561.64	\$713.10

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Under 65 Monthly Plan Rates for Pennsylvania - 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	Plan B	Plan G	Plan N	Plan F ⁴	
Female Non-Tobacco Rates						
50-64	\$143.66	\$152.35	\$153.53	\$102.67	\$197.67	
Female Tobacco Rates						
50-64	\$165.20	\$175.20	\$176.56	\$118.07	\$227.32	
Male Non-Tobacco Rates						
50-64	\$161.99	\$171.79	\$173.14	\$115.78	\$222.90	
Male Tobacco Rates						
50-64	\$186.29	\$197.56	\$199.11	\$133.14	\$256.34	

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

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.

PENNSYLVANIA Area 2 ZIP Codes

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

150

151

152

153

154

156

Monthly Plan Rates for Pennsylvania - Area 3 Female Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$132.39	\$140.39	\$141.49	\$94.62	\$182.17
66	\$132.39	\$140.39	\$141.49	\$94.62	\$182.17
67	\$132.39	\$140.39	\$141.49	\$94.62	\$182.17
68	\$137.20	\$145.50	\$146.64	\$98.06	\$188.79
69	\$142.01	\$150.60	\$151.78	\$101.50	\$195.41
70	\$146.83	\$155.71	\$156.93	\$104.95	\$202.04
71	\$151.64	\$160.82	\$162.08	\$108.39	\$208.66
72	\$156.46	\$165.92	\$167.22	\$111.83	\$215.29
73	\$161.27	\$171.03	\$172.37	\$115.27	\$221.91
74	\$166.08	\$176.13	\$177.51	\$118.71	\$228.54
75	\$170.90	\$181.24	\$182.66	\$122.15	\$235.16
76	\$175.71	\$186.34	\$187.80	\$125.59	\$241.79
77	\$180.53	\$191.45	\$192.95	\$129.03	\$248.41
78	\$185.34	\$196.55	\$198.09	\$132.47	\$255.03
79	\$190.16	\$201.66	\$203.24	\$135.91	\$261.66
80	\$197.38	\$209.32	\$210.96	\$141.08	\$271.60
81	\$204.60	\$216.97	\$218.67	\$146.24	\$281.53
82	\$211.82	\$224.63	\$226.39	\$151.40	\$291.47
83	\$219.04	\$232.29	\$234.11	\$156.56	\$301.41
84	\$226.26	\$239.95	\$241.83	\$161.72	\$311.34
85	\$233.48	\$247.61	\$249.55	\$166.88	\$321.28

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Female Non-Tobacco

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

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	\$240.71	\$255.27	\$257.27	\$172.05	\$331.22
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	\$394.76	\$377.79	\$468.23	\$399.15	\$506.76

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	Plan A	Plan B	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+	\$264.78	\$280.79	\$282.99	\$189.25	\$364.34
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+	\$394.76	\$377.79	\$468.23	\$399.15	\$506.76

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Female 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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$152.24	\$161.45	\$162.72	\$108.81	\$209.49
66	\$152.24	\$161.45	\$162.72	\$108.81	\$209.49
67	\$152.24	\$161.45	\$162.72	\$108.81	\$209.49
68	\$157.78	\$167.32	\$168.64	\$112.77	\$217.11
69	\$163.31	\$173.20	\$174.55	\$116.73	\$224.73
70	\$168.85	\$179.07	\$180.47	\$120.68	\$232.34
71	\$174.39	\$184.94	\$186.39	\$124.64	\$239.96
72	\$179.92	\$190.81	\$192.30	\$128.60	\$247.58
73	\$185.46	\$196.68	\$198.22	\$132.55	\$255.20
74	\$190.99	\$202.55	\$204.14	\$136.51	\$262.82
75	\$196.53	\$208.42	\$210.06	\$140.47	\$270.43
76	\$202.07	\$214.29	\$215.97	\$144.43	\$278.05
77	\$207.60	\$220.17	\$221.89	\$148.38	\$285.67
78	\$213.14	\$226.04	\$227.81	\$152.34	\$293.29
79	\$218.67	\$231.91	\$233.72	\$156.30	\$300.91
80	\$226.98	\$240.71	\$242.60	\$162.23	\$312.33
81	\$235.28	\$249.52	\$251.48	\$168.17	\$323.76
82	\$243.59	\$258.33	\$260.35	\$174.10	\$335.19
83	\$251.89	\$267.13	\$269.23	\$180.04	\$346.61
84	\$260.20	\$275.94	\$278.10	\$185.97	\$358.04
85	\$268.50	\$284.75	\$286.98	\$191.91	\$369.47

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Female Tobacco

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

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	\$276.81	\$293.56	\$295.86	\$197.85	\$380.90
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	\$453.96	\$434.46	\$538.46	\$459.01	\$582.77

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	Plan A	Plan B	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+	\$304.49	\$322.91	\$325.44	\$217.63	\$418.99
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+	\$453.96	\$434.46	\$538.46	\$459.01	\$582.77

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Male Non-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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$149.29	\$158.32	\$159.56	\$106.70	\$205.42
66	\$149.29	\$158.32	\$159.56	\$106.70	\$205.42
67	\$149.29	\$158.32	\$159.56	\$106.70	\$205.42
68	\$154.72	\$164.08	\$165.36	\$110.58	\$212.89
69	\$160.14	\$169.83	\$171.16	\$114.46	\$220.36
70	\$165.57	\$175.59	\$176.96	\$118.34	\$227.83
71	\$171.00	\$181.35	\$182.76	\$122.22	\$235.30
72	\$176.43	\$187.10	\$188.57	\$126.10	\$242.77
73	\$181.86	\$192.86	\$194.37	\$129.98	\$250.24
74	\$187.29	\$198.62	\$200.17	\$133.86	\$257.71
75	\$192.72	\$204.38	\$205.97	\$137.74	\$265.18
76	\$198.15	\$210.13	\$211.78	\$141.62	\$272.65
77	\$203.58	\$215.89	\$217.58	\$145.50	\$280.12
78	\$209.00	\$221.65	\$223.38	\$149.38	\$287.59
79	\$214.43	\$227.40	\$229.18	\$153.26	\$295.06
80	\$222.58	\$236.04	\$237.89	\$159.08	\$306.27
81	\$230.72	\$244.68	\$246.59	\$164.90	\$317.47
82	\$238.86	\$253.31	\$255.29	\$170.72	\$328.68
83	\$247.01	\$261.95	\$264.00	\$176.54	\$339.88
84	\$255.15	\$270.58	\$272.70	\$182.36	\$351.09
85	\$263.29	\$279.22	\$281.40	\$188.18	\$362.29

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Male Non-Tobacco

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

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	\$271.44	\$287.86	\$290.11	\$194.01	\$373.50
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	\$445.16	\$426.03	\$528.00	\$450.10	\$571.45

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.				
Age¹	Plan A	Plan B	Plan G	Plan N	Plan F⁴
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+	\$298.58	\$316.64	\$319.12	\$213.41	\$410.85
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+	\$445.16	\$426.03	\$528.00	\$450.10	\$571.45

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Male 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** – 15% 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 AARP member who is legally related.
- 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	Plan A	Plan B	Plan G	Plan N	Plan F ⁴
65	\$171.68	\$182.06	\$183.49	\$122.71	\$236.23
66	\$171.68	\$182.06	\$183.49	\$122.71	\$236.23
67	\$171.68	\$182.06	\$183.49	\$122.71	\$236.23
68	\$177.92	\$188.68	\$190.16	\$127.17	\$244.82
69	\$184.16	\$195.30	\$196.83	\$131.63	\$253.41
70	\$190.41	\$201.92	\$203.50	\$136.09	\$262.00
71	\$196.65	\$208.54	\$210.18	\$140.55	\$270.59
72	\$202.89	\$215.16	\$216.85	\$145.02	\$279.18
73	\$209.14	\$221.79	\$223.52	\$149.48	\$287.77
74	\$215.38	\$228.41	\$230.19	\$153.94	\$296.36
75	\$221.62	\$235.03	\$236.87	\$158.40	\$304.95
76	\$227.86	\$241.65	\$243.54	\$162.87	\$313.54
77	\$234.11	\$248.27	\$250.21	\$167.33	\$322.14
78	\$240.35	\$254.89	\$256.88	\$171.79	\$330.73
79	\$246.59	\$261.51	\$263.55	\$176.25	\$339.32
80	\$255.96	\$271.44	\$273.56	\$182.95	\$352.20
81	\$265.32	\$281.37	\$283.57	\$189.64	\$365.09
82	\$274.69	\$291.30	\$293.58	\$196.33	\$377.97
83	\$284.05	\$301.23	\$303.59	\$203.03	\$390.86
84	\$293.42	\$311.16	\$313.60	\$209.72	\$403.74
85	\$302.78	\$321.09	\$323.61	\$216.41	\$416.63

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Monthly Plan Rates for Pennsylvania - Area 3 Male Tobacco

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

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	\$312.15	\$331.03	\$333.62	\$223.11	\$429.52
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	\$511.92	\$489.92	\$607.18	\$517.61	\$657.16

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	Plan A	Plan B	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+	\$343.36	\$364.13	\$366.98	\$245.42	\$472.47
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+	\$511.92	\$489.92	\$607.18	\$517.61	\$657.16

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

Under 65 Monthly Plan Rates for Pennsylvania - 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	Plan B	Plan G	Plan N	Plan F ⁴	
Female Non-Tobacco Rates						
50-64	\$132.39	\$140.39	\$141.49	\$94.62	\$182.17	
Female Tobacco Rates						
50-64	\$152.24	\$161.45	\$162.72	\$108.81	\$209.49	
Male Non-Tobacco Rates						
50-64	\$149.29	\$158.32	\$159.56	\$106.70	\$205.42	
Male Tobacco Rates						
50-64	\$171.68	\$182.06	\$183.49	\$122.71	\$236.23	

The rates above are for plan effective dates from June 2024 through May 2025 and may change.

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.

PENNSYLVANIA Area 3 ZIP Codes

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

155	157	158	159
160	161	162	163
164	165	166	167
168	169	170	171
172	173	174	175
176	177	178	179
180	181	182	183
184	185	186	187
188	195	196	

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. If you qualify for an Enrollment Discount based upon your age and your Medicare Part B effective date, 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 15% 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 an insured member resides in a household with another person who is legally related and an AARP member. This includes legal spouse, civil union partner or domestic partner. Eligibility for this discount will no longer apply if the other person 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 (June through May) in June.

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.

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.


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 Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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 \$204 per day	\$0	Up to \$204 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.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

³ Once you have been billed \$240 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
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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 \$204 per day	\$0	Up to \$204 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.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0


Notes

³ Once you have been billed \$240 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 Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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 \$204 per day	Up to \$204 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.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 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 \$240 of Medicare-approved amounts ³	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$240 (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

³ Once you have been billed \$240 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 Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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 \$204 per day	Up to \$204 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.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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 \$204 per day	Up to \$204 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.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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

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Notes

³ Once you have been billed \$240 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 \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (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

3 Once you have been billed \$240 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

To help you choose the AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company of America (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 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 enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.)

Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period**, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- 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.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 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 who are replacing prior creditable coverage within 63 days after termination; or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
3. Individuals who are entitled to Guaranteed Issue; or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

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

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

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.