Your Guide
To AARP Medicare Select and Medicare Supplement Insurance Plans

This Guide contains detailed information about AARP Medicare Select and AARP Medicare Supplement Insurance Plans.

AARP Medicare Select and Medicare Supplement Insurance Portfolio of Plans, insured by UnitedHealthcare Insurance Company, provides a choice of benefits to AARP members, so you can choose the plan that best fits your individual supplemental health insurance needs.

To help you choose the AARP Medicare Select or AARP Medicare Supplement Insurance Plan to meet your needs and budget, be sure to look at the documents that show the specific benefits of each plan, the expenses that Medicare pays, the benefits the plan pays, the specific costs you would have to pay yourself, and any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Guaranteed Acceptance

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

- A person becomes eligible for Guaranteed Issue of a Medicare Supplement plan when he or she loses or terminates health coverage under certain circumstances. Guaranteed Issue means a Medicare Supplement plan will be issued with no pre-existing condition exclusions and no underwriting. In order to become eligible for Guaranteed Issue, your application must be received no later than 63 days after the termination date of your prior health plan. You must also provide a copy of the termination notice you received from your prior plan or employer along with your application. This notice must verify the circumstances of your prior plan’s termination and also describe your right to guaranteed issue of Medicare supplement insurance. Here is a summary of these situations:

1. You have lost or are replacing a plan that was provided by your current or former employer.
2. You are replacing a Medicare Advantage (MA) plan (sometimes called Medicare Part C), a Program of All-Inclusive Care for the Elderly (PACE) or a Medicare Select plan, under these circumstances:
   - This was your first time in this type of plan; and
   - You switched to this plan from a Medicare Supplement plan; and
   - You’ve had it for no longer than 2 years.
3. You are replacing a Medicare Advantage (MA) plan or a Program of All-Inclusive Care for the Elderly (PACE), under these circumstances:
   - You enrolled in the MA plan when you started Medicare Part A at age 65; and
   - You’ve had it for no longer than 2 years.
4. You are replacing a Medicare Advantage plan, a Program of All-Inclusive Care for the Elderly (PACE) or a Medicare Select plan for any of the following reasons:
   - The plan stopped coverage in your area;
   - The plan notified you it will be stopping coverage in your area; or
   - You moved out of the plan’s service area.
5. You are replacing a Medicare Advantage plan, a Program of All-Inclusive Care for the Elderly (PACE), a Medicare Select or Medicare Supplement plan for any of the following reasons:
   - The plan violated the insurance contract (for example, by failing to provide necessary medical care); or
   - The plan was misrepresented in marketing to you.
6. You are replacing a Medicare Supplement or Medicare Select plan that was ended by the company (for example, due to bankruptcy).
7. You are replacing any Medicare Supplement plan or more Comprehensive Coverage (not including Medicaid).

If you have any questions on your guaranteed right to insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Continued...
Glossary of Terms

- **Medicare Eligible Expenses** are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare’s eligible expenses as their fee amount. Your physician or surgeon may charge you more.

- **Hospital or Skilled Nursing Facility** – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.

- **Excess Charge** is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

- **Select Hospital** is a hospital that has entered into a written agreement to provide services under a UnitedHealthcare Insurance Company Medicare Select Plan.

- **Medical Emergency** is the sudden and unexpected onset of symptoms, illness, injury, or condition; that if care or services are withheld, would be deemed, under appropriate medical standards, to carry substantial risk of serious medical complication or permanent damage to you.

- **Service Area** is the geographic area within which an issuer is authorized to offer Medicare Select coverage.

- **Lifetime Reserve Days** are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.

- **Hospice Care** means care for those who are terminally ill. Hospice Care focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure.

## Additional Information

### Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare’s standards.
- Stays beginning, or care or supplies received, before your plan’s effective date.
- Injury or sickness payable by Workers’ Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Care or services provided by a non-participating hospital, except in the event of a medical emergency, or if the services are not available from any participating hospital in the service area.

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.

### Medicare Select Disclosure Statement

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the documents that show the specific benefits and rates of each plan which allow you to compare the AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

### Medicare Select Provider Restrictions

In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:

1. there is a Medical Emergency;
2. covered services are not available from any select hospital in the Service Area; or
3. covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period;
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare; and
- 75% of the Part B Medicare Eligible Expenses for outpatient hospital services not paid by Medicare.

Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.

**Right to Replace Your Medicare Select Plan**

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company, that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability. Under Washington law, you may also be able to replace your AARP Medicare Select Plan with a plan offered by another carrier.

**Quality Assurance**

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

**For Your Protection, Please Be Aware of the Following:**

*You Cannot Be Single Out for Cancellation*

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company or other coverage from an insurance carrier named by the [Trustees of the AARP Insurance Plan]. Under Washington law, you may also be able to replace your AARP Medicare Select Plan with a plan offered by another carrier. Of course, you may cancel your AARP Medicare Select Plan or 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 Insurance Company, not by AARP or its affiliates. Please contact UnitedHealthcare Insurance Company if you have questions about your policy, including any limitations and exclusions.

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

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

**General Information**

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

These materials describe the AARP Medicare Select and AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Select and AARP Medicare Supplement Plans have been developed in line with federal standards. However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Select or AARP Medicare Supplement Plan claims may be processed automatically.

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

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

Questions?
Call 1-800-523-5800