

## Your Guide

# To AARP Medicare Supplement and Medicare Select Insurance Plans

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To help you choose the AARP Medicare Supplement or Medicare Select Plan, insured by UnitedHealthcare Insurance Company (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

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You are eligible to apply if you are an AARP member age 50 or older or an AARP member's spouse of any age, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 or an AARP member's spouse under the age of 65 and are eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you must either apply within 6 months after enrolling in Medicare Part B, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section, or during your one-month Birthday Enrollment Period and be replacing a Medicare supplement plan with a Medicare supplement plan that has equal or lesser benefits.)

## Guaranteed Acceptance

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- 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. (If your initial enrollment in Part B is before age 65, you have a second 6 month Open Enrollment period beginning the month you turn 65.)
- **There is also an annual 1-month Birthday Enrollment Period** when you are replacing a Medicare Supplement plan (including Medicare Select) and your Application Form is received the month prior to or the month after your birthday month.
  - If you **enrolled in Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, C, F, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N that has equal or lesser benefits than your current Plan without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, C, F, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
  - If you **enrolled in Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan, you may apply for Plan A, B, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N that has equal or lesser benefits than your current Plan without having to answer health questions. If the previous Plan you had was with another carrier, you may apply for Plan A, B, G, K, L, N or, if available in your area, Medicare Select G or Medicare Select N which has equal or lesser benefits than your prior Medicare supplement plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
- 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](http://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.

## Additional Information

### Exclusions

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- 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.
- For AARP Medicare Select Plans – Stays, care or services provided by a non-network hospital, except for the situations outlined in numbers 1 through 3 under the following Medicare Select Provider Restrictions Section.
- Any stay which begins, or medical expenses you incur, during the first 3 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 3 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.

## Medicare Select Disclosure Statement – If You Are Applying for an AARP Medicare Select Plan

Please read this information 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.

### Medicare Select Provider Restrictions

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**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; and
- 75% of the Part A Medicare Eligible Expenses 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

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You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare, 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.

## Quality Assurance

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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 Singled Out for Cancellation

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Your AARP Medicare Supplement or Medicare Select Plan can never be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement or Medicare Select 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 Supplement or Medicare Select Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement or Medicare Select 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

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AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement or Medicare Select Plans are 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 or Medicare Select 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.

Please note: You must be an AARP member or spouse of an AARP member to enroll in an AARP Medicare Supplement Plan. AARP membership is available to individuals age 50 and over for \$16.00 a year.

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 and Medicare Select 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 and Medicare Select 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.