

Your Guide to AARP Medicare Supplement Insurance Plans



To help you choose the AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, 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 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 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 be eligible for Guaranteed Issue of a Medicare supplement plan if you lost or terminated other health coverage under one of the following circumstances. You must provide a copy of the termination notice or letter you received from your prior plan or employer and your Application Form must be received no more than 63 days after the termination date of your prior coverage.

Plans Available Without Underwriting For Applicants Entitled to Guaranteed Issue

Guaranteed Issue Situations:	Plans for Applicants With: • A 65th birthday PRIOR to 1/1/2020. OR • A Medicare Part A Effective Date PRIOR to 1/1/2020.	Plans for Applicants With: A 65th birthday AND Medicare Part A Effective Date on or AFTER 1/1/2020.	Notice, letter or other documentation from prior insurer must include items below. Also, please answer the questions on the Application Form in the "Is your acceptance guaranteed" and "Your past and current coverage" sections.
1. Applicant loses, learns they have lost, or drops employer coverage.	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's employer coverage being lost. Coverage termination date.
2. Applicant is enrolled in a Medicare Advantage (MA), other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan and: • The plan stops coverage in the area, or • The plan sends notice it will stop coverage, or • Applicant moves out of the service area	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan being lost. Coverage termination date and one of the termination reasons shown in the first column.
3. Applicant is enrolled in an MA, other Medicare managed care, PACE or Medicare supplement (including Select) and the plan: • Violates the insurance contract (for example, by failing to provide necessary medical care), or • Was misrepresented in marketing to the individual	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Supplement (including Select) being replaced. Coverage termination date. Termination reason.
4. Applicant is enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).	A, B, C, F, K, L, N	A, B, G, K, L, N	<ul style="list-style-type: none"> Applicant's name. Plan Type – confirmation that it's a Medicare supplement plan being lost. Insurer name. Reason for involuntary termination. If available, documentation of bankruptcy of insurer. Coverage termination date.

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<p>5. Applicant dropped Medicare supplement coverage to enroll for the first time in an MA, other Medicare managed care, PACE, or Select plan, and dropped that plan within two years.</p>	<p>- If the previous plan you had was an AARP Medicare Supplement Plan, then you may apply for Plans A, B, C, F, K, L, N. Also, you can apply for Plan G without having to answer health questions only if Plan G was the Plan you previously had. - If the previous Medicare Supplement Plan* you had was with another insurer, then you can only apply for Plans A, B, C, F, K, L, N.</p>	<p>A, B, G, K, L, N</p>	<ul style="list-style-type: none"> • See information at the top of this chart.
<p>6. On first enrolling in Medicare Part A at age 65**, applicant enrolled in an MA or PACE plan at the same time, and dropped that plan within two years. **NOTE: The MA or PACE plan effective date must be equal to the Medicare Part A effective date for this qualifying event to apply.</p>	<p>A, B, C, F, G, K, L, N</p>	<p>A, B, G, K, L, N</p>	<ul style="list-style-type: none"> • See information at the top of this chart.

*Prior Plan can also be a Medicare Select or High Deductible version of the Plan being applied for.

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.

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 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.

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 Insurance Company. 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 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

By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Supplement Plan claims may be processed automatically. 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.

IMPORTANT! PLEASE READ!

FOR APPLICANTS WHO ARE DROPPING A MEDICARE ADVANTAGE PLAN OR ANOTHER ELIGIBLE PLAN.

THE INFORMATION SHOWN IN THE FOLLOWING “YOUR GUIDE” BROCHURE FOR APPLICANTS WHO HAVE GUARANTEED ISSUE SITUATION #5 OR #6 IS MODIFIED AS FOLLOWS:

- **THE REFERENCES TO “WITHIN TWO YEARS” ARE CHANGED TO “WITHIN 12 MONTHS.”**
- **THE NOTICE, LETTER OR OTHER DOCUMENTATION FROM THE PRIOR INSURER* MUST INCLUDE:**

Guaranteed Issue Situation #5

- Applicant’s name.
- Proof of the Medicare Supplement plan, for example a copy of the schedule page or ID card.
- Proof that the plan you are replacing is a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan.
- Proof of the start date and end dates of the all the plan(s). If the plan is still in effect, no end date is needed.
- Reason for the termination of the Medicare plans(s).
- Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare Advantage plans.”

Guaranteed Issue Situation #6

- Applicant’s name.
- Proof that the plan you are replacing is a Medicare Advantage, other Medicare managed care, Program of All-Inclusive Care for the Elderly (PACE) or Medicare Select plan.
- Proof of the start date and end dates of the all the plan(s). If the plan is still in effect, no end date is needed.
- Reason for the termination of the Medicare plan(s).
- Answer questions on the Application Form in the “Is your acceptance guaranteed” section and the “Your past and current coverage” section about “Medicare Advantage plans.”

*Proof is not required for any prior plan that was issued by Unitedhealthcare or its affiliates. Proof is required for all other plans.