



UnitedHealthcare Insurance Company,
also known as UnitedHealthcare



Medicare Supplement Enrollment Kit

AARP® Medicare Supplement Insurance Plans, insured by
UnitedHealthcare Insurance Company (UnitedHealthcare)

Illinois

Enrollment materials are for June 1, 2026 - May 1, 2027 plan effective dates.
Edition date: 6/15/26.



Medicare Supplement
from  UnitedHealthcare®

UnitedHealthcare Insurance Company,
also known as UnitedHealthcare

There for you now, and in the future.

Like many on Medicare, you may be looking for additional benefits to help pay for some of the out-of-pocket medical expenses not covered. Medicare Supplement insurance plans offer standardized benefits to help keep you covered. With an AARP® Medicare Supplement Insurance Plan, insured by **UnitedHealthcare Insurance Company (UnitedHealthcare)**, you may enjoy:



Experience

- ✓ UnitedHealthcare has been serving the health care needs of people like you for more than 50 years.¹
- ✓ More people choose UnitedHealthcare for their Medicare Supplement insurance coverage than any other company, making us the #1 provider of Medicare Supplement plans in the nation.²



Freedom

- ✓ Visit any doctor, any specialist, and any hospital that accepts Medicare patients.
- ✓ Use your plan when traveling anywhere in the U.S., and for some plans, medical emergencies abroad.



Stability

- ✓ Guaranteed coverage for life.*
- ✓ Predictable out-of-pocket costs.
- ✓ 93% of surveyed members would continue with their AARP Medicare Supplement Plan.³

And that's not all -- UnitedHealthcare is committed to offering quality service; 94% of surveyed members are satisfied with their AARP Medicare Supplement Plan.³

Inside this enrollment kit, you will find information detailing the benefits and rates for each available plan. You'll also learn about other reasons to choose an AARP Medicare Supplement Plan.

UnitedHealthcare would be honored to serve your health insurance needs – now, and for years to come.

AARP® | Medicare Supplement
from  **UnitedHealthcare**®
UnitedHealthcare Insurance Company, also known as UnitedHealthcare

Important Notice: You are entitled to receive a “Guide to Health Insurance for People with Medicare.” This guide is free and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the web at www.medsupeducation.com.

*As long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan.

- ¹ From a report prepared for UnitedHealthcare by Human8, “Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans and UnitedHealthcare Medicare Advantage Plans (Non-SNP, D-SNP, and C-SNP) Report,” August 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ² From a report prepared for UnitedHealthcare by Mark Farrah Associates, “December 2024 Medigap Enrollment & Market Share,” May 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.
- ³ From a report prepared for UnitedHealthcare by Human8, “2025 Medicare Supplement Plan Satisfaction Posted Questionnaire,” May 2025, www.uhcmedsupstats.com or call 1-800-523-5800 to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance Plans. UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan (you can join AARP for just \$20.00 a year).

Insured by **UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103**. Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent may contact you.

See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Gym Membership, Discounts, and More

For plans effective January 1, 2026 and later

Once you're enrolled in an AARP® Medicare Supplement Insurance Plan from UnitedHealthcare Insurance Company (UnitedHealthcare), you'll get insured member wellness extra discounts and services.



Gym Membership

Renew Active® is a fitness program for body and mind. Renew Active is focused on helping the Medicare population maintain functional mobility and cognitive health through:

- A gym membership at no additional cost to you.
- Access to a large network of national gyms and fitness locations with a wide variety of fitness classes.
- Access to thousands of on-demand workout videos and live streaming fitness classes.
- An online program offering content about brain health with exclusive content for Renew Active members, from AARP® Staying Sharp®.



Dental Discount

UHC Dental provides access to over 50,000+ in-Network providers. Discount amounts will vary, but overall average is 41% from usual, customary, and reasonable coverage. Cosmetic dental procedures are included, discounts available on a range of dental services, including cleanings, exams, fillings, crowns, veneers, implants, and teeth whitening.



Vision Discount

Enjoy exclusive discounts on vision services, including exams, contact lenses, and eyewear, from various providers.



Brain Health

AARP® Staying Sharp® is an online program focused on brain health and overall health and wellness. It's packed with exclusive content for Renew Active members and helps you build healthier habits based on the six pillars of brain health.



24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages. Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options, and availability of meal delivery services.



Hearing Discount

As an AARP Medicare Supplement plan member, you receive an exclusive discount on hearing aids and care. AARP® Hearing Solutions provided by UnitedHealthcare Hearing includes:

- Additional \$100 off per name-brand prescription hearing aid on top of the already discounted AARP member rate – meaning \$200 off per pair.
- No-cost hearing exam and consultation and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.
- Access to a selection of extended support packages to tailor your care experience to your needs.
- Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of technology options and helpful features.

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from  **UnitedHealthcare®**

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These offers are available at no additional cost to you and are only available to insured members covered under an AARP Medicare Supplement Plan from UnitedHealthcare Insurance Company. These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are NOT INSURANCE PROGRAMS, are subject to geographical availability and may be discontinued at any time. Certain offerings are provided by third parties not affiliated with UnitedHealthcare Insurance Company. None of these services are a substitute for the advice of a doctor or should be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Renew Active Fitness Program

Participation in the Renew Active® program is voluntary. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Renew Active program varies by plan/area. Gym network may vary in local market.

Dental Discount

Savings will vary by provider and zip code. The discounts are available through UnitedHealthcare network providers only. You will receive the discount from the provider's usual and customary fees when you pay. Discounts are only available when services are received from In-Network Providers contracted with the Dental Discount Plan. You must pay for the services rendered to you at the time it's provided. We encourage you to check with your provider prior to beginning treatment.

THIS PLAN IS NOT INSURANCE and is not intended to replace dental insurance. The Plan is not a Qualified Health Plan under the Affordable Care Act. The Plan provides discounts at certain dental offices for dental services. The range of discounts will vary depending on the type of provider and service. The Plan does not make payments directly to the providers of dental services. Plan Members are solely obligated to pay for all dental care services but will receive a discount from those providers who have contracted with Dental Benefit Providers, Inc. 10175 Patuxent Parkway Columbia, MD 21044.

Vision Discounts

Visionworks

Present this offer in store to receive \$250 off a complete pair of glasses with single vision lenses, or \$300 off with multifocal lenses – subject to a minimum purchase of \$400 for single vision lenses and a minimum purchase of \$500 for multifocal lenses (calculated before the discount). A complete pair of glasses is required. Valid doctor's prescription required. Eye exam cost is not included. Non-transferable. No cash value. Offer expires on 12/31/26.

UHC Vision

Discounts offered are only available at the participating providers listed. Discounts are dependent on member showing their UnitedHealthcare AARP Medicare Supplement card or using their assigned promotional code. Discounts are good for the 2026 plan year only. Discounts are only for the enrolled member(s) in the discount plan and promotional codes should not be shared. Discounts are available for enrolled members once per plan year.

These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans unless noted herein. All decisions about medications and vision care are between the member and their health care provider. Offer valid only at participating providers. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. Offer expires 12/31/2026.

AARP Staying Sharp

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are

intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

Nurse line

The information provided through these services is for informational purposes only. Your health information is kept confidential in accordance with applicable law. This is not a substitute for your doctor's care. Nurses and other representatives from these services cannot diagnose problems or recommend treatment. All decisions about medications, vision care, hearing care, health and wellness care or other care is between you and your health care provider. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

AARP Hearing Solutions provided by UnitedHealthcare Hearing

The additional \$100 off discount only applies to name-brand hearing aid purchases.

One complimentary hearing test is only available from UnitedHealthcare Hearing providers, for purposes of determining hearing aid candidacy. These discounts cannot be combined with any other discounts, promotions, coupons or hearing aid benefit plans unless noted herein. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis. AARP commercial member benefits are provided by third parties, not by AARP or its affiliates. UnitedHealthcare Hearing pays a royalty fee to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. Some UnitedHealthcare Hearing offers are subject to change and may have restrictions.

Please contact UnitedHealthcare Hearing directly for details 1-877-449-6784.

AARP Medicare Supplement Insurance Plans

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You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103-3408. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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Please see the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Bright Ways To Save



**Contact your
licensed insurance
agent/producer
to get your
personalized
rate quote.**

These discounts can add up to valuable savings on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

SAVE up to 39%* with the Enrollment Discount

Reward yourself by enrolling early.

SAVE 7% with the Multi-Insured Discount

You can take 7% off your monthly premiums if two insureds on one account are enrolled under the same AARP membership number and each is insured under an eligible AARP-branded supplemental insurance policy insured by UnitedHealthcare Insurance Company.

TAKE \$24 OFF with Electronic Funds Transfer

You'll save \$2.00 off your total monthly premium, or \$24 per year, when you use the convenient and easy payment option, Electronic Funds Transfer (EFT). Your monthly payments are automatically forwarded by your bank, which means no checks to write and no postage to pay.

SAVE \$24 per year with the Annual Payer Discount

Take \$24 off your total premium when you pay your entire 12-month premium.

Note: Electronic Funds Transfer (EFT) discount and Annual Payer discount cannot be combined.

LOCK In Your Premium with the Rate Guarantee

Your rate is guaranteed for 12 months from your initial plan effective date. Insured members will not receive an additional rate guarantee when changing from one AARP Medicare Supplement Plan to another.



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*The rate discount is 39% at ages 65-68, 36% at age 69, 33% at age 70, and so on, decreasing by 3% on the Plan anniversary date, through age 80. The discount then decreases to 0% after age 80. The discount is available to new applicants who are accepted to enroll in an AARP Medicare Supplement Plan for January 1, 2020 and after Plan Effective Dates.

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Overview of Available Plans

Medicare Supplement Plans A, B, C, F, G, K, L, N and Medicare Select Plans G and N are currently being offered by UnitedHealthcare Insurance Company.

◆ Medicare Select Plans G and N contain the same benefits as standardized Medicare Supplement Plans G and N, except for restrictions on your use of hospitals.

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. 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 2026 ²					\$8000 ²	\$4000 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2950 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.

How the Enrollment Discount Works.

1 To be eligible for enrollment discounts on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, also known as UnitedHealthcare, you need to meet the below requirements on your plan effective date:

- You must be:
 - age 65 to 74, or
 - age 75 to 80 with a plan effective date that's within 10 years of your Medicare Part B effective date.*and*
- You must not have any of the medical conditions listed on the application (*unless* you're within 6 months of your Medicare Part B effective date or in a guaranteed issue situation where medical questions don't apply).

2 Your age on your plan effective date in your 1st year of coverage determines the discount you get in your 1st year of coverage.

3 The discount stays the same for ages 65 through 68 after which the discount decreases 3% each year on the anniversary date of your plan, until the discount wears off at age 81. It's nice to know you still pay less than the Standard Rate through age 80.

Age on Plan Effective Date	Starting Discount
65	39% for ages 65 through 68
66	
67	
68	
69	36%
70	33%
71	30%
72	27%
73	24%
74	21%
75	18%
76	15%
77	12%
78	9%
79	6%
80	3%
81	0%

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Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
66	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
67	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
68	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
69	\$143.52	\$209.44	\$204.32	\$163.68	\$95.52	\$149.12	\$190.40	\$152.48	\$264.48		\$265.92
70	\$150.24	\$219.25	\$213.89	\$171.35	\$99.99	\$156.11	\$199.32	\$159.62	\$276.87		\$278.38
71	\$156.97	\$229.07	\$223.47	\$179.02	\$104.47	\$163.10	\$208.25	\$166.77	\$289.27		\$290.85
72	\$163.70	\$238.89	\$233.05	\$186.69	\$108.95	\$170.09	\$217.17	\$173.92	\$301.67		\$303.31
73	\$170.43	\$248.71	\$242.63	\$194.37	\$113.43	\$177.08	\$226.10	\$181.07	\$314.07		\$315.78
74	\$177.15	\$258.52	\$252.20	\$202.04	\$117.90	\$184.07	\$235.02	\$188.21	\$326.46		\$328.24
75	\$183.88	\$268.34	\$261.78	\$209.71	\$122.38	\$191.06	\$243.95	\$195.36	\$338.86		\$340.71
76	\$190.61	\$278.16	\$271.36	\$217.38	\$126.86	\$198.05	\$252.87	\$202.51	\$351.26		\$353.17
77	\$197.34	\$287.98	\$280.94	\$225.06	\$131.34	\$205.04	\$261.80	\$209.66	\$363.66		\$365.64
78	\$204.06	\$297.79	\$290.51	\$232.73	\$135.81	\$212.03	\$270.72	\$216.80	\$376.05		\$378.10
79	\$210.79	\$307.61	\$300.09	\$240.40	\$140.29	\$219.02	\$279.65	\$223.95	\$388.45		\$390.57
80	\$217.52	\$317.43	\$309.67	\$248.07	\$144.77	\$226.01	\$288.57	\$231.10	\$400.85		\$403.03
Standard Rates for individuals ages 81 and older.											
81+	\$224.25	\$327.25	\$319.25	\$255.75	\$149.25	\$233.00	\$297.50	\$238.25	\$413.25		\$415.50

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Level 1 Rates for individuals ages 75 and older.									
75+	\$246.67	\$359.97	\$351.17	\$281.32	\$164.17	\$256.30	\$327.25	\$262.07	\$454.57	\$457.05

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Illinois - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
66	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
67	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
68	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
69	\$157.86	\$230.38	\$224.74	\$180.04	\$105.06	\$164.03	\$209.44	\$167.72	\$290.92		\$292.51
70	\$165.26	\$241.17	\$235.28	\$188.48	\$109.99	\$171.72	\$219.25	\$175.58	\$304.56		\$306.22
71	\$172.66	\$251.97	\$245.81	\$196.92	\$114.91	\$179.41	\$229.07	\$183.44	\$318.19		\$319.93
72	\$180.06	\$262.77	\$256.35	\$205.36	\$119.84	\$187.09	\$238.89	\$191.31	\$331.83		\$333.64
73	\$187.46	\$273.57	\$266.88	\$213.80	\$124.76	\$194.78	\$248.71	\$199.17	\$345.47		\$347.35
74	\$194.86	\$284.37	\$277.42	\$222.24	\$129.69	\$202.47	\$258.52	\$207.03	\$359.11		\$361.06
75	\$202.26	\$295.17	\$287.95	\$230.68	\$134.61	\$210.16	\$268.34	\$214.89	\$372.74		\$374.78
76	\$209.66	\$305.97	\$298.49	\$239.12	\$139.54	\$217.85	\$278.16	\$222.75	\$386.38		\$388.49
77	\$217.06	\$316.77	\$309.02	\$247.56	\$144.46	\$225.54	\$287.98	\$230.62	\$400.02		\$402.20
78	\$224.46	\$327.57	\$319.56	\$256.00	\$149.39	\$233.23	\$297.79	\$238.48	\$413.65		\$415.91
79	\$231.86	\$338.37	\$330.09	\$264.44	\$154.31	\$240.92	\$307.61	\$246.34	\$427.29		\$429.62
80	\$239.26	\$349.17	\$340.63	\$272.88	\$159.24	\$248.61	\$317.43	\$254.20	\$440.93		\$443.33
Standard Rates for individuals ages 81 and older.											
81+	\$246.67	\$359.97	\$351.17	\$281.32	\$164.17	\$256.30	\$327.25	\$262.07	\$454.57		\$457.05

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Illinois - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Level 1 Rates for individuals ages 75 and older.											
75+	\$271.33	\$395.96	\$386.28	\$309.45	\$180.58	\$281.93	\$359.97	\$288.27	\$500.02	\$502.75	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
66	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
67	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
68	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
69	\$161.76	\$236.32	\$230.56	\$184.48	\$107.68	\$168.00	\$214.72	\$172.00	\$298.40		\$299.84
70	\$169.34	\$247.39	\$241.36	\$193.12	\$112.72	\$175.87	\$224.78	\$180.06	\$312.38		\$313.89
71	\$176.92	\$258.47	\$252.17	\$201.77	\$117.77	\$183.75	\$234.85	\$188.12	\$326.37		\$327.95
72	\$184.50	\$269.55	\$262.98	\$210.42	\$122.82	\$191.62	\$244.91	\$196.18	\$340.36		\$342.00
73	\$192.09	\$280.63	\$273.79	\$219.07	\$127.87	\$199.50	\$254.98	\$204.25	\$354.35		\$356.06
74	\$199.67	\$291.70	\$284.59	\$227.71	\$132.91	\$207.37	\$265.04	\$212.31	\$368.33		\$370.11
75	\$207.25	\$302.78	\$295.40	\$236.36	\$137.96	\$215.25	\$275.11	\$220.37	\$382.32		\$384.17
76	\$214.83	\$313.86	\$306.21	\$245.01	\$143.01	\$223.12	\$285.17	\$228.43	\$396.31		\$398.22
77	\$222.42	\$324.94	\$317.02	\$253.66	\$148.06	\$231.00	\$295.24	\$236.50	\$410.30		\$412.28
78	\$230.00	\$336.01	\$327.82	\$262.30	\$153.10	\$238.87	\$305.30	\$244.56	\$424.28		\$426.33
79	\$237.58	\$347.09	\$338.63	\$270.95	\$158.15	\$246.75	\$315.37	\$252.62	\$438.27		\$440.39
80	\$245.16	\$358.17	\$349.44	\$279.60	\$163.20	\$254.62	\$325.43	\$260.68	\$452.26		\$454.44
Standard Rates for individuals ages 81 and older.											
81+	\$252.75	\$369.25	\$360.25	\$288.25	\$168.25	\$262.50	\$335.50	\$268.75	\$466.25		\$468.50

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$278.02	\$406.17	\$396.27	\$317.07	\$185.07	\$288.75	\$369.05	\$295.62	\$512.87	\$515.35

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Illinois - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
66	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
67	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
68	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
69	\$177.93	\$259.94	\$253.61	\$202.92	\$118.44	\$184.80	\$236.19	\$189.19	\$328.23	\$329.82	
70	\$186.27	\$272.13	\$265.50	\$212.43	\$123.99	\$193.46	\$247.26	\$198.06	\$343.62	\$345.28	
71	\$194.61	\$284.31	\$277.38	\$221.94	\$129.54	\$202.12	\$258.33	\$206.93	\$359.00	\$360.74	
72	\$202.95	\$296.50	\$289.27	\$231.46	\$135.10	\$210.78	\$269.40	\$215.80	\$374.39	\$376.20	
73	\$211.29	\$308.68	\$301.16	\$240.97	\$140.65	\$219.45	\$280.47	\$224.67	\$389.78	\$391.66	
74	\$219.63	\$320.87	\$313.05	\$250.48	\$146.20	\$228.11	\$291.54	\$233.53	\$405.16	\$407.12	
75	\$227.97	\$333.05	\$324.94	\$259.99	\$151.75	\$236.77	\$302.62	\$242.40	\$420.55	\$422.58	
76	\$236.31	\$345.24	\$336.82	\$269.50	\$157.30	\$245.43	\$313.69	\$251.27	\$435.93	\$438.04	
77	\$244.65	\$357.42	\$348.71	\$279.02	\$162.86	\$254.10	\$324.76	\$260.14	\$451.32	\$453.50	
78	\$252.99	\$369.61	\$360.60	\$288.53	\$168.41	\$262.76	\$335.83	\$269.01	\$466.71	\$468.96	
79	\$261.33	\$381.79	\$372.49	\$298.04	\$173.96	\$271.42	\$346.90	\$277.88	\$482.09	\$484.42	
80	\$269.67	\$393.98	\$384.38	\$307.55	\$179.51	\$280.08	\$357.97	\$286.75	\$497.48	\$499.88	
Standard Rates for individuals ages 81 and older.											
81+	\$278.02	\$406.17	\$396.27	\$317.07	\$185.07	\$288.75	\$369.05	\$295.62	\$512.87	\$515.35	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Illinois - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$305.82	\$446.78	\$435.89	\$348.77	\$203.57	\$317.62	\$405.95	\$325.18	\$564.15	\$566.88

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Under 65 Monthly Plan Rates for Illinois - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 3										
Applies to individuals under age 65 who are eligible for Medicare.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Female Non-Tobacco Rates									
Under 65	\$336.36	\$490.86	\$587.41	\$485.91	\$223.86	\$349.49	\$446.24	\$440.75	\$619.86	\$623.24
	Male Non-Tobacco Rates									
Under 65	\$379.11	\$553.86	\$662.85	\$547.66	\$252.36	\$393.74	\$503.24	\$497.17	\$699.36	\$702.74

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later.

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 You must use a network hospital with Select Plans G and N.

ILLINOIS Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

60002	60053	60104	60159	60303	60451	60513	60607	60653	60805
60004	60055	60105	60160	60304	60452	60514	60608	60654	60827
60005	60056	60106	60161	60305	60453	60515	60609	60655	60958
60006	60060	60107	60162	60399	60454	60516	60610	60656	
60007	60061	60108	60163	60401	60455	60517	60611	60657	
60008	60062	60109	60164	60402	60456	60519	60612	60659	
60009	60064	60110	60165	60403	60457	60521	60613	60660	
60010	60065	60116	60168	60404	60458	60522	60614	60661	
60011	60067	60117	60169	60406	60459	60523	60615	60664	
60012	60068	60118	60171	60408	60461	60525	60616	60666	
60013	60069	60119	60172	60409	60462	60526	60617	60668	
60014	60070	60120	60173	60410	60463	60527	60618	60669	
60015	60071	60121	60174	60411	60464	60532	60619	60670	
60016	60072	60122	60175	60412	60465	60534	60620	60673	
60017	60073	60123	60176	60415	60466	60539	60621	60674	
60018	60074	60124	60177	60417	60467	60540	60622	60675	
60019	60075	60125	60179	60418	60468	60542	60623	60677	
60020	60076	60126	60180	60419	60469	60544	60624	60678	
60021	60077	60128	60181	60421	60471	60546	60625	60680	
60022	60078	60130	60183	60422	60472	60554	60626	60681	
60025	60079	60131	60184	60423	60473	60555	60628	60682	
60026	60081	60132	60185	60425	60475	60558	60629	60684	
60029	60082	60133	60186	60426	60476	60559	60630	60685	
60030	60083	60134	60187	60428	60477	60561	60631	60686	
60031	60084	60136	60188	60429	60478	60563	60632	60687	
60033	60085	60137	60189	60430	60480	60564	60633	60688	
60034	60086	60138	60190	60431	60481	60565	60634	60689	
60035	60087	60139	60191	60432	60482	60566	60636	60690	
60037	60088	60140	60192	60433	60484	60567	60637	60691	
60038	60089	60141	60193	60434	60487	60568	60638	60693	
60039	60090	60142	60194	60435	60490	60569	60639	60694	
60040	60091	60143	60195	60436	60491	60572	60640	60695	
60041	60093	60144	60196	60438	60499	60585	60641	60696	
60042	60094	60147	60197	60439	60501	60586	60642	60697	
60043	60095	60148	60199	60440	60502	60598	60643	60701	
60044	60096	60151	60201	60441	60503	60599	60644	60706	
60045	60097	60152	60202	60442	60504	60601	60645	60707	
60046	60098	60153	60203	60443	60505	60602	60646	60712	
60047	60099	60154	60204	60445	60506	60603	60647	60714	
60048	60101	60155	60208	60446	60507	60604	60649	60799	
60050	60102	60156	60301	60448	60510	60605	60651	60803	
60051	60103	60157	60302	60449	60511	60606	60652	60804	

The following zip code has been added by the U.S. Post Office: 60125

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
66	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
67	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
68	\$136.79	\$199.62	\$194.74	\$156.00	\$91.04	\$142.13	\$181.47	\$145.33	\$252.08		\$253.45
69	\$143.52	\$209.44	\$204.32	\$163.68	\$95.52	\$149.12	\$190.40	\$152.48	\$264.48		\$265.92
70	\$150.24	\$219.25	\$213.89	\$171.35	\$99.99	\$156.11	\$199.32	\$159.62	\$276.87		\$278.38
71	\$156.97	\$229.07	\$223.47	\$179.02	\$104.47	\$163.10	\$208.25	\$166.77	\$289.27		\$290.85
72	\$163.70	\$238.89	\$233.05	\$186.69	\$108.95	\$170.09	\$217.17	\$173.92	\$301.67		\$303.31
73	\$170.43	\$248.71	\$242.63	\$194.37	\$113.43	\$177.08	\$226.10	\$181.07	\$314.07		\$315.78
74	\$177.15	\$258.52	\$252.20	\$202.04	\$117.90	\$184.07	\$235.02	\$188.21	\$326.46		\$328.24
75	\$183.88	\$268.34	\$261.78	\$209.71	\$122.38	\$191.06	\$243.95	\$195.36	\$338.86		\$340.71
76	\$190.61	\$278.16	\$271.36	\$217.38	\$126.86	\$198.05	\$252.87	\$202.51	\$351.26		\$353.17
77	\$197.34	\$287.98	\$280.94	\$225.06	\$131.34	\$205.04	\$261.80	\$209.66	\$363.66		\$365.64
78	\$204.06	\$297.79	\$290.51	\$232.73	\$135.81	\$212.03	\$270.72	\$216.80	\$376.05		\$378.10
79	\$210.79	\$307.61	\$300.09	\$240.40	\$140.29	\$219.02	\$279.65	\$223.95	\$388.45		\$390.57
80	\$217.52	\$317.43	\$309.67	\$248.07	\$144.77	\$226.01	\$288.57	\$231.10	\$400.85		\$403.03
Standard Rates for individuals ages 81 and older.											
81+	\$224.25	\$327.25	\$319.25	\$255.75	\$149.25	\$233.00	\$297.50	\$238.25	\$413.25		\$415.50

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Level 1 Rates for individuals ages 75 and older.											
75+	\$246.67	\$359.97	\$351.17	\$281.32	\$164.17	\$256.30	\$327.25	\$262.07	\$454.57	\$457.05	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Illinois - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
66	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
67	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
68	\$150.46	\$219.58	\$214.21	\$171.60	\$100.14	\$156.34	\$199.62	\$159.86	\$277.28		\$278.80
69	\$157.86	\$230.38	\$224.74	\$180.04	\$105.06	\$164.03	\$209.44	\$167.72	\$290.92		\$292.51
70	\$165.26	\$241.17	\$235.28	\$188.48	\$109.99	\$171.72	\$219.25	\$175.58	\$304.56		\$306.22
71	\$172.66	\$251.97	\$245.81	\$196.92	\$114.91	\$179.41	\$229.07	\$183.44	\$318.19		\$319.93
72	\$180.06	\$262.77	\$256.35	\$205.36	\$119.84	\$187.09	\$238.89	\$191.31	\$331.83		\$333.64
73	\$187.46	\$273.57	\$266.88	\$213.80	\$124.76	\$194.78	\$248.71	\$199.17	\$345.47		\$347.35
74	\$194.86	\$284.37	\$277.42	\$222.24	\$129.69	\$202.47	\$258.52	\$207.03	\$359.11		\$361.06
75	\$202.26	\$295.17	\$287.95	\$230.68	\$134.61	\$210.16	\$268.34	\$214.89	\$372.74		\$374.78
76	\$209.66	\$305.97	\$298.49	\$239.12	\$139.54	\$217.85	\$278.16	\$222.75	\$386.38		\$388.49
77	\$217.06	\$316.77	\$309.02	\$247.56	\$144.46	\$225.54	\$287.98	\$230.62	\$400.02		\$402.20
78	\$224.46	\$327.57	\$319.56	\$256.00	\$149.39	\$233.23	\$297.79	\$238.48	\$413.65		\$415.91
79	\$231.86	\$338.37	\$330.09	\$264.44	\$154.31	\$240.92	\$307.61	\$246.34	\$427.29		\$429.62
80	\$239.26	\$349.17	\$340.63	\$272.88	\$159.24	\$248.61	\$317.43	\$254.20	\$440.93		\$443.33
Standard Rates for individuals ages 81 and older.											
81+	\$246.67	\$359.97	\$351.17	\$281.32	\$164.17	\$256.30	\$327.25	\$262.07	\$454.57		\$457.05

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Illinois - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Level 1 Rates for individuals ages 75 and older.											
75+	\$271.33	\$395.96	\$386.28	\$309.45	\$180.58	\$281.93	\$359.97	\$288.27	\$500.02	\$502.75	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
66	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
67	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
68	\$154.17	\$225.24	\$219.75	\$175.83	\$102.63	\$160.12	\$204.65	\$163.93	\$284.41		\$285.78
69	\$161.76	\$236.32	\$230.56	\$184.48	\$107.68	\$168.00	\$214.72	\$172.00	\$298.40		\$299.84
70	\$169.34	\$247.39	\$241.36	\$193.12	\$112.72	\$175.87	\$224.78	\$180.06	\$312.38		\$313.89
71	\$176.92	\$258.47	\$252.17	\$201.77	\$117.77	\$183.75	\$234.85	\$188.12	\$326.37		\$327.95
72	\$184.50	\$269.55	\$262.98	\$210.42	\$122.82	\$191.62	\$244.91	\$196.18	\$340.36		\$342.00
73	\$192.09	\$280.63	\$273.79	\$219.07	\$127.87	\$199.50	\$254.98	\$204.25	\$354.35		\$356.06
74	\$199.67	\$291.70	\$284.59	\$227.71	\$132.91	\$207.37	\$265.04	\$212.31	\$368.33		\$370.11
75	\$207.25	\$302.78	\$295.40	\$236.36	\$137.96	\$215.25	\$275.11	\$220.37	\$382.32		\$384.17
76	\$214.83	\$313.86	\$306.21	\$245.01	\$143.01	\$223.12	\$285.17	\$228.43	\$396.31		\$398.22
77	\$222.42	\$324.94	\$317.02	\$253.66	\$148.06	\$231.00	\$295.24	\$236.50	\$410.30		\$412.28
78	\$230.00	\$336.01	\$327.82	\$262.30	\$153.10	\$238.87	\$305.30	\$244.56	\$424.28		\$426.33
79	\$237.58	\$347.09	\$338.63	\$270.95	\$158.15	\$246.75	\$315.37	\$252.62	\$438.27		\$440.39
80	\$245.16	\$358.17	\$349.44	\$279.60	\$163.20	\$254.62	\$325.43	\$260.68	\$452.26		\$454.44
Standard Rates for individuals ages 81 and older.											
81+	\$252.75	\$369.25	\$360.25	\$288.25	\$168.25	\$262.50	\$335.50	\$268.75	\$466.25		\$468.50

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Level 1 Rates for individuals ages 75 and older.											
75+	\$278.02	\$406.17	\$396.27	\$317.07	\$185.07	\$288.75	\$369.05	\$295.62	\$512.87	\$515.35	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Illinois - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 1											
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Standard Rates with Enrollment Discount ² for individuals ages 65-80.											
65	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
66	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
67	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
68	\$169.59	\$247.76	\$241.72	\$193.41	\$112.89	\$176.13	\$225.12	\$180.32	\$312.85	\$314.36	
69	\$177.93	\$259.94	\$253.61	\$202.92	\$118.44	\$184.80	\$236.19	\$189.19	\$328.23	\$329.82	
70	\$186.27	\$272.13	\$265.50	\$212.43	\$123.99	\$193.46	\$247.26	\$198.06	\$343.62	\$345.28	
71	\$194.61	\$284.31	\$277.38	\$221.94	\$129.54	\$202.12	\$258.33	\$206.93	\$359.00	\$360.74	
72	\$202.95	\$296.50	\$289.27	\$231.46	\$135.10	\$210.78	\$269.40	\$215.80	\$374.39	\$376.20	
73	\$211.29	\$308.68	\$301.16	\$240.97	\$140.65	\$219.45	\$280.47	\$224.67	\$389.78	\$391.66	
74	\$219.63	\$320.87	\$313.05	\$250.48	\$146.20	\$228.11	\$291.54	\$233.53	\$405.16	\$407.12	
75	\$227.97	\$333.05	\$324.94	\$259.99	\$151.75	\$236.77	\$302.62	\$242.40	\$420.55	\$422.58	
76	\$236.31	\$345.24	\$336.82	\$269.50	\$157.30	\$245.43	\$313.69	\$251.27	\$435.93	\$438.04	
77	\$244.65	\$357.42	\$348.71	\$279.02	\$162.86	\$254.10	\$324.76	\$260.14	\$451.32	\$453.50	
78	\$252.99	\$369.61	\$360.60	\$288.53	\$168.41	\$262.76	\$335.83	\$269.01	\$466.71	\$468.96	
79	\$261.33	\$381.79	\$372.49	\$298.04	\$173.96	\$271.42	\$346.90	\$277.88	\$482.09	\$484.42	
80	\$269.67	\$393.98	\$384.38	\$307.55	\$179.51	\$280.08	\$357.97	\$286.75	\$497.48	\$499.88	
Standard Rates for individuals ages 81 and older.											
81+	\$278.02	\$406.17	\$396.27	\$317.07	\$185.07	\$288.75	\$369.05	\$295.62	\$512.87	\$515.35	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Illinois - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 2											
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
Level 1 Rates for individuals ages 75 and older.											
75+	\$305.82	\$446.78	\$435.89	\$348.77	\$203.57	\$317.62	\$405.95	\$325.18	\$564.15	\$566.88	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

Cover Page - Rates

Under 65 Monthly Plan Rates for Illinois - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants											Medicare first eligible before 2020 only ³
Group 3											
Applies to individuals under age 65 who are eligible for Medicare.											
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
	Female Non-Tobacco Rates										
Under 65	\$336.36	\$490.86	\$587.41	\$485.91	\$223.86	\$349.49	\$446.24	\$440.75	\$619.86	\$623.24	
	Male Non-Tobacco Rates										
Under 65	\$379.11	\$553.86	\$662.85	\$547.66	\$252.36	\$393.74	\$503.24	\$497.17	\$699.36	\$702.74	

The rates above are for plan effective dates from June 2026 - May 2027 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later.

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

4 You must use a network hospital with Select Plans G and N.

ILLINOIS Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

60111	60552	60946	61020	61071	61230	61278	61338	61412	61453	61523	61567
60112	60553	60948	61021	61072	61231	61279	61340	61413	61454	61524	61568
60113	60556	60949	61024	61073	61232	61281	61341	61414	61455	61525	61569
60115	60557	60950	61025	61074	61233	61282	61342	61415	61458	61526	61570
60129	60560	60951	61027	61075	61234	61283	61344	61416	61459	61528	61571
60135	60901	60952	61028	61077	61235	61284	61345	61417	61460	61529	61572
60145	60910	60953	61030	61078	61236	61285	61346	61418	61462	61530	61601
60146	60911	60954	61031	61079	61237	61299	61348	61419	61465	61531	61602
60150	60912	60955	61032	61080	61238	61301	61349	61420	61466	61532	61603
60178	60913	60956	61036	61081	61239	61310	61350	61421	61467	61533	61604
60407	60914	60957	61037	61084	61240	61311	61353	61422	61468	61534	61605
60416	60915	60959	61038	61085	61241	61312	61354	61423	61469	61535	61606
60420	60917	60960	61039	61087	61242	61313	61356	61424	61470	61536	61607
60424	60918	60961	61041	61088	61243	61314	61358	61425	61471	61537	61610
60437	60919	60962	61042	61089	61244	61315	61359	61426	61472	61539	61611
60444	60920	60963	61043	61091	61250	61316	61360	61427	61473	61540	61612
60447	60921	60964	61044	61101	61251	61317	61361	61428	61474	61541	61613
60450	60922	60966	61046	61102	61252	61318	61362	61430	61475	61542	61614
60460	60924	60967	61047	61103	61254	61319	61363	61431	61476	61543	61615
60470	60926	60968	61048	61104	61256	61320	61364	61432	61477	61544	61616
60474	60927	60969	61049	61105	61257	61321	61367	61433	61478	61545	61625
60479	60928	60970	61050	61106	61258	61322	61368	61434	61479	61546	61629
60512	60929	60973	61051	61107	61259	61323	61369	61435	61480	61547	61630
60518	60930	60974	61052	61108	61260	61324	61370	61436	61482	61548	61633
60520	60931	61001	61053	61109	61261	61325	61371	61437	61483	61550	61634
60530	60932	61006	61054	61110	61262	61326	61372	61438	61484	61552	61635
60531	60933	61007	61057	61111	61263	61327	61373	61439	61485	61553	61636
60536	60934	61008	61059	61112	61264	61328	61374	61440	61486	61554	61637
60537	60935	61010	61060	61114	61265	61329	61375	61441	61488	61555	61638
60538	60936	61011	61061	61115	61266	61330	61376	61442	61489	61558	61639
60541	60938	61012	61062	61125	61270	61331	61377	61443	61490	61559	61641
60543	60939	61013	61063	61126	61272	61332	61378	61447	61491	61560	61643
60545	60940	61014	61064	61130	61273	61333	61379	61448	61501	61561	61650
60548	60941	61015	61065	61131	61274	61334	61401	61449	61516	61562	61651
60549	60942	61016	61067	61132	61275	61335	61402	61450	61517	61563	61652
60550	60944	61018	61068	61201	61276	61336	61410	61451	61519	61564	61653
60551	60945	61019	61070	61204	61277	61337	61411	61452	61520	61565	61654

ILLINOIS Area 2 ZIP Codes CONTINUED

61655	61753	61830	61880	62012	62061	62214	62261	62321	62376	62452	62530
61656	61754	61831	61882	62013	62062	62215	62262	62323	62378	62454	62531
61701	61755	61832	61883	62014	62063	62216	62263	62324	62379	62458	62532
61702	61756	61833	61884	62015	62065	62217	62264	62325	62380	62459	62533
61704	61758	61834	61910	62016	62067	62218	62265	62326	62401	62460	62534
61705	61759	61839	61911	62017	62069	62219	62266	62329	62410	62461	62535
61709	61760	61840	61912	62018	62070	62220	62268	62330	62411	62462	62536
61710	61761	61841	61913	62019	62071	62221	62269	62334	62413	62463	62537
61720	61764	61842	61914	62021	62074	62222	62271	62336	62414	62464	62538
61721	61769	61843	61917	62022	62075	62223	62272	62338	62417	62465	62539
61722	61770	61844	61919	62023	62076	62225	62273	62339	62418	62466	62540
61723	61771	61845	61920	62024	62077	62226	62274	62340	62419	62467	62541
61724	61772	61846	61924	62025	62078	62230	62275	62341	62420	62468	62543
61725	61773	61847	61925	62026	62079	62231	62277	62343	62421	62469	62544
61726	61774	61848	61928	62027	62080	62232	62278	62344	62422	62471	62545
61727	61775	61849	61929	62028	62081	62233	62279	62345	62423	62473	62546
61728	61776	61850	61930	62030	62082	62234	62280	62346	62424	62474	62547
61729	61777	61851	61931	62031	62083	62236	62281	62347	62425	62475	62548
61730	61778	61852	61932	62032	62084	62237	62282	62348	62426	62476	62549
61731	61790	61853	61933	62033	62085	62238	62284	62349	62427	62477	62550
61732	61791	61854	61936	62034	62086	62239	62285	62351	62428	62478	62551
61733	61799	61855	61937	62035	62087	62240	62286	62352	62431	62479	62553
61734	61801	61856	61938	62036	62088	62241	62288	62353	62432	62480	62554
61735	61802	61857	61940	62037	62089	62242	62289	62354	62433	62481	62555
61736	61803	61858	61941	62040	62090	62243	62292	62355	62434	62501	62556
61737	61810	61859	61942	62044	62091	62244	62293	62356	62436	62510	62557
61738	61811	61862	61943	62045	62092	62245	62294	62357	62438	62512	62558
61739	61812	61863	61944	62046	62093	62246	62295	62358	62439	62513	62560
61740	61813	61864	61949	62047	62094	62248	62297	62359	62440	62514	62561
61741	61814	61865	61951	62048	62095	62249	62298	62360	62441	62515	62563
61742	61815	61866	61953	62049	62097	62250	62301	62361	62442	62517	62565
61743	61816	61870	61955	62050	62098	62252	62305	62362	62443	62518	62567
61744	61817	61871	61956	62051	62201	62253	62306	62363	62444	62519	62568
61745	61818	61872	61957	62052	62202	62254	62311	62365	62445	62520	62570
61747	61820	61873	62001	62053	62203	62255	62312	62366	62446	62521	62571
61748	61821	61874	62002	62054	62204	62256	62313	62367	62447	62522	62572
61749	61822	61875	62006	62056	62205	62257	62314	62370	62448	62523	62573
61750	61824	61876	62009	62058	62206	62258	62316	62373	62449	62524	62601
61751	61825	61877	62010	62059	62207	62259	62319	62374	62450	62525	62610
61752	61826	61878	62011	62060	62208	62260	62320	62375	62451	62526	62611

ILLINOIS Area 2 ZIP Codes CONTINUED

62612	62670	62757	62829	62872	62916	62962
62613	62671	62761	62830	62874	62917	62963
62615	62672	62762	62831	62875	62918	62964
62617	62673	62763	62832	62876	62919	62965
62618	62674	62764	62833	62877	62920	62966
62621	62675	62765	62834	62878	62921	62967
62622	62677	62766	62835	62879	62922	62969
62624	62681	62767	62836	62880	62923	62970
62625	62682	62769	62837	62881	62924	62972
62626	62683	62776	62838	62882	62926	62973
62627	62684	62777	62839	62883	62927	62974
62628	62685	62781	62840	62884	62928	62975
62629	62688	62786	62841	62885	62930	62976
62630	62689	62791	62842	62886	62931	62977
62631	62690	62794	62843	62887	62932	62979
62633	62691	62796	62844	62888	62933	62982
62634	62692	62801	62846	62889	62934	62983
62635	62693	62803	62848	62890	62935	62984
62638	62694	62806	62849	62891	62938	62985
62639	62695	62807	62850	62892	62939	62987
62640	62701	62808	62851	62893	62940	62988
62642	62702	62809	62852	62894	62941	62990
62643	62703	62810	62853	62895	62942	62992
62644	62704	62811	62854	62896	62943	62993
62649	62705	62812	62856	62897	62946	62994
62650	62706	62814	62858	62898	62947	62995
62651	62707	62815	62859	62899	62948	62996
62655	62708	62816	62860	62901	62949	62997
62656	62711	62817	62861	62902	62950	62998
62659	62712	62818	62862	62903	62951	62999
62660	62715	62819	62863	62905	62952	
62661	62716	62820	62864	62906	62953	
62662	62719	62821	62865	62907	62954	
62663	62722	62822	62866	62908	62956	
62664	62723	62823	62867	62909	62957	
62665	62726	62824	62868	62910	62958	
62666	62736	62825	62869	62912	62959	
62667	62739	62827	62870	62914	62960	
62668	62756	62828	62871	62915	62961	

Your Guide To AARP Medicare Supplement and Medicare Select Insurance Plans

**UnitedHealthcare Insurance Company,
also known as UnitedHealthcare**

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

You are eligible to apply if you are an AARP member age 50 or older or an AARP member's spouse of any age. (If you are eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD) and you are 50-64 **or** an AARP member's spouse under the age of 65, 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.

■ **If you are age 50-64 or an AARP member's spouse under age 65 and had one of the following situations in the last 6 months, your acceptance is guaranteed:**

- you lost employer coverage primary or secondary to Medicare;
- you lost Medicare Advantage or Medicare Select coverage;
- your Medicare Advantage or Medicare Select plan violated contract provisions or was misrepresented in marketing;
- you lost Medicare Supplement coverage or the plan was misrepresented and you are without coverage.

You must provide proof of your prior plan. The documentation should include the type of coverage being lost or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

■ **There is also an annual 45-day Birthday Enrollment Period for those age 65 to 75** who are replacing an AARP Medicare Supplement Plan or an AARP Medicare Select Plan and your Application Form is received no later than 44 days after your birth date.

- If you **enrolled in Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan or an AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, C, F, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current 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 or AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current 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 health insurance 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 have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. 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 or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

Continued...

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.

Additional Information

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.
- For AARP Medicare Select Plans – 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.
- 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

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.

Continued...

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, 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

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

Your AARP Medicare Supplement or Medicare Select Plan cannot 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

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement and 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.

General Information

AARP endorses the AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare. UnitedHealthcare pays royalty fees for the use of AARP intellectual property. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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.

You must be an AARP member to enroll in an AARP Medicare Supplement or Medicare Select Plan.

AARP Medicare Supplement Plans, insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103-3408, 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.

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 \$1,736	\$0	\$1,736 (Part A deductible)
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	\$0	Up to \$217 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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

³ Once you have been billed \$283 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 Period¹

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 \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	\$0	Up to \$217 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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

³ Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan C Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$217 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 C (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Plan C 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 \$283 of Medicare-approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	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 \$283 of Medicare-approved amounts ³	\$0	\$283 (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 C 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 \$283 of Medicare-approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan C 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 \$283 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 \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$217 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 \$283 of Medicare-approved amounts ³	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$283 (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 \$283 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 \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$217 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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan K Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$868 (50% of Part A deductible)	\$868 (50% of Part A deductible)♦
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$108.50 per day	Up to \$108.50 per day♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	50%	50%♦
	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	50% of co-payment/co-insurance	50% of Medicare co-payment/co-insurance♦

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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.

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$8000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan K pays	You Pay ⁴
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 \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$8000) ⁴
Blood	First 3 pints	\$0	50%	50% ♦
	Next \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page **Notes**

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$8000 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

5 Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ⁶	\$0	\$0	\$283 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	10%	10%♦

Notes

6 Medicare benefits are subject to change.
Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan Benefit Tables: Plan L

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan L Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,302 (75% of Part A deductible)	\$434 (25% of Part A deductible)♦
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$162.75 per day	Up to \$54.25 per day♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	75%	25%♦
	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	75% of co-payment/ co-insurance	25% of Medicare co-payment/ co-insurance♦

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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.

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
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 \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4000) ⁴
Blood	First 3 pints	\$0	75%	25% ♦
	Next \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 15%	Generally 5% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page **Notes**

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4000 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

5 Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ⁶	\$0	\$0	\$283 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	15%	5%♦

Notes

⁶ Medicare benefits are subject to change.
Please consult the latest *Guide to Health
Insurance for People with Medicare*.

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 \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 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 \$217 per day	Up to \$217 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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 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 \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	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 \$217 per day	Up to \$217 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 You must use a network hospital.

3 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: Medicare Select - Plan G (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Medicare Select 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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (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	Medicare Select 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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Continued on next page **Notes**

4 Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan G (continued)

Other Benefits not covered by Medicare				
Service		Medicare Pays	Medicare Select 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

Plan Benefit Tables: Medicare Select - Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	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 \$217 per day	Up to \$217 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 You must use a network hospital.

3 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: Medicare Select - Plan N (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Medicare Select 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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Continued on next page **Notes**

4 Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan N (continued)**Parts A and B**

Service		Medicare Pays	Medicare Select Plan N 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 \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (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

4 Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Rules and Disclosures about this Insurance

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

Premium information

You may keep your plan in force by paying the required monthly premium when due. Monthly rates shown reflect current premium levels and all rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state.

Disclosures

Use the *Overview of Available Plans*, the *Plan Benefit Tables* and *Cover Page - Rates* to compare benefits and premiums among plans.

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 9003
HUNTINGDON VALLEY PA 19006-9998

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments. However, UnitedHealthcare has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during this period. If you have received claims payment in excess of the amount of your premium, no refund of premium will be made.

Policy 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 Insurance Company 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 all questions about your medical and health history truthfully and completely. 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.

Grievance Procedure

Complaint and Grievance Procedure -

UnitedHealthcare has established a formal procedure to respond to customer complaints and grievances. UnitedHealthcare desires to provide a fair, accessible and responsive method of evaluating and resolving complaints and grievances. If UnitedHealthcare determines that any prior action that it has taken was incorrect, corrective action will be taken. You may, at any time, submit a written complaint to the Department of Insurance in your state.

Complaints - If you have a complaint, you may call us at 1-800-523-5880 or write to us at:

UNITEDHEALTHCARE
PO BOX 1891
SOUTHAMPTON PA 18966-9998

We will acknowledge all complaints within 15 days and will respond to all complaints within a reasonable period of time.

Grievances - If you are dissatisfied with our handling of a complaint or a claim denial, or are dissatisfied for any other reason, you may submit a formal grievance. Grievances must be in writing and contain the words "this is a grievance" to ensure that we understand the purpose of the communication. You must clearly state the nature of the grievance and send it to:

UNITEDHEALTHCARE
PO BOX 1891
SOUTHAMPTON PA 18966-9998

We will acknowledge in writing all grievances within 15 days and respond to all grievances within a reasonable period of time. All grievances must be filed within 60 days or as soon as reasonably possible from the date of denial of benefits or other action giving rise to the grievance.

Illinois Resident Directory

Participating Hospitals - Effective July 2026 For AARP® Medicare Select Plans

Illinois

Champaign County

OSF Heart of Mary Medical Center
1400 West Park Street
Urbana, IL 61801
(217) 337-2000

Christian County

Pana Community Hospital*
101 East 9th Street
Pana, IL 62557
(217) 562-2131

Cook County

AMITA Health Saint Joseph Hospital Chicago**
2900 North Lake Shore Drive
Chicago, IL 60657
(773) 665-3000

Community First Medical Center
5645 West Addison Street
Chicago, IL 60634
(773) 282-7000

Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201
(847) 570-2000

Glenbrook Hospital
2100 Pfingsten Road
Glenview, IL 60026
(847) 657-5800

Hartgrove Behavioral Health System*
5730 West Roosevelt Road
Chicago, IL 60644
(888) 536-9589

Cook County (Continued)

Jackson Park Hospital and Medical Center
7531 South Stony Island Avenue
Chicago, IL 60649
(773) 947-7500

John H. Stroger Jr. Hospital of Cook County
1969 West Ogden Avenue
Chicago, IL 60612
(312) 864-6000

Kindred Hospital - Chicago (North Campus)*
2544 West Montrose Avenue
Chicago, IL 60618
(773) 267-2622

Kindred Hospital - Chicago (Northlake Campus)*
365 East North Avenue
Northlake, IL 60164
(708) 345-8100

Little Company of Mary Hospital
2800 95th Street
Evergreen Park, IL 60805
(708) 422-6200

Loretto Hospital*
645 South Central Avenue
Chicago, IL 60644
(773) 626-4300

Thorek Memorial Hospital - Andersonville
5025 North Paulina Street
Chicago, IL 60640
(773) 271-9040

Cook County (Continued)

Mount Sinai Hospital
1500 South Fairfield Avenue
Chicago, IL 60608
(773) 542-2000

Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005
(847) 618-1000

Northwestern Memorial Hospital
251 East Huron Street
Chicago, IL 60611
(312) 926-2000

Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622
(773) 292-8200

OSF Little Company of Mary Medical Center*
2800 West 95th Street
Evergreen Park, IL 60805
(708) 422-6200

Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463
(708) 923-4000

Provident Hospital of Cook County
500 East 51st Street
Chicago, IL 60615
(312) 572-2000

Riveredge Hospital*
8311 Roosevelt Road
Forest Park, IL 60130
(708) 209-4181

*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

**This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

Illinois (Continued)

Cook County *(Continued)*

Rush Oak Park Hospital**
520 South Maple Avenue
Oak Park, IL 60304
(708) 383-9300

Rush University Medical
Center**
1653 West Congress Parkway
Chicago, IL 60612
(312) 942-5000

Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076
(847) 677-9600

South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617
(773) 356-5000

St. Anthony Hospital
2875 West 19th Street
Chicago, IL 60623
(773) 484-1000

Thorek Memorial Hospital
850 West Irving Park Road
Chicago, IL 60613
(773) 525-6780

University of Illinois Hospital &
Health Sciences
1740 West Taylor Street
Chicago, IL 60612
(866) 600-2273

Dekalb County

Northwestern Medicine
Kishwaukee Hospital
One Kish Hospital Drive
Dekalb, IL 60115
(815) 756-1521

Dekalb County *(Continued)*

Northwestern Medicine
Valley West Hospital
1302 North Main Street
Sandwich, IL 60548
(815) 786-8484

DuPage County

Marianjoy Rehabilitation
Hospital
26 West 171 Roosevelt Road
Wheaton, IL 60187
(630) 909-8000

Northwestern Medicine
Behavioral Health Services*
27W350 High Lake Road
Winfield, IL 60190
(630) 933-4000

Northwestern Medicine
Central DuPage Hospital
25 North Winfield Road
Winfield, IL 60190
(630) 933-1600

RML Specialty Hospital
5601 South County Line Road
Hinsdale, IL 60521
(630) 286-4000

Fulton County

Graham Hospital*
210 West Walnut Street
Canton, IL 61520
(309) 647-5240

Kane County

Northwestern Medicine Delnor
Hospital
300 Randall Road
Geneva, IL 60134
(630) 208-3000

Lake County

Highland Park Hospital
777 Park Avenue West
Highland Park, IL 60035
(847) 432-8000

Midwestern Regional
Medical Center*
2520 Elisha Avenue
Zion, IL 60099
(847) 872-4561

Northwestern Medicine Lake
Forest Hospital
1000 North Westmoreland
Road
Lake Forest, IL 60045
(847) 234-5600

La Salle County

Mendota Community Hospital
1401 East 12th Street
Mendota, IL 61342
(815) 539-7461

OSF Saint Elizabeth Medical
Center*
1100 East Norris Drive
Ottawa, IL 61350
(815) 433-3100

Macon County

Decatur Memorial Hospital
2300 North Edward Street
Decatur, IL 62526
(217) 876-8121

Madison County

Gateway Regional Medical
Center*
2100 Madison Ave
Granite City, IL 62040
(618) 798-3000

OSF Saint Anthony's
Health Center*
1 Saint Anthony's Way
Alton, IL 62002
(618) 465-2571

*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

**This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

Illinois (Continued)

McHenry County

Northwestern Medicine
Huntley Hospital
10400 Haligus Road
Huntley, IL 60142
(224) 654-0000

Northwestern Medicine
McHenry Hospital
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Northwestern Medicine
Woodstock Hospital
3701 Doty Road
Woodstock, IL 60098
(815) 338-2500

McLean County

OSF Saint Joseph Medical
Center*
2200 East Washington Street
Bloomington, IL 61701
(309) 662-3311

Randolph County

Memorial Hospital*
1900 State Street
Chester, IL 62233
(618) 826-4581

Rock Island County

Unitypoint Health Trinity
Moline*
500 John Deere Rd
Moline, IL 61265
(309) 779-5000

Unitypoint Health Trinity
Rock Island*
2701 17th St
Rock Island, IL 61201
(309) 779-5000

St. Clair County

Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207
(618) 332-3060

Tazewell County

Pekin Hospital**
600 South 13th Street
Pekin, IL 61554
(309) 347-1151

Vermilion County

OSF Sacred Heart Medical
Center
812 North Logan Avenue
Danville, IL 61832
(217) 443-5000

Will County

AMITA Health Saint Joseph
Medical Center - Joliet
333 North Madison Street
Joliet, IL 60435
(815) 725-7133

Silver Cross Hospital
1900 Silver Cross Boulevard
New Lenox, IL 60451
(815) 300-1100

Winnebago County

OSF St. Anthony Medical
Center**
5666 East State Street
Rockford, IL 61108
(815) 226-2000

Van Matre HealthSouth
Rehabilitation Hospital
950 South Mulford Road
Rockford, IL 61108
(815) 381-8500

*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

**This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

Indiana

Clay County

St. Vincent Clay Hospital
1206 E National Avenue
Brazil, IN 47834
(812) 442-2500

Lake County

Methodist Hospital -
Northlake Campus
600 Grant Street
Gary, IN 46402
(219) 886-4000

Methodist Hospital -
Southlake Campus
8701 Broadway
Merrillville, IN 46410
(219) 738-5500

Pinnacle Hospital
9301 Connecticut Drive
Crown Point, IN 46307
(219) 756-2100

Putnam County

Putnam County Hospital
1542 South Bloomington Street
Greencastle, IN 46135
(765) 301-7300

Tippecanoe County

Lafayette Regional
Rehabilitation Hospital
950 Park East Boulevard
Lafayette, IN 47905
(765) 447-4040

Vanderburgh County

Deaconess Midtown Hospital
600 Mary Street
Evansville, IN 47747
(812) 450-5000

St. Vincent Evansville
3700 Washington Avenue
Evansville, IN 47750
(812) 485-4000

Vermillion County

Union Hospital Clinton*
801 South Main Street
Clinton, IN 47842
(765) 832-1234

Vigo County

Union Hospital*
1606 North 7th Street
Terre Haute, IN 47804
(812) 238-7000

Warren County

St. Vincent Williamsport
Hospital
412 N Monroe Street
Williamsport, IN 47993
(765) 762-4000

Warrick County

Deaconess Gateway Hospital
4011 Gateway Boulevard
Newburgh, IN 47630
(812) 842-2000

Deaconess Womens Hospital
4199 Gateway Boulevard
Newburgh, IN 47630
(812) 842-4200

Encompass Health Deaconess
Rehabilitation Hospital
9355 Warrick Wellness Trail
Newburgh, IN 47630
(812) 476-9983

The Heart Hospital at
Deaconess Gateway
4007 Gateway Boulevard
Newburgh, IN 47630
(812) 842-4784

Kentucky

Crittenden County

Crittenden Community
Hospital
520 West Gum Street
Marion, KY 42064
(270) 965-5281

Henderson County

Methodist Health Henderson
County Campus
1305 North Elm Street
Henderson, KY 42420
(270) 827-7700

McCracken County

Lourdes Hospital
1530 Lone Oak Road
Paducah, KY 42003
(270) 444-2444

Union County

Deaconess Union County
Hospital
4604 US Highway 60 West
Morganfield, KY 42437
(270) 389-5000

*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.

Wisconsin

Milwaukee County

Ascension SE Wisconsin Hospital
- Franklin Campus*
10101 South 27th Street
Franklin, WI 53132
(414) 325-4700

Ascension SE Wisconsin Hospital
- St. Joseph Campus*
5000 West Chambers Street
Milwaukee, WI 53210
(414) 447-2000

Milwaukee County (Continued)

Ascension St. Francis Hospital*
3237 South 16th Street
Milwaukee, WI 53215
(414) 647-5000

Ascension Wisconsin Hospital
Greenfield*
4935 South 76th Street
Greenfield, WI 53220
(414) 567-3211

Milwaukee County (Continued)

Midwest Orthopedic Specialty
Hospital LLC*
10101 S 27th Street Second
Floor
Franklin, WI 53132
(414) 817-5800

Racine County

Ascension All Saints Hospital
- Surgical Services - Spring
Street Campus*
3801 Spring Street
Racine, WI 53405
(262) 687-4011

*This hospital was contracted by USA Managed Care Organization and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network.



Participating Hospitals listed in this directory are subject to change. For health systems with multiple hospitals, all locations may not participate. Check with your doctor to make sure he or she has admitting privileges at a network hospital. Prior to scheduling any inpatient hospital service, it is recommended you call UnitedHealthcare Customer Service at 1-800-523-5800, TTY 711, weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m. Eastern Time for a current listing of participating hospitals in your area. You may also call this number to obtain a directory of participating hospitals for other areas when you will be traveling.

All participating hospitals are open 24 hours a day, 7 days a week.

Network changes will be communicated annually to insureds impacted by hospitals who no longer participate. Coverage will remain until insured is notified in writing.

Your Medicare Select policy will only pay full supplemental benefits if covered services are obtained through specified participating hospitals. Medicare Select policies deny payment or pay less than the full benefit if you use a non-participating hospital for non-emergency services.

For AARP® Medicare Select Plans Only

Illinois - Effective April 2026

Medicare Select Plans are available to individuals in the following zip code areas:

60002	60039	60077	60110	60143	60178	60399	60434	60464	60507	60544
60004	60040	60078	60111	60144	60179	60401	60435	60465	60510	60545
60005	60041	60079	60112	60145	60180	60402	60436	60466	60511	60546
60006	60042	60081	60113	60146	60181	60403	60437	60467	60512	60548
60007	60043	60082	60115	60147	60183	60404	60438	60468	60513	60549
60008	60044	60083	60116	60148	60184	60406	60439	60469	60514	60550
60009	60045	60084	60117	60150	60185	60407	60440	60470	60515	60551
60010	60046	60085	60118	60151	60186	60408	60441	60471	60516	60552
60011	60047	60086	60119	60152	60187	60409	60442	60472	60517	60553
60012	60048	60087	60120	60153	60188	60410	60443	60473	60518	60554
60013	60050	60088	60121	60154	60189	60411	60444	60474	60519	60555
60014	60051	60089	60122	60155	60190	60412	60445	60475	60520	60556
60015	60053	60090	60123	60156	60191	60415	60446	60476	60521	60557
60016	60055	60091	60124	60157	60192	60416	60447	60477	60522	60558
60017	60056	60093	60126	60159	60193	60417	60448	60478	60523	60559
60018	60060	60094	60128	60160	60194	60418	60449	60479	60525	60560
60019	60061	60095	60129	60161	60195	60419	60450	60480	60526	60561
60020	60062	60096	60130	60162	60196	60420	60451	60481	60527	60563
60021	60064	60097	60131	60163	60197	60421	60452	60482	60530	60564
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60025	60067	60099	60133	60165	60201	60423	60454	60487	60532	60566
60026	60068	60101	60134	60168	60202	60424	60455	60490	60534	60567
60029	60069	60102	60135	60169	60203	60425	60456	60491	60536	60568
60030	60070	60103	60136	60171	60204	60426	60457	60499	60537	60569
60031	60071	60104	60137	60172	60208	60428	60458	60501	60538	60572
60033	60072	60105	60138	60173	60301	60429	60459	60502	60539	60585
60034	60073	60106	60139	60174	60302	60430	60460	60503	60540	60586
60035	60074	60107	60140	60175	60303	60431	60461	60504	60541	60598
60037	60075	60108	60141	60176	60304	60432	60462	60505	60542	60599
60038	60076	60109	60142	60177	60305	60433	60463	60506	60543	60601

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60602	60640	60688	60929	60969	61052	61108	61259	61322	61367	61432
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60607	60645	60694	60934	61007	61060	61114	61264	61327	61372	61437
60608	60646	60695	60935	61008	61061	61115	61265	61328	61373	61438
60609	60647	60696	60936	61010	61062	61125	61266	61329	61374	61439
60610	60649	60697	60938	61011	61063	61126	61270	61330	61375	61440
60611	60651	60699	60939	61012	61064	61130	61272	61331	61376	61441
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60616	60656	60714	60945	61018	61071	61230	61277	61336	61402	61449
60617	60657	60803	60946	61019	61072	61231	61278	61337	61410	61450
60618	60659	60804	60948	61020	61073	61232	61279	61338	61411	61451
60619	60660	60805	60949	61021	61074	61233	61281	61340	61412	61452
60620	60661	60827	60950	61024	61077	61234	61282	61341	61413	61453
60621	60664	60901	60951	61027	61078	61235	61283	61342	61414	61454
60622	60666	60910	60952	61030	61079	61236	61284	61344	61415	61455
60623	60668	60911	60953	61031	61080	61237	61285	61345	61416	61458
60624	60669	60912	60954	61032	61081	61238	61299	61346	61417	61459
60625	60670	60913	60955	61037	61084	61239	61301	61348	61418	61460
60626	60673	60914	60956	61038	61085	61240	61310	61349	61419	61462
60628	60674	60915	60957	61039	61087	61241	61311	61350	61420	61465
60629	60675	60917	60958	61041	61088	61242	61312	61353	61421	61466
60630	60677	60918	60959	61042	61089	61243	61313	61354	61422	61467
60631	60678	60919	60960	61043	61091	61244	61314	61356	61423	61468
60632	60680	60920	60961	61044	61101	61250	61315	61358	61424	61469
60633	60681	60921	60962	61046	61102	61251	61316	61359	61425	61470
60634	60682	60922	60963	61047	61103	61252	61317	61360	61426	61471
60636	60684	60924	60964	61048	61104	61254	61318	61361	61427	61472
60637	60685	60926	60966	61049	61105	61256	61319	61362	61428	61473
60638	60686	60927	60967	61050	61106	61257	61320	61363	61430	61474
60639	60687	60928	60968	61051	61107	61258	61321	61364	61431	61475

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61476	61542	61613	61727	61771	61841	61884	62011	62054	62098	62246
61477	61543	61614	61728	61772	61842	61910	62012	62056	62201	62248
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61479	61545	61616	61730	61774	61844	61912	62014	62059	62203	62250
61480	61546	61625	61731	61775	61845	61913	62015	62060	62204	62252
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61517	61562	61650	61743	61812	61857	61933	62028	62077	62221	62264
61519	61563	61651	61744	61813	61858	61936	62030	62078	62222	62265
61520	61564	61652	61745	61814	61859	61937	62031	62079	62223	62266
61523	61565	61653	61747	61815	61862	61938	62032	62080	62225	62268
61524	61567	61654	61748	61816	61863	61940	62033	62081	62226	62269
61525	61568	61655	61749	61817	61864	61941	62034	62082	62230	62271
61526	61569	61656	61750	61818	61865	61942	62035	62083	62231	62272
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61531	61601	61705	61754	61824	61872	61951	62044	62087	62236	62277
61532	61602	61709	61755	61825	61873	61953	62045	62088	62237	62278
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61535	61605	61721	61759	61831	61876	61957	62048	62091	62240	62281
61536	61606	61722	61760	61832	61877	62001	62049	62092	62241	62282
61537	61607	61723	61761	61833	61878	62002	62050	62093	62242	62284
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62289	62432	62501	62551	62638	62692	62791	62849	62903	62948	62993
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62293	62436	62512	62554	62640	62694	62796	62854	62906	62950	62995
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62295	62439	62514	62556	62643	62701	62803	62859	62908	62952	62997
62297	62440	62515	62557	62644	62702	62806	62860	62909	62953	62998
62298	62441	62517	62558	62649	62703	62807	62861	62910	62954	62999
62311	62442	62518	62560	62650	62704	62808	62862	62912	62956	
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62326	62444	62520	62563	62655	62706	62811	62865	62915	62958	
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62352	62452	62525	62571	62662	62715	62818	62871	62920	62963	
62355	62454	62526	62572	62663	62716	62819	62874	62921	62964	
62358	62458	62530	62573	62664	62719	62820	62875	62922	62965	
62361	62460	62531	62601	62666	62722	62821	62876	62923	62966	
62367	62461	62532	62610	62667	62723	62822	62877	62924	62967	
62374	62462	62533	62611	62668	62726	62825	62880	62926	62969	
62401	62463	62534	62612	62670	62736	62827	62881	62927	62970	
62410	62464	62535	62613	62671	62739	62829	62882	62928	62972	
62411	62465	62536	62615	62672	62756	62831	62883	62930	62973	
62413	62466	62537	62617	62673	62757	62832	62884	62931	62974	
62414	62467	62538	62618	62674	62761	62833	62885	62932	62975	
62417	62468	62539	62622	62675	62762	62834	62887	62933	62976	
62418	62469	62540	62624	62677	62763	62835	62888	62934	62977	
62419	62471	62541	62625	62681	62764	62836	62890	62935	62979	
62420	62473	62543	62626	62682	62765	62837	62891	62938	62982	
62422	62474	62544	62627	62683	62766	62838	62892	62939	62983	
62423	62476	62545	62629	62684	62767	62840	62894	62940	62984	
62424	62477	62546	62630	62685	62769	62841	62896	62941	62985	
62426	62478	62547	62631	62688	62776	62843	62897	62942	62987	
62427	62479	62548	62633	62689	62777	62844	62898	62943	62988	
62428	62480	62549	62634	62690	62781	62846	62901	62946	62990	
62431	62481	62550	62635	62691	62786	62848	62902	62947	62992	

UnitedHealthcare Insurance Company,
also known as UnitedHealthcare

Enrollment Checklist

In the following section, you will find the forms you need to complete when applying for coverage. Please be sure to complete and submit all the necessary forms to ensure your enrollment is processed quickly and accurately.

Here is an overview of the different forms and some helpful tips:



Application Form

- ☐ Be sure to review and complete each applicable section.
- ☐ Please only write comments where indicated on the application.
- ☐ Be sure to sign and date the application in all the places indicated.



AARP Membership Form

AARP membership is required to enroll in an AARP Medicare Supplement Plan, insured by UnitedHealthcare Insurance Company. If you are not currently an AARP member or are unsure, you may enroll, renew or verify in one of three ways:

- ☐ Log on to aarp.org/ActToday;
- ☐ Call toll-free 1-866-331-1964; or
- ☐ Complete the membership form and submit it with the plan application, along with a separate check for \$20.00 payable to AARP.
 - Note: One membership covers both the member and another individual living in the same household. Therefore, only one membership application is required if two individuals of a household are applying for AARP membership.



Electronic Funds Transfer (EFT) Authorization Form

Automatic payments are available; if requesting, you may deduct \$2 from the first month's premium check.

- ☐ Submit the completed form (signed and dated).



Notice to Applicants Regarding Replacement of Coverage

If you are replacing or losing current coverage as indicated on the form:

- ☐ Complete both copies of the form, submit one copy with the enrollment application, and keep the other copy for your records.
 - The licensed insurance agent must also sign and date both copies of the form.



Certificate Checklist for Illinois Residents

Be sure to review the checklist and complete both copies. Submit one copy with the enrollment application and keep the other copy for your records.



If Reply Envelope Is Missing

Please mail completed application to: UnitedHealthcare Insurance Company
P.O. Box 105331
Atlanta, GA 30348-5331

(Over Please)

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

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

See the following materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Application Form

AARP® Medicare Supplement Insurance Plans

Insured by
UnitedHealthcare Insurance Company (UnitedHealthcare),
185 Asylum Street, Hartford, CT 06103

Instructions

1. Fill in all requested information on this Application Form and sign in all places a signature is needed.
2. Print clearly, using CAPITAL letters AND black or blue ink - not pencil. *Example:* ☒ Yes ☐ No ☐ Not Sure
3. Initial any changes or corrections you make while completing this Application Form.

Note: Plans and rates are only good for residents of the state of Illinois. The information you provide on this Application Form will be used to determine your acceptance and rate.

AARP Membership Number (If you are already a member) _____

Applicant First Name _____ MI _____ Last Name _____

Permanent Home Address Line 1 (P.O. Box/PMB is not allowed) _____

Permanent Home Address Line 2 _____ City _____ State _____ Zip _____

Mailing Address Line 1 (if different from permanent address) _____

Mailing Address Line 2 _____ City _____ State _____ Zip _____

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

1B. Email address (optional). Include periods (.) and symbols (@). _____

By providing your address, phone number and/or email address, you are agreeing to receive information and be contacted by UnitedHealthcare.

1C. Birthdate _____ / _____ / _____ **1D.** Gender ☐ Male ☐ Female
Month Day Year

1E. Medicare Number _____ (From your Medicare card.)

1F. Medicare Start: Hospital (Part A) _____ / 01 / _____ Medical (Part B) _____ / 01 / _____
Month Year Month Year

1G. Will your Medicare Part A and Part B be active on your AARP Medicare Supplement Plan start date? ☐ Yes ☐ No

2460720307 _AGT



First Name

Last Name

2 Choose your Plan and start date.

Plan Choice

2A. You are eligible to apply if all of these are true:

- you are an AARP member,
- you are age 50 or older or an AARP member's spouse of any age,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare Supplement plan at the same time,
- If you are eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD) and you are age 50-64 **or** an AARP member's spouse under the age of 65, 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 "Guaranteed Acceptance" section in "Your Guide."

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020 or an AARP member's spouse of any age with a Medicare Part A Effective Date prior to 1/1/2020. Please call if you have questions.

- | | |
|---|---------------------------------|
| ☐ Plan A | ☐ Plan B |
| ☐ Plan C | |
| ☐ Plan F | ☐ Plan G |
| ☐ Plan K | ☐ Plan L |
| | ☐ Plan N |
| ☐ Medicare Select Plan G | |
| ☐ Medicare Select Plan N | |

Plan Start Date

2B. Your Plan will start on the first day of the month following receipt and approval of this Application Form and receipt of your first month's payment. If you would like your Plan to start on a later date (the first day of a future month), please indicate the date:

/ 01 /
Month Day Year

3 Is your acceptance guaranteed?

3A. Will your AARP Medicare Supplement Plan start date be within 6 months after you turn age 65 **or** enroll in Medicare Part B?

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 8**. You do not have to answer the questions in **Sections 4, 5, 6 and 7**.
- If **NO**, you must answer **Question 3B**.

3B. Are you **age 65 to 75** and enrolling during your annual 45-day Enrollment Period that begins on your birthday **AND** are you replacing an AARP Medicare Supplement Plan or an AARP Medicare Select Plan with a different AARP Medicare Supplement Plan or AARP Medicare Select Plan that has equal or lesser benefits? See "Your Guide" for more information.

☐ Yes ☐ No

- If **YES**, your acceptance is guaranteed. Go directly to **Section 8**. You do not have to answer the questions in **Sections 4, 5, 6 and 7**.
- If **NO**, you must answer **Question 3C**.



First Name

Last Name

3 Is your acceptance guaranteed? (continued)

3C. Have you lost or are you losing health insurance coverage and are eligible for guaranteed issue of a Medicare Supplement plan, or do you have a Medicare Advantage Plan "trial right"?

☐ Yes ☐ No

If you have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. 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 or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing or is replacing coverage.

If you have questions about your guaranteed issue rights, please see "Your Guide."

- If **YES**, go directly to **Section 8**.
- If you answered **NO** to all of the questions in **Section 3** and you are:
 - **age 65 or over**, continue to **Section 4**.
 - If you are eligible for Medicare by reason of disability or ESRD and are **age 50-64 or an AARP member's spouse under age 65**, you are **NOT eligible to apply for these Plans**.

Answer the health questions in Sections 4-6 ONLY if your acceptance is not guaranteed as defined in Section 3.

4 Tell us about your medical providers.

Provide the following information for all physicians that you have seen within the past 2 years. We may follow up with your physicians for additional information and verification of your health history. If needed, please use an additional sheet of paper and check this box to indicate you are attaching it. ☐

Primary Physician () -
Phone #

Specialist Name Specialty () -
Phone #

Diagnosis/Condition

Specialist Name Specialty () -
Phone #

Diagnosis/Condition



First Name

Last Name

5 Answer this health question. If you answer YES or NOT SURE, we may follow up for additional information.

5A. Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones?

☐ Yes ☐ No ☐ Not Sure

6 Answer these health questions. If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information.

6A. Were you hospitalized as an inpatient (not including overnight Outpatient observation)

- within the past 90 days or
- 3 or more times within the past 2 years?

☐ Yes ☐ No ☐ Not Sure

6B. Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility?

☐ Yes ☐ No ☐ Not Sure

6C. Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?

☐ Yes ☐ No ☐ Not Sure

6D. Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?

☐ Yes ☐ No ☐ Not Sure

6E. Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Leukemia, Lymphoma or Multiple Myeloma?

☐ Yes ☐ No ☐ Not Sure

6F. Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma)
- Melanoma or Metastatic Merkel Cell (but not other skin cancers)?

☐ Yes ☐ No ☐ Not Sure

6G. Within the past year, did a medical professional tell you that you may need any of the following that **has NOT been completed**:

- Any surgery, biopsy, further evaluation, treatment, or diagnostic testing?

☐ Yes ☐ No ☐ Not Sure

6H. Are you awaiting any diagnostic test results?

☐ Yes ☐ No ☐ Not Sure

6I. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator
- Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems
- Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)
- Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)
- Alzheimer's Disease, Dementia, or Parkinson's Disease
- Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure



6 Answer these health questions. If you answer YES to any question, you are not eligible for coverage. If you answer NOT SURE, we may follow up for additional information. (continued)

6J. Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- | | |
|--|--|
| • Artery blockage, or had bypass surgery, stents, or balloon angioplasty | ☐ Yes ☐ No ☐ Not Sure |
| • Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation | ☐ Yes ☐ No ☐ Not Sure |
| • Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke | ☐ Yes ☐ No ☐ Not Sure |
| • Peripheral Vascular Disease (PVD) or Amputation due to disease | ☐ Yes ☐ No ☐ Not Sure |
| • Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis | ☐ Yes ☐ No ☐ Not Sure |
| • Any lung or respiratory disorder:
- requiring the use of a nebulizer or oxygen,
- on 3 or more medications, or
- currently using tobacco products | ☐ Yes ☐ No ☐ Not Sure |
| • Hemophilia, Hepatitis (other than A) or Pancreatitis | ☐ Yes ☐ No ☐ Not Sure |
| • Osteoporosis, but only if you received injections or have had a fracture | ☐ Yes ☐ No ☐ Not Sure |
| • Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia | ☐ Yes ☐ No ☐ Not Sure |
| • Psoriatic Arthritis or Rheumatoid Arthritis | ☐ Yes ☐ No ☐ Not Sure |
| • Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis | ☐ Yes ☐ No ☐ Not Sure |
| • Macular Degeneration, but only if you have the Wet form | ☐ Yes ☐ No ☐ Not Sure |
| • Bipolar Disorder or Schizophrenia | ☐ Yes ☐ No ☐ Not Sure |
| • Alcoholism or Drug Abuse | ☐ Yes ☐ No ☐ Not Sure |

6K. Within the past 2 years, did you receive any of the following:

- | | |
|--|--|
| • Skin grafts, or | ☐ Yes ☐ No ☐ Not Sure |
| • Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions? | |
| • Asthma | |
| • Autoimmune disorders | |
| • Blood disorders | |
| • Cognitive impairment | |
| • Connective tissue disorders | |
| • Eye disorders | |
| • Genetic or Hereditary disorders | |
| • Migraine headaches | |
| • Osteoarthritis | |

7 Tell us about your tobacco usage only if your acceptance is not guaranteed as defined in Section 3. If you answer YES to this question, your rate will be the tobacco rate (see "Cover Page - Rates").

7A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

☐ Yes ☐ No



8 Your past and current coverage

Review the statements.

- You do not need more than one Medicare Supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.
- If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

Questions about Medicaid

8A. Are you covered for medical assistance through the state Medicaid program?
(Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question.

☐ Yes ☐ No

If YES, you must answer Questions 8B and 8C.

8B. Will Medicaid pay your premiums for this Medicare Supplement policy?

☐ Yes ☐ No

8C. Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?

☐ Yes ☐ No

Questions about Medicare Advantage plans (sometimes called Medicare Part C)

8D. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?

☐ Yes ☐ No

If YES, you must answer Questions 8E through 8H.

8E. Provide the start and end dates of your Medicare plan other than original Medicare. If you are still covered under this plan, leave the end date blank.

Start Date

____ / ____ / ____
Month Day Year

End Date

____ / ____ / ____
Month Day Year



First Name

Last Name

8 Your past and current coverage (continued)

8F. If you are still covered under the Medicare plan other than original Medicare, do you intend to replace your current coverage with this new Medicare Supplement policy? (When you receive confirmation that this Medicare Supplement plan has been issued, you will need to cancel your Medicare Advantage Plan. Please contact your Medicare Advantage insurer for instructions on how to cancel, using the customer service number on the back of your ID card.)

☐ Yes ☐ No

If YES, please enclose a copy of the Replacement Notice.

8G. Was this your first time in this type of Medicare plan?

☐ Yes ☐ No

8H. Did you drop a Medicare Supplement policy to enroll in the Medicare plan?

☐ Yes ☐ No**Questions about Medicare Supplement plans**

8I. Do you have another Medicare Supplement policy in force?

☐ Yes ☐ No

If so, what insurance company and what plan do you have?

Insurance Company: _____

Policy: _____

If YES, you must answer Questions 8J and 8K.

8J. Do you intend to replace your current Medicare Supplement policy with this policy?

☐ Yes ☐ No

If YES, please enclose a copy of the Replacement Notice.

Questions about any other type of health insurance coverage

8K. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?

☐ Yes ☐ No

If YES, you must answer Questions 8L through 8N.

8L. If so, with what insurance company and what kind of policy?

Insurance Company: _____

Policy:

☐ HMO/PPO
☐ Major Medical
☐ Employer Plan
☐ Union Plan
☐ Other _____

8M. What are your dates of coverage under the other policy? Leave the end date blank if you are still covered under the policy.

Start Date

____ / ____ / ____
Month Day Year

End Date

____ / ____ / ____
Month Day Year

8N. Are you replacing this health insurance?

☐ Yes ☐ No**X****Your Signature** (required)

____ / ____ / ____
Today's Date (required)
Month Day Year



9 Authorization and Verification of Application Information

Read carefully, and sign and date in the signature box.

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act when determined by a court of competent jurisdiction, and as such may be subject to criminal and civil penalties.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.
- If you are enrolling in a Medicare Select Plan: I acknowledge that I have received an Outline of Coverage, Grievance Procedure, Provider Directory and a Medicare Select Disclosure Statement covering Provider Restrictions, Right to Replace Your Medicare Supplement Plan and Quality Assurance Program. I affirm that I understand the benefits, restrictions, limitations and other provisions of the Medicare Select Plan for which I am applying.

If the Application Form is being completed through an Agent or Broker:

- I understand an agent or broker discussing Plan options with me is appointed by UnitedHealthcare, and may be compensated based on my enrollment in a Plan.
- I understand that an agent or broker cannot change or waive any terms or requirements related to this Application Form and its contents, underwriting, premium or coverage and cannot grant approval.

Authorization for the Release of Medical Information

I authorize UnitedHealthcare and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution or person, or The Company's own information, any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage and rate. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is not revocable. If not revoked, this authorization is valid for 24 months from the date of my signature.

Please see "Your Guide" to determine if the following pre-existing condition waiting period applies to you.

I understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 3 months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within 3 months prior to the insurance effective date.

My signature indicates I have read and understand all contents of this Application Form and have answered all questions to the best of my ability.

X

Your Signature (required)

Today's Date (required)

Month Day Year

Note: If you are signing as the legal representative (e.g., POA, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐



First Name

Last Name

10

Authorization for Verification of Information

Read carefully, and sign and date in the signature box below.

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare and its affiliates ("The Company") any data or records about me or my mental or physical health. This may include information about medical advice, diagnosis, treatment and prescribed medications related to mental illness, alcoholism and drug abuse. I understand the purpose of this disclosure and use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims and for analytic studies. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization, at any time, if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. If not revoked, this authorization is valid for the term of the coverage.

My signature indicates I have read and understand all contents of this Application Form and have answered all questions to the best of my ability.

X

Your Signature (required)

____ / ____ / ____
Today's Date (required)
Month Day Year

Note: If you are signing as the legal representative (e.g., POA, Guardian, Conservator, etc.) for the applicant, please send a complete copy of the appropriate legal documentation and check this box. ☐



First Name

Last Name

11

For Agent/Broker Use Only

Agent/Broker must complete the following information and include the notice of replacement coverage, if appropriate, with this Application Form. All information must be complete or the Application Form will be returned.

1. List any other health insurance policies issued to the applicant:

2. List policies issued which are still in force:

3. List policies issued in the past 5 years which are no longer in force:

Agent Name (PLEASE PRINT) _____
First Name MI Last Name

X _____ / /
Agent Signature (required) Agent ID (required) Today's Date (required)
Month Day Year

() -
Agent Email Address Agent Phone Number



AARP Medicare Supplement Certificate Checklist
Insured by UnitedHealthcare Insurance Company
For Illinois Residents

Applicant's Name:
Certificate Number (Plan Code):
Name of Existing Insurer:
Expiration Date of Existing Insurance:

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE	AARP MEDICARE SUPPLEMENT PAYS	YOU PAY
Hospital Inpatient	First 60 days	All but \$1,736			
	61st to 90th day	All but \$434 a day		\$434 a day	
	91st to 150th day (Lifetime Reserve)	All but \$868 a day		\$868 a day	
	After Lifetime Reserve days are used, an additional 365 days	Nothing		What Medicare would pay if the stay were covered	
	Beyond the additional 365 days	Nothing		Nothing	
Skilled Nursing Home Care	First 20 days	100% of approved amount		Nothing	
	Additional 80 days	All but \$217 a day			
	Beyond 100 days	Nothing		Nothing	
Medical Expense	Physician's services in hospital, office or home; inpatient and outpatient medical services and supplies at a hospital; physical and speech therapy; and ambulance	80% of Medicare-determined allowable charges after \$283 deductible			
Prescription Drugs		Inpatient prescription drugs		Nothing	
		80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant			

The certificate does comply with the minimum standards set forth in Section 363 of the Illinois Insurance Code. This is only a checklist describing the features of your insurance. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and the insurance company.

Date
Signature of Applicant
Signature of Insurance Producer



AARP Medicare Supplement Certificate Checklist
Insured by UnitedHealthcare Insurance Company
For Illinois Residents

Applicant's Name:
Certificate Number (Plan Code):
Name of Existing Insurer:
Expiration Date of Existing Insurance:

Table with 6 columns: SERVICE, BENEFIT, MEDICARE PAYS, EXISTING COVERAGE, AARP MEDICARE SUPPLEMENT PAYS, YOU PAY. Rows include Hospital Inpatient, Skilled Nursing Home Care, Medical Expense, and Prescription Drugs.

The certificate does comply with the minimum standards set forth in Section 363 of the Illinois Insurance Code. This is only a checklist describing the features of your insurance. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and the insurance company.

Date
Signature of Applicant
Signature of Insurance Producer



AARP Member Benefits

Using just one benefit can pay for the cost of membership.

Join or renew AARP Membership and
SAVE 25%*
when you sign up for **Automatic Renewal!**



Visit aarp.org/savetoday or
call 1-866-331-1964

Plus, join today and receive a **FREE**
second household membership



Scan now
to join



Explore everything AARP membership has to offer:

Health Care Products & Discounts

Access to health care and dental insurance products,
as well as vision, hearing and prescription discounts.

Insurance & Financial Services

Access to life, auto and homeowners insurance,
AARP-endorsed credit cards, plus banking and
investment options.

Travel Tips and Discounts

Travel tips and destination guides, insider tips,
tools and travel advice.

Community Involvement

Volunteer opportunities, social activities, safe driving
courses and charitable programs.

Advocacy That Matters

Fighting for you in your state and across the country
to strengthen Medicare and Social Security, confront
age discrimination and protect pension benefits.

Award-Winning Publications

Including *AARP The Magazine*, *AARP Bulletin* and
free guides on financial planning and health.

*off AARP standard yearly price for your first year

With AARP automatic renewal, you will be charged \$15 for your first year. For any subsequent year you remain enrolled, you will be charged the full annual rate (currently \$20) on the first day of the month in which your membership expires. You may cancel at any time by calling 1-800-516-1993.

VGCDUHCM

**Or, join or renew your
membership by mail.**

Mail-in Membership Activation Form

Check or money order enclosed, payable to AARP.
(Send no cash, please.)

- ☐ 1 year/\$20
☐ 3 years/\$55
☐ 5 years/\$79



Your Name (please print) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month Day Year

FREE Membership for Household Member

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

VGCDUHCM
BA25608ST

AGT

Act today and make the most of membership.



Join or renew with Automatic Renewal
and **SAVE 25%** your first year!



Visit aarp.org/savetoday



Or call 1-866-331-1964



Scan now to join.

Here are some featured health-related benefits you'll have access to as an AARP member:

- ✓ Medicare Supplemental Insurance
- ✓ Dental Coverage
- ✓ Hearing Care Discounts
- ✓ Vision Care Discounts
- ✓ AARP Medicare Resource Center
- ✓ Personalized Nutrition Resources
- ✓ Healthy Food Delivery Service
- ✓ AARP Hearing Center
- ✓ Family Caregiving Resources
- ✓ AARP Staying Sharp



**Return this form in the
enclosed envelope.**

Please allow 3-4 weeks for membership kit and gift. AARP is a nonprofit, nonpartisan organization. AARP offers member benefits, including those provided by unaffiliated third parties that pay AARP a royalty fee for use of its intellectual property. These fees are used for AARP's general purposes. Some benefits are age limited. One membership includes additional household member. Anyone 18+ can join. AARP shares member information with companies that provide member benefits and support AARP operations, as well as select nonprofits. To learn how we collect, use, and share data, or if you don't want your information shared with benefit providers or nonprofits, call 800-433-7419, email aarpmember@aarp.org, or visit aarp.org/privacy. Annual dues include - \$4.45 for subscriptions to **AARP The Magazine**, \$3.35 to **AARP Bulletin**. We may convert your check into an electronic deposit.

TEAR HERE

TEAR HERE

Take advantage of the Electronic Funds Transfer (EFT) service!

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save \$2.00 a month -- or more.*

*Additional EFT savings may be available based on your enrollment in other eligible plans.

Benefits of the EFT service:

- You'll save on the cost of checks and rising postal rates.
- You don't have to take time to write a check each month.
- You don't have to worry about mailing a payment if you travel or become ill, because your payment is always deducted on or about the fifth day of each month.

Signing Up is Easy

Complete the Automatic Payment Authorization Form on the reverse side. Return it with the application and be sure to keep a copy for your records. Please be sure the information is clear, as it is required for processing your request for EFT. Please do not include a check. All that is required is the EFT Authorization details noted on the back.

Your EFT Start Date

- Recurring monthly EFT withdrawals will occur on or about the fifth of each month. EFT will usually begin the same month your plan is effective. If your enrollment application is accepted at the end of the month and your plan is effective the next month, there may be a processing delay in starting your EFT. In that case, EFT will start the month after your plan is effective, and your account statement will explain how to make a payment until your EFT starts.
- If this EFT form is received and processed after your application is accepted, the start date of EFT is based on the date your EFT form is processed and whether your plan has started or is effective in the future. EFT will usually begin the month after your EFT form is processed but could start the following month. If your coverage is effective two or more months in the future, EFT will begin the same month your plan is effective. The amount and date of the first EFT withdrawal will be shown on your account statement. If any payment is due before your EFT starts, use the coupon on the account statement which will explain how to make a payment.

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

☐ I allow UnitedHealthcare Insurance Company or an affiliate, together known as "UnitedHealthcare," to take monthly withdrawals, for the then-current monthly rate for the named member, from the bank account shown on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the individual's payment due each month. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

City

State

Zip Code

Bank Name _____

Bank Routing No. _____
(9 digit number)

Account Type: ☐ Checking
☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than
Member _____

Bank Account Holder's Signature _____

IMPORTANT

Please refer to the diagram below of a sample check to obtain your bank routing information.

The diagram shows a sample check with the following fields and labels:

- Account Holder Name:** John Doe, Street Address, Town, City, Zip Code
- Check Number:** Check #1234
- Date:** _____
- Pay to:** _____ Dollars
- Bank Name & Address:** _____
- Memo:** _____
- Signed by:** _____
- Routing Information:** 123456789 | 12345678 | 1234

Below the check, three boxes provide additional information:

- Bank Routing Transit Number – Must be 9 numbers**
- Bank Account Number – Include all zeros**
- Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.**

We look forward to continuing to serve you.

TEAR HERE

TEAR HERE

Take advantage of the Electronic Funds Transfer (EFT) service!

The Easiest Way to Pay

Enjoy the convenience of the EFT option. With EFT, your monthly payment will automatically be deducted from your checking or savings account. Also, you'll save \$2.00 a month -- or more.*

*Additional EFT savings may be available based on your enrollment in other eligible plans.

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- You don't have to take time to write a check each month.
- You don't have to worry about mailing a payment if you travel or become ill, because your payment is always deducted on or about the fifth day of each month.

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Your EFT Start Date

- Recurring monthly EFT withdrawals will occur on or about the fifth of each month. EFT will usually begin the same month your plan is effective. If your enrollment application is accepted at the end of the month and your plan is effective the next month, there may be a processing delay in starting your EFT. In that case, EFT will start the month after your plan is effective, and your account statement will explain how to make a payment until your EFT starts.
- If this EFT form is received and processed after your application is accepted, the start date of EFT is based on the date your EFT form is processed and whether your plan has started or is effective in the future. EFT will usually begin the month after your EFT form is processed but could start the following month. If your coverage is effective two or more months in the future, EFT will begin the same month your plan is effective. The amount and date of the first EFT withdrawal will be shown on your account statement. If any payment is due before your EFT starts, use the coupon on the account statement which will explain how to make a payment.

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

☐ I allow UnitedHealthcare Insurance Company or an affiliate, together known as "UnitedHealthcare," to take monthly withdrawals, for the then-current monthly rate for the named member, from the bank account shown on this form. I also allow the named banking facility (BANK) to charge such withdrawals to this account.

Monthly withdrawal amounts will be for the individual's payment due each month. This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make the health care insurance coverage past due and subject to cancellation.

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than Member _____

Bank Account Holder's Signature _____

IMPORTANT

Please refer to the diagram below of a sample check to obtain your bank routing information.

The diagram shows a sample check with the following fields and labels:

- Account Holder Name:** John Doe, Street Address, Town, City, Zip Code
- Check Number:** Check #1234
- Date:** _____
- Pay to:** _____ Dollars
- Bank Name & Address:** _____
- Memo:** _____
- Signed by:** _____
- Routing Information:** 123456789 | 12345678 | 1234

Below the check, three boxes provide additional information:

- Bank Routing Transit Number – Must be 9 numbers**
- Bank Account Number – Include all zeros**
- Check Number – Do not include the check number (it may be before or after the account number) as it may delay processing.**

We look forward to continuing to serve you.

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE
UNITEDHEALTHCARE INSURANCE COMPANY**

Hartford, Connecticut

Save this notice! It may be important to you in the future

According to the information you furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement To Applicant By Issuer, Agent, Broker Or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement policy or leave your Medicare Advantage plan. The replacement policy is being purchased for one of the following reasons (check one):

- | | |
|--|--|
| ☐ Additional benefits. | ☐ Disenrollment from a Medicare Advantage plan.
Please explain reason for Disenrollment. |
| ☐ No change in benefits, but lower premiums. | ☐ Other (Please Specify) _____ |
| ☐ Fewer benefits and lower premiums. | _____ |
| ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D. | _____ |

- | | |
|--|--|
| <p>1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to</p> | <p>the extent such time was spent (depleted) under the original policy.</p> <p>3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.</p> |
|--|--|

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

Complete and submit this copy with the application



**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE
UNITEDHEALTHCARE INSURANCE COMPANY**

Hartford, Connecticut

Save this notice! It may be important to you in the future

According to the information you furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by UnitedHealthcare Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement To Applicant By Issuer, Agent, Broker Or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement policy or leave your Medicare Advantage plan. The replacement policy is being purchased for one of the following reasons (check one):

- | | |
|--|--|
| ☐ Additional benefits. | ☐ Disenrollment from a Medicare Advantage plan.
Please explain reason for Disenrollment. |
| ☐ No change in benefits, but lower premiums. | ☐ Other (Please Specify) _____ |
| ☐ Fewer benefits and lower premiums. | _____ |
| ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D. | _____ |

- | | |
|--|---|
| 1. Health conditions which you may presently have (Pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy. | the extent such time was spent (depleted) under the original policy. |
| 2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to | 3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. |

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

Complete and keep this copy for your records



NOTICE OF AVAILABILITY AND LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call toll-free 1-800-523-5800 (TTY 711).

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame gratis al 1-800-822-0246 (TTY 711).

ملاحظة: إذا كنت تتحدث اللغة العربية (**Arabic**) ، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل مجاناً على 1-800-523-5800 (الهاتف النصي 711).

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। 1-800-523-5800 (TTY 711) টোল ফ্রি নম্বরে কল করুন।

注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務以及大字體等其他形式的免費通訊。請致電免付費電話 1-800-523-5800（聽力語言殘障服務專線 (TTY 711)）。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Veuillez appeler le 1-800-523-5800 (numéro vert) ou le 711 (ATS).

ATTENTION: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele gratis 1-800-523-5800 (TTY 711).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie gebührenfrei 1-800-523-5800 (TTY 711) an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલો છો , તો મફત ભાષા સહાય સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. ટોલ-ફ્રી 1-800-523-5800 (TTY 711) પર કોલ કરો.

XIN LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi số điện thoại miễn phí 1-800-523-5800 (TTY 711).

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। टोल-फ्री 1-800-523-5800 (TTY 711) पर कॉल करें।

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami gratuitamente l'1-800-523-5800 (TTY 711).

ご注意：日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。1-800-523-5800 (TTY 711) にお電話ください。

알림사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사소통 매체를 이용하실 수 있습니다. 해당 서비스가 필요한 경우 무료 전화 1-800-523-5800 (TTY 711)번으로 전화해 주십시오.

توجه: اگر بہ زبان فارسی (**Farsi**) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. به رایگان با شماره 1-800-523-5800 (TTY 711) تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej oraz bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer 1-800-523-5800 (telefon tekstowy TTY: 711).

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue gratuitamente para 1-800-523-5800 (TTY 711).

ВНИМАНИЕ! Если вы говорите **на русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните бесплатно 1-800-523-5800 (телетайп TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag nang walang bayad sa 1-800-523-5800 (TTY 711).

توجه: اگر آپ اردو (**Urdu**) بولتے ہیں تو، زبان کی مدد کی مفت خدمات اور دوسرے فارمیٹس میں مفت پیغام رسانی، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ ٹول فری کال کریں 1-800-523-5800 (TTY 711)

Important Information for Agents

Agents can scan the QR code below for access to a partial prescription drug list typically associated with medical conditions listed on the application. This glossary is intended for **Agent/Producer use** to assist an applicant with answering the health questions on the Application Form for AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company.

This drug list is not all-inclusive and should be used for reference only.



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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Thank You for Applying for an AARP® Medicare Supplement Insurance Plan Insured by UnitedHealthcare Insurance Company

For Your Records:

You selected Plan _____ with a requested effective date (1st day of a future month) of ____/____/____.

Based on the information you provided, your monthly premium for the plan you selected may be \$_____. **Please note that your final monthly premium will be determined once your application is approved.**

You will be notified when review of your application has been completed.

What's Next:

Once your application is approved, you may expect your insured Member Identification (ID) Card to arrive. Using the information on the Member ID Card, you may register for a secure online account at **www.myaarpmedicare.com** to gain access to self-service tools and resources to help you manage both your plan and your health.



Let's stay connected.

As your licensed insurance agent contracted with UnitedHealthcare Insurance Company, I am here to help.

Name _____

Email _____

Phone _____



UnitedHealthcare Insurance Company, also known as UnitedHealthcare

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare. UnitedHealthcare pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

Insured by UnitedHealthcare Insurance Company, 185 Asylum Street, Hartford, CT 06103. Policy form No. GRP 79171 GPS-1 (G-36000-4).

Plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent may contact you.

See enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.