



Medicare Supplement Enrollment Kit

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

Michigan

Enrollment materials are for June 1, 2026 - May 1, 2027 plan effective dates.
Edition date: 3/16/26.

AARP
Medicare Supplement
from  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 insurer 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 (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 Insurance 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, Hartford, CT. Policy form No. GRP 79171 GPS-1 (G-36000-4).

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

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

AARP | Medicare Supplement
from UnitedHealthcare

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).

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

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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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from  **UnitedHealthcare**

*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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Insured by UnitedHealthcare Insurance Company, Hartford, CT. Policy Form No. GRP 79171 GPS-1 (G-36000-4).

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How the Enrollment Discount Works.

1 To be eligible for enrollment discounts on an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (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%



UnitedHealthcare Insurance Company (UnitedHealthcare)

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

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

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

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Overview of Available Plans

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

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.

Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$118.18	\$149.29	\$217.46	\$183.76	\$75.03	\$139.53	\$162.10	\$232.86	\$233.47
66	\$118.18	\$149.29	\$217.46	\$183.76	\$75.03	\$139.53	\$162.10	\$232.86	\$233.47
67	\$118.18	\$149.29	\$217.46	\$183.76	\$75.03	\$139.53	\$162.10	\$232.86	\$233.47
68	\$118.18	\$149.29	\$217.46	\$183.76	\$75.03	\$139.53	\$162.10	\$232.86	\$233.47
69	\$124.00	\$156.64	\$228.16	\$192.80	\$78.72	\$146.40	\$170.08	\$244.32	\$244.96
70	\$129.81	\$163.98	\$238.85	\$201.83	\$82.41	\$153.26	\$178.05	\$255.77	\$256.44
71	\$135.62	\$171.32	\$249.55	\$210.87	\$86.10	\$160.12	\$186.02	\$267.22	\$267.92
72	\$141.43	\$178.66	\$260.24	\$219.91	\$89.79	\$166.98	\$193.99	\$278.67	\$279.40
73	\$147.25	\$186.01	\$270.94	\$228.95	\$93.48	\$173.85	\$201.97	\$290.13	\$290.89
74	\$153.06	\$193.35	\$281.63	\$237.98	\$97.17	\$180.71	\$209.94	\$301.58	\$302.37
75	\$158.87	\$200.69	\$292.33	\$247.02	\$100.86	\$187.57	\$217.91	\$313.03	\$313.85
76	\$164.68	\$208.03	\$303.02	\$256.06	\$104.55	\$194.43	\$225.88	\$324.48	\$325.33
77	\$170.50	\$215.38	\$313.72	\$265.10	\$108.24	\$201.30	\$233.86	\$335.94	\$336.82
78	\$176.31	\$222.72	\$324.41	\$274.13	\$111.93	\$208.16	\$241.83	\$347.39	\$348.30
79	\$182.12	\$230.06	\$335.11	\$283.17	\$115.62	\$215.02	\$249.80	\$358.84	\$359.78
80	\$187.93	\$237.40	\$345.80	\$292.21	\$119.31	\$221.88	\$257.77	\$370.29	\$371.26
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$193.75	\$244.75	\$356.50	\$301.25	\$123.00	\$228.75	\$265.75	\$381.75	\$382.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$290.62	\$367.12	\$534.75	\$539.23	\$184.50	\$343.12	\$563.39	\$572.62	\$574.12

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$213.12	\$269.22	\$392.15	\$331.37	\$135.30	\$251.62	\$292.32	\$419.92	\$421.02
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$290.62	\$367.12	\$534.75	\$539.23	\$184.50	\$343.12	\$563.39	\$572.62	\$574.12

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$130.00	\$164.22	\$239.21	\$202.13	\$82.53	\$153.48	\$178.31	\$256.15	\$256.82
66	\$130.00	\$164.22	\$239.21	\$202.13	\$82.53	\$153.48	\$178.31	\$256.15	\$256.82
67	\$130.00	\$164.22	\$239.21	\$202.13	\$82.53	\$153.48	\$178.31	\$256.15	\$256.82
68	\$130.00	\$164.22	\$239.21	\$202.13	\$82.53	\$153.48	\$178.31	\$256.15	\$256.82
69	\$136.39	\$172.30	\$250.97	\$212.07	\$86.59	\$161.03	\$187.08	\$268.74	\$269.45
70	\$142.79	\$180.37	\$262.74	\$222.01	\$90.65	\$168.58	\$195.85	\$281.34	\$282.08
71	\$149.18	\$188.45	\$274.50	\$231.95	\$94.71	\$176.13	\$204.62	\$293.94	\$294.71
72	\$155.57	\$196.53	\$286.26	\$241.90	\$98.76	\$183.68	\$213.39	\$306.54	\$307.34
73	\$161.97	\$204.60	\$298.03	\$251.84	\$102.82	\$191.23	\$222.16	\$319.13	\$319.97
74	\$168.36	\$212.68	\$309.79	\$261.78	\$106.88	\$198.77	\$230.93	\$331.73	\$332.60
75	\$174.75	\$220.76	\$321.56	\$271.72	\$110.94	\$206.32	\$239.70	\$344.33	\$345.23
76	\$181.15	\$228.83	\$333.32	\$281.66	\$115.00	\$213.87	\$248.47	\$356.93	\$357.86
77	\$187.54	\$236.91	\$345.09	\$291.60	\$119.06	\$221.42	\$257.24	\$369.52	\$370.49
78	\$193.93	\$244.99	\$356.85	\$301.54	\$123.12	\$228.97	\$266.01	\$382.12	\$383.12
79	\$200.33	\$253.06	\$368.62	\$311.48	\$127.18	\$236.52	\$274.78	\$394.72	\$395.75
80	\$206.72	\$261.14	\$380.38	\$321.42	\$131.24	\$244.07	\$283.55	\$407.32	\$408.38
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$213.12	\$269.22	\$392.15	\$331.37	\$135.30	\$251.62	\$292.32	\$419.92	\$421.02
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$319.68	\$403.83	\$588.22	\$593.15	\$202.95	\$377.43	\$619.71	\$629.88	\$631.53

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$234.43	\$296.14	\$431.36	\$364.50	\$148.83	\$276.78	\$321.55	\$461.91	\$463.12
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$319.68	\$403.83	\$588.22	\$593.15	\$202.95	\$377.43	\$619.71	\$629.88	\$631.53

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 Michigan

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Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$133.13	\$168.51	\$245.22	\$207.24	\$84.48	\$157.22	\$182.84	\$262.45	\$263.36
66	\$133.13	\$168.51	\$245.22	\$207.24	\$84.48	\$157.22	\$182.84	\$262.45	\$263.36
67	\$133.13	\$168.51	\$245.22	\$207.24	\$84.48	\$157.22	\$182.84	\$262.45	\$263.36
68	\$133.13	\$168.51	\$245.22	\$207.24	\$84.48	\$157.22	\$182.84	\$262.45	\$263.36
69	\$139.68	\$176.80	\$257.28	\$217.44	\$88.64	\$164.96	\$191.84	\$275.36	\$276.32
70	\$146.22	\$185.08	\$269.34	\$227.63	\$92.79	\$172.69	\$200.83	\$288.26	\$289.27
71	\$152.77	\$193.37	\$281.40	\$237.82	\$96.95	\$180.42	\$209.82	\$301.17	\$302.22
72	\$159.32	\$201.66	\$293.46	\$248.01	\$101.10	\$188.15	\$218.81	\$314.08	\$315.17
73	\$165.87	\$209.95	\$305.52	\$258.21	\$105.26	\$195.89	\$227.81	\$326.99	\$328.13
74	\$172.41	\$218.23	\$317.58	\$268.40	\$109.41	\$203.62	\$236.80	\$339.89	\$341.08
75	\$178.96	\$226.52	\$329.64	\$278.59	\$113.57	\$211.35	\$245.79	\$352.80	\$354.03
76	\$185.51	\$234.81	\$341.70	\$288.78	\$117.72	\$219.08	\$254.78	\$365.71	\$366.98
77	\$192.06	\$243.10	\$353.76	\$298.98	\$121.88	\$226.82	\$263.78	\$378.62	\$379.94
78	\$198.60	\$251.38	\$365.82	\$309.17	\$126.03	\$234.55	\$272.77	\$391.52	\$392.89
79	\$205.15	\$259.67	\$377.88	\$319.36	\$130.19	\$242.28	\$281.76	\$404.43	\$405.84
80	\$211.70	\$267.96	\$389.94	\$329.55	\$134.34	\$250.01	\$290.75	\$417.34	\$418.79
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$218.25	\$276.25	\$402.00	\$339.75	\$138.50	\$257.75	\$299.75	\$430.25	\$431.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$327.37	\$414.37	\$603.00	\$608.15	\$207.75	\$386.62	\$635.47	\$645.37	\$647.62
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$240.07	\$303.87	\$442.20	\$373.72	\$152.35	\$283.52	\$329.72	\$473.27	\$474.92
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$327.37	\$414.37	\$603.00	\$608.15	\$207.75	\$386.62	\$635.47	\$645.37	\$647.62

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$146.44	\$185.36	\$269.74	\$227.96	\$92.93	\$172.94	\$201.12	\$288.69	\$289.70
66	\$146.44	\$185.36	\$269.74	\$227.96	\$92.93	\$172.94	\$201.12	\$288.69	\$289.70
67	\$146.44	\$185.36	\$269.74	\$227.96	\$92.93	\$172.94	\$201.12	\$288.69	\$289.70
68	\$146.44	\$185.36	\$269.74	\$227.96	\$92.93	\$172.94	\$201.12	\$288.69	\$289.70
69	\$153.64	\$194.47	\$283.00	\$239.18	\$97.50	\$181.45	\$211.02	\$302.89	\$303.94
70	\$160.84	\$203.59	\$296.27	\$250.39	\$102.07	\$189.95	\$220.91	\$317.09	\$318.19
71	\$168.04	\$212.70	\$309.54	\$261.60	\$106.64	\$198.46	\$230.80	\$331.28	\$332.44
72	\$175.25	\$221.82	\$322.80	\$272.81	\$111.21	\$206.96	\$240.69	\$345.48	\$346.69
73	\$182.45	\$230.94	\$336.07	\$284.02	\$115.78	\$215.47	\$250.58	\$359.68	\$360.93
74	\$189.65	\$240.05	\$349.33	\$295.23	\$120.35	\$223.98	\$260.47	\$373.88	\$375.18
75	\$196.85	\$249.17	\$362.60	\$306.45	\$124.92	\$232.48	\$270.37	\$388.08	\$389.43
76	\$204.05	\$258.28	\$375.87	\$317.66	\$129.49	\$240.99	\$280.26	\$402.27	\$403.68
77	\$211.26	\$267.40	\$389.13	\$328.87	\$134.06	\$249.49	\$290.15	\$416.47	\$417.92
78	\$218.46	\$276.52	\$402.40	\$340.08	\$138.63	\$258.00	\$300.04	\$430.67	\$432.17
79	\$225.66	\$285.63	\$415.66	\$351.29	\$143.20	\$266.50	\$309.93	\$444.87	\$446.42
80	\$232.86	\$294.75	\$428.93	\$362.50	\$147.77	\$275.01	\$319.82	\$459.07	\$460.67
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$240.07	\$303.87	\$442.20	\$373.72	\$152.35	\$283.52	\$329.72	\$473.27	\$474.92
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$360.10	\$455.80	\$663.30	\$668.95	\$228.52	\$425.28	\$699.00	\$709.90	\$712.38

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$264.07	\$334.25	\$486.42	\$411.09	\$167.58	\$311.87	\$362.69	\$520.59	\$522.41
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$360.10	\$455.80	\$663.30	\$668.95	\$228.52	\$425.28	\$699.00	\$709.90	\$712.38

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 Michigan

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are no longer eligible for major medical insurance due to becoming eligible for Medicare. ⁵								
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Female Non-Tobacco Rates										
50-64	\$387.50	N/A	\$713.00	N/A	N/A	N/A	N/A	\$763.50	N/A	
Female Tobacco Rates										
50-64	\$426.25	N/A	\$784.30	N/A	N/A	N/A	N/A	\$839.85	N/A	
Male Non-Tobacco Rates										
50-64	\$436.50	N/A	\$804.00	N/A	N/A	N/A	N/A	\$860.50	N/A	
Male Tobacco Rates										
50-64	\$480.15	N/A	\$884.40	N/A	N/A	N/A	N/A	\$946.55	N/A	

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, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

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 Refer to the application.

4 **IMPORTANT:** Plans C and F are available to eligible Applicants with a 65th birthday prior to 1/1/2020. Plan C is available to eligible Applicants with a Medicare Part A effective date prior to 1/1/2020. These plans are not available to Applicants who turn age 65 (or if under 65, have Part A effective dates) on or after 1/1/2020.

5 If you are not yet age 65, you are only eligible if you lost coverage under a major medical plan because you became eligible for Medicare. You may only enroll in Plan A, or Plan C (if eligible) or Plan D.

Michigan Area 1 ZIP Codes

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

48001	48061	48303	48359
48002	48062	48304	48360
48004	48063	48306	48361
48005	48064	48307	48362
48006	48065	48308	48363
48007	48066	48309	48366
48009	48067	48310	48367
48012	48068	48311	48370
48014	48069	48312	48371
48015	48070	48313	48374
48017	48071	48314	48375
48021	48072	48315	48376
48022	48073	48316	48377
48023	48074	48317	48380
48025	48075	48318	48381
48026	48076	48320	48382
48027	48079	48321	48383
48028	48080	48322	48386
48030	48081	48323	48387
48032	48082	48324	48390
48033	48083	48325	48393
48034	48084	48326	48397
48035	48085	48327	48442
48036	48086	48328	48462
48037	48088	48329	
48038	48089	48330	
48039	48090	48331	
48040	48091	48332	
48041	48092	48333	
48042	48093	48334	
48043	48094	48335	
48044	48095	48336	
48045	48096	48340	
48046	48097	48341	
48047	48098	48342	
48048	48099	48343	
48049	48165	48346	
48050	48178	48347	
48051	48220	48348	
48054	48237	48350	
48059	48301	48356	
48060	48302	48357	

Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$114.07	\$144.41	\$209.99	\$177.51	\$72.43	\$134.81	\$156.46	\$224.78	\$225.54
66	\$114.07	\$144.41	\$209.99	\$177.51	\$72.43	\$134.81	\$156.46	\$224.78	\$225.54
67	\$114.07	\$144.41	\$209.99	\$177.51	\$72.43	\$134.81	\$156.46	\$224.78	\$225.54
68	\$114.07	\$144.41	\$209.99	\$177.51	\$72.43	\$134.81	\$156.46	\$224.78	\$225.54
69	\$119.68	\$151.52	\$220.32	\$186.24	\$76.00	\$141.44	\$164.16	\$235.84	\$236.64
70	\$125.29	\$158.62	\$230.64	\$194.97	\$79.56	\$148.07	\$171.85	\$246.89	\$247.73
71	\$130.90	\$165.72	\$240.97	\$203.70	\$83.12	\$154.70	\$179.55	\$257.95	\$258.82
72	\$136.51	\$172.82	\$251.30	\$212.43	\$86.68	\$161.33	\$187.24	\$269.00	\$269.91
73	\$142.12	\$179.93	\$261.63	\$221.16	\$90.25	\$167.96	\$194.94	\$280.06	\$281.01
74	\$147.73	\$187.03	\$271.95	\$229.89	\$93.81	\$174.59	\$202.63	\$291.11	\$292.10
75	\$153.34	\$194.13	\$282.28	\$238.62	\$97.37	\$181.22	\$210.33	\$302.17	\$303.19
76	\$158.95	\$201.23	\$292.61	\$247.35	\$100.93	\$187.85	\$218.02	\$313.22	\$314.28
77	\$164.56	\$208.34	\$302.94	\$256.08	\$104.50	\$194.48	\$225.72	\$324.28	\$325.38
78	\$170.17	\$215.44	\$313.26	\$264.81	\$108.06	\$201.11	\$233.41	\$335.33	\$336.47
79	\$175.78	\$222.54	\$323.59	\$273.54	\$111.62	\$207.74	\$241.11	\$346.39	\$347.56
80	\$181.39	\$229.64	\$333.92	\$282.27	\$115.18	\$214.37	\$248.80	\$357.44	\$358.65
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$187.00	\$236.75	\$344.25	\$291.00	\$118.75	\$221.00	\$256.50	\$368.50	\$369.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$280.50	\$355.12	\$516.37	\$520.89	\$178.12	\$331.50	\$543.78	\$552.75	\$554.62

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$205.70	\$260.42	\$378.67	\$320.10	\$130.62	\$243.10	\$282.15	\$405.35	\$406.72
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$280.50	\$355.12	\$516.37	\$520.89	\$178.12	\$331.50	\$543.78	\$552.75	\$554.62

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$125.47	\$158.85	\$230.98	\$195.26	\$79.67	\$148.29	\$172.11	\$247.26	\$248.09
66	\$125.47	\$158.85	\$230.98	\$195.26	\$79.67	\$148.29	\$172.11	\$247.26	\$248.09
67	\$125.47	\$158.85	\$230.98	\$195.26	\$79.67	\$148.29	\$172.11	\$247.26	\$248.09
68	\$125.47	\$158.85	\$230.98	\$195.26	\$79.67	\$148.29	\$172.11	\$247.26	\$248.09
69	\$131.64	\$166.66	\$242.34	\$204.86	\$83.59	\$155.58	\$180.57	\$259.42	\$260.30
70	\$137.81	\$174.48	\$253.70	\$214.46	\$87.51	\$162.87	\$189.04	\$271.58	\$272.50
71	\$143.99	\$182.29	\$265.06	\$224.07	\$91.43	\$170.17	\$197.50	\$283.74	\$284.70
72	\$150.16	\$190.10	\$276.42	\$233.67	\$95.35	\$177.46	\$205.96	\$295.90	\$296.90
73	\$156.33	\$197.91	\$287.78	\$243.27	\$99.27	\$184.75	\$214.43	\$308.06	\$309.10
74	\$162.50	\$205.73	\$299.14	\$252.87	\$103.18	\$192.04	\$222.89	\$320.22	\$321.30
75	\$168.67	\$213.54	\$310.50	\$262.48	\$107.10	\$199.34	\$231.36	\$332.38	\$333.51
76	\$174.84	\$221.35	\$321.86	\$272.08	\$111.02	\$206.63	\$239.82	\$344.54	\$345.71
77	\$181.01	\$229.16	\$333.22	\$281.68	\$114.94	\$213.92	\$248.29	\$356.70	\$357.91
78	\$187.18	\$236.98	\$344.58	\$291.29	\$118.86	\$221.22	\$256.75	\$368.86	\$370.11
79	\$193.35	\$244.79	\$355.94	\$300.89	\$122.78	\$228.51	\$265.22	\$381.02	\$382.31
80	\$199.52	\$252.60	\$367.30	\$310.49	\$126.70	\$235.80	\$273.68	\$393.18	\$394.51
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$205.70	\$260.42	\$378.67	\$320.10	\$130.62	\$243.10	\$282.15	\$405.35	\$406.72
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$308.55	\$390.63	\$568.00	\$572.97	\$195.93	\$364.65	\$598.15	\$608.02	\$610.08

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$226.27	\$286.46	\$416.53	\$352.11	\$143.68	\$267.41	\$310.36	\$445.88	\$447.39
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$308.55	\$390.63	\$568.00	\$572.97	\$195.93	\$364.65	\$598.15	\$608.02	\$610.08

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$128.71	\$162.71	\$236.83	\$200.08	\$81.58	\$151.89	\$176.59	\$253.45	\$254.21
66	\$128.71	\$162.71	\$236.83	\$200.08	\$81.58	\$151.89	\$176.59	\$253.45	\$254.21
67	\$128.71	\$162.71	\$236.83	\$200.08	\$81.58	\$151.89	\$176.59	\$253.45	\$254.21
68	\$128.71	\$162.71	\$236.83	\$200.08	\$81.58	\$151.89	\$176.59	\$253.45	\$254.21
69	\$135.04	\$170.72	\$248.48	\$209.92	\$85.60	\$159.36	\$185.28	\$265.92	\$266.72
70	\$141.37	\$178.72	\$260.12	\$219.76	\$89.61	\$166.83	\$193.96	\$278.38	\$279.22
71	\$147.70	\$186.72	\$271.77	\$229.60	\$93.62	\$174.30	\$202.65	\$290.85	\$291.72
72	\$154.03	\$194.72	\$283.42	\$239.44	\$97.63	\$181.77	\$211.33	\$303.31	\$304.22
73	\$160.36	\$202.73	\$295.07	\$249.28	\$101.65	\$189.24	\$220.02	\$315.78	\$316.73
74	\$166.69	\$210.73	\$306.71	\$259.12	\$105.66	\$196.71	\$228.70	\$328.24	\$329.23
75	\$173.02	\$218.73	\$318.36	\$268.96	\$109.67	\$204.18	\$237.39	\$340.71	\$341.73
76	\$179.35	\$226.73	\$330.01	\$278.80	\$113.68	\$211.65	\$246.07	\$353.17	\$354.23
77	\$185.68	\$234.74	\$341.66	\$288.64	\$117.70	\$219.12	\$254.76	\$365.64	\$366.74
78	\$192.01	\$242.74	\$353.30	\$298.48	\$121.71	\$226.59	\$263.44	\$378.10	\$379.24
79	\$198.34	\$250.74	\$364.95	\$308.32	\$125.72	\$234.06	\$272.13	\$390.57	\$391.74
80	\$204.67	\$258.74	\$376.60	\$318.16	\$129.73	\$241.53	\$280.81	\$403.03	\$404.24
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$211.00	\$266.75	\$388.25	\$328.00	\$133.75	\$249.00	\$289.50	\$415.50	\$416.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$316.50	\$400.12	\$582.37	\$587.12	\$200.62	\$373.50	\$613.74	\$623.25	\$625.12
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$232.10	\$293.42	\$427.07	\$360.80	\$147.12	\$273.90	\$318.45	\$457.05	\$458.42
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$316.50	\$400.12	\$582.37	\$587.12	\$200.62	\$373.50	\$613.74	\$623.25	\$625.12

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$141.58	\$178.98	\$260.51	\$220.08	\$89.74	\$167.07	\$194.25	\$278.80	\$279.63
66	\$141.58	\$178.98	\$260.51	\$220.08	\$89.74	\$167.07	\$194.25	\$278.80	\$279.63
67	\$141.58	\$178.98	\$260.51	\$220.08	\$89.74	\$167.07	\$194.25	\$278.80	\$279.63
68	\$141.58	\$178.98	\$260.51	\$220.08	\$89.74	\$167.07	\$194.25	\$278.80	\$279.63
69	\$148.54	\$187.78	\$273.32	\$230.91	\$94.15	\$175.29	\$203.80	\$292.51	\$293.38
70	\$155.50	\$196.59	\$286.13	\$241.73	\$98.57	\$183.51	\$213.36	\$306.22	\$307.14
71	\$162.47	\$205.39	\$298.94	\$252.56	\$102.98	\$191.73	\$222.91	\$319.93	\$320.89
72	\$169.43	\$214.19	\$311.76	\$263.38	\$107.39	\$199.94	\$232.46	\$333.64	\$334.64
73	\$176.39	\$222.99	\$324.57	\$274.20	\$111.81	\$208.16	\$242.02	\$347.35	\$348.39
74	\$183.35	\$231.80	\$337.38	\$285.03	\$116.22	\$216.38	\$251.57	\$361.06	\$362.15
75	\$190.32	\$240.60	\$350.19	\$295.85	\$120.63	\$224.59	\$261.12	\$374.78	\$375.90
76	\$197.28	\$249.40	\$363.00	\$306.68	\$125.05	\$232.81	\$270.68	\$388.49	\$389.65
77	\$204.24	\$258.20	\$375.82	\$317.50	\$129.46	\$241.03	\$280.23	\$402.20	\$403.40
78	\$211.21	\$267.01	\$388.63	\$328.32	\$133.87	\$249.24	\$289.78	\$415.91	\$417.16
79	\$218.17	\$275.81	\$401.44	\$339.15	\$138.29	\$257.46	\$299.34	\$429.62	\$430.91
80	\$225.13	\$284.61	\$414.25	\$349.97	\$142.70	\$265.68	\$308.89	\$443.33	\$444.66
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$232.10	\$293.42	\$427.07	\$360.80	\$147.12	\$273.90	\$318.45	\$457.05	\$458.42
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$348.15	\$440.13	\$640.60	\$645.83	\$220.68	\$410.85	\$675.11	\$685.57	\$687.63

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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$255.31	\$322.76	\$469.77	\$396.88	\$161.83	\$301.29	\$350.29	\$502.75	\$504.26
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$348.15	\$440.13	\$640.60	\$645.83	\$220.68	\$410.85	\$675.11	\$685.57	\$687.63

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are no longer eligible for major medical insurance due to becoming eligible for Medicare. ⁵							
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Female Non-Tobacco Rates									
50-64	\$374.00	N/A	\$688.50	N/A	N/A	N/A	N/A	\$737.00	N/A
Female Tobacco Rates									
50-64	\$411.40	N/A	\$757.35	N/A	N/A	N/A	N/A	\$810.70	N/A
Male Non-Tobacco Rates									
50-64	\$422.00	N/A	\$776.50	N/A	N/A	N/A	N/A	\$831.00	N/A
Male Tobacco Rates									
50-64	\$464.20	N/A	\$854.15	N/A	N/A	N/A	N/A	\$914.10	N/A

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, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

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 Refer to the application.

4 **IMPORTANT:** Plans C and F are available to eligible Applicants with a 65th birthday prior to 1/1/2020. Plan C is available to eligible Applicants with a Medicare Part A effective date prior to 1/1/2020. These plans are not available to Applicants who turn age 65 (or if under 65, have Part A effective dates) on or after 1/1/2020.

5 If you are not yet age 65, you are only eligible if you lost coverage under a major medical plan because you became eligible for Medicare. You may only enroll in Plan A, or Plan C (if eligible) or Plan D.

Michigan Area 2 ZIP Codes

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

48003	48152	48208	48277	48456	48606	48656	48747	48829	48877
48101	48153	48209	48278	48457	48607	48657	48748	48830	48878
48103	48154	48210	48279	48458	48608	48658	48749	48831	48879
48104	48157	48211	48288	48460	48609	48659	48750	48832	48880
48105	48158	48212	48353	48461	48610	48661	48754	48833	48881
48106	48159	48213	48401	48463	48611	48662	48755	48834	48882
48107	48160	48214	48410	48464	48612	48663	48756	48835	48883
48108	48161	48215	48411	48465	48613	48667	48757	48836	48884
48109	48162	48216	48412	48466	48614	48670	48758	48837	48885
48110	48164	48217	48413	48467	48615	48674	48759	48838	48886
48111	48166	48218	48414	48468	48616	48686	48760	48840	48887
48112	48167	48219	48415	48469	48617	48701	48761	48841	48888
48113	48168	48221	48416	48470	48618	48703	48762	48842	48889
48114	48169	48222	48417	48471	48619	48705	48763	48843	48890
48115	48170	48223	48418	48472	48620	48706	48764	48844	48891
48116	48173	48224	48419	48473	48621	48707	48765	48845	48892
48117	48174	48225	48420	48475	48622	48708	48766	48846	48893
48118	48175	48226	48421	48476	48623	48710	48767	48847	48894
48120	48176	48227	48422	48480	48624	48720	48768	48848	48895
48121	48177	48228	48423	48501	48625	48721	48770	48849	48896
48122	48179	48229	48426	48502	48626	48722	48787	48850	48901
48123	48180	48230	48427	48503	48627	48723	48801	48851	48906
48124	48182	48231	48428	48504	48628	48724	48804	48852	48908
48125	48183	48232	48429	48505	48629	48725	48805	48853	48909
48126	48184	48233	48430	48506	48630	48726	48806	48854	48910
48127	48185	48234	48432	48507	48631	48727	48807	48855	48911
48128	48186	48235	48433	48509	48632	48728	48808	48856	48912
48130	48187	48236	48434	48519	48633	48729	48809	48857	48913
48131	48188	48238	48435	48529	48634	48730	48811	48858	48915
48133	48189	48239	48436	48531	48635	48731	48812	48859	48916
48134	48190	48240	48437	48532	48636	48732	48813	48860	48917
48135	48191	48242	48438	48550	48637	48733	48815	48861	48918
48136	48192	48243	48439	48551	48638	48734	48816	48862	48919
48137	48193	48244	48440	48552	48640	48735	48817	48864	48922
48138	48195	48255	48441	48553	48641	48737	48818	48865	48924
48139	48197	48260	48444	48554	48642	48738	48819	48866	48929
48140	48198	48264	48445	48555	48647	48739	48820	48867	48930
48141	48201	48265	48446	48556	48649	48740	48821	48870	48933
48143	48202	48266	48449	48557	48650	48741	48822	48871	48937
48144	48203	48267	48450	48601	48651	48742	48823	48872	48951
48145	48204	48268	48451	48602	48652	48743	48824	48873	48956
48146	48205	48269	48453	48603	48653	48744	48825	48874	48980
48150	48206	48272	48454	48604	48654	48745	48826	48875	49021
48151	48207	48275	48455	48605	48655	48746	48827	48876	49076

Michigan Area 2 ZIP Codes CONTINUED

49096	49270
49201	49271
49202	49272
49203	49274
49204	49276
49220	49277
49221	49279
49227	49281
49228	49282
49229	49283
49230	49284
49232	49285
49233	49286
49234	49287
49235	49288
49236	49289
49237	49310
49238	49322
49239	49329
49240	49339
49241	49347
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Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$110.71	\$139.84	\$203.74	\$172.17	\$70.30	\$130.54	\$151.73	\$218.07	\$218.68
66	\$110.71	\$139.84	\$203.74	\$172.17	\$70.30	\$130.54	\$151.73	\$218.07	\$218.68
67	\$110.71	\$139.84	\$203.74	\$172.17	\$70.30	\$130.54	\$151.73	\$218.07	\$218.68
68	\$110.71	\$139.84	\$203.74	\$172.17	\$70.30	\$130.54	\$151.73	\$218.07	\$218.68
69	\$116.16	\$146.72	\$213.76	\$180.64	\$73.76	\$136.96	\$159.20	\$228.80	\$229.44
70	\$121.60	\$153.59	\$223.78	\$189.10	\$77.21	\$143.38	\$166.66	\$239.52	\$240.19
71	\$127.05	\$160.47	\$233.80	\$197.57	\$80.67	\$149.80	\$174.12	\$250.25	\$250.95
72	\$132.49	\$167.35	\$243.82	\$206.04	\$84.13	\$156.22	\$181.58	\$260.97	\$261.70
73	\$137.94	\$174.23	\$253.84	\$214.51	\$87.59	\$162.64	\$189.05	\$271.70	\$272.46
74	\$143.38	\$181.10	\$263.86	\$222.97	\$91.04	\$169.06	\$196.51	\$282.42	\$283.21
75	\$148.83	\$187.98	\$273.88	\$231.44	\$94.50	\$175.48	\$203.97	\$293.15	\$293.97
76	\$154.27	\$194.86	\$283.90	\$239.91	\$97.96	\$181.90	\$211.43	\$303.87	\$304.72
77	\$159.72	\$201.74	\$293.92	\$248.38	\$101.42	\$188.32	\$218.90	\$314.60	\$315.48
78	\$165.16	\$208.61	\$303.94	\$256.84	\$104.87	\$194.74	\$226.36	\$325.32	\$326.23
79	\$170.61	\$215.49	\$313.96	\$265.31	\$108.33	\$201.16	\$233.82	\$336.05	\$336.99
80	\$176.05	\$222.37	\$323.98	\$273.78	\$111.79	\$207.58	\$241.28	\$346.77	\$347.74
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$181.50	\$229.25	\$334.00	\$282.25	\$115.25	\$214.00	\$248.75	\$357.50	\$358.50
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$272.25	\$343.87	\$501.00	\$505.22	\$172.87	\$321.00	\$527.35	\$536.25	\$537.75
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$199.65	\$252.17	\$367.40	\$310.47	\$126.77	\$235.40	\$273.62	\$393.25	\$394.35
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$272.25	\$343.87	\$501.00	\$505.22	\$172.87	\$321.00	\$527.35	\$536.25	\$537.75

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 Michigan

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

Plans Available to All Applicants								Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
65	\$121.78	\$153.82	\$224.11	\$189.38	\$77.32	\$143.59	\$166.90	\$239.88	\$240.55
66	\$121.78	\$153.82	\$224.11	\$189.38	\$77.32	\$143.59	\$166.90	\$239.88	\$240.55
67	\$121.78	\$153.82	\$224.11	\$189.38	\$77.32	\$143.59	\$166.90	\$239.88	\$240.55
68	\$121.78	\$153.82	\$224.11	\$189.38	\$77.32	\$143.59	\$166.90	\$239.88	\$240.55
69	\$127.77	\$161.38	\$235.13	\$198.70	\$81.13	\$150.65	\$175.11	\$251.68	\$252.38
70	\$133.76	\$168.95	\$246.15	\$208.01	\$84.93	\$157.71	\$183.32	\$263.47	\$264.21
71	\$139.75	\$176.51	\$257.18	\$217.32	\$88.73	\$164.78	\$191.53	\$275.27	\$276.04
72	\$145.74	\$184.08	\$268.20	\$226.64	\$92.54	\$171.84	\$199.74	\$287.07	\$287.87
73	\$151.73	\$191.64	\$279.22	\$235.95	\$96.34	\$178.90	\$207.95	\$298.87	\$299.70
74	\$157.72	\$199.21	\$290.24	\$245.27	\$100.14	\$185.96	\$216.15	\$310.66	\$311.53
75	\$163.71	\$206.77	\$301.26	\$254.58	\$103.95	\$193.02	\$224.36	\$322.46	\$323.36
76	\$169.70	\$214.34	\$312.29	\$263.89	\$107.75	\$200.09	\$232.57	\$334.26	\$335.19
77	\$175.69	\$221.90	\$323.31	\$273.21	\$111.55	\$207.15	\$240.78	\$346.06	\$347.02
78	\$181.68	\$229.47	\$334.33	\$282.52	\$115.36	\$214.21	\$248.99	\$357.85	\$358.85
79	\$187.67	\$237.03	\$345.35	\$291.84	\$119.16	\$221.27	\$257.20	\$369.65	\$370.68
80	\$193.66	\$244.60	\$356.37	\$301.15	\$122.96	\$228.33	\$265.41	\$381.45	\$382.51
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
81+	\$199.65	\$252.17	\$367.40	\$310.47	\$126.77	\$235.40	\$273.62	\$393.25	\$394.35
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65+	\$299.47	\$378.25	\$551.10	\$555.74	\$190.15	\$353.10	\$580.07	\$589.87	\$591.52
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.									
75+	\$219.61	\$277.38	\$404.14	\$341.51	\$139.44	\$258.94	\$300.98	\$432.57	\$433.78
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
75+	\$299.47	\$378.25	\$551.10	\$555.74	\$190.15	\$353.10	\$580.07	\$589.87	\$591.52

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 Michigan

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$124.74	\$157.83	\$229.66	\$194.13	\$79.14	\$147.31	\$171.25	\$245.83	\$246.59	
66	\$124.74	\$157.83	\$229.66	\$194.13	\$79.14	\$147.31	\$171.25	\$245.83	\$246.59	
67	\$124.74	\$157.83	\$229.66	\$194.13	\$79.14	\$147.31	\$171.25	\$245.83	\$246.59	
68	\$124.74	\$157.83	\$229.66	\$194.13	\$79.14	\$147.31	\$171.25	\$245.83	\$246.59	
69	\$130.88	\$165.60	\$240.96	\$203.68	\$83.04	\$154.56	\$179.68	\$257.92	\$258.72	
70	\$137.01	\$173.36	\$252.25	\$213.22	\$86.93	\$161.80	\$188.10	\$270.01	\$270.84	
71	\$143.15	\$181.12	\$263.55	\$222.77	\$90.82	\$169.05	\$196.52	\$282.10	\$282.97	
72	\$149.28	\$188.88	\$274.84	\$232.32	\$94.71	\$176.29	\$204.94	\$294.19	\$295.10	
73	\$155.42	\$196.65	\$286.14	\$241.87	\$98.61	\$183.54	\$213.37	\$306.28	\$307.23	
74	\$161.55	\$204.41	\$297.43	\$251.41	\$102.50	\$190.78	\$221.79	\$318.37	\$319.35	
75	\$167.69	\$212.17	\$308.73	\$260.96	\$106.39	\$198.03	\$230.21	\$330.46	\$331.48	
76	\$173.82	\$219.93	\$320.02	\$270.51	\$110.28	\$205.27	\$238.63	\$342.55	\$343.61	
77	\$179.96	\$227.70	\$331.32	\$280.06	\$114.18	\$212.52	\$247.06	\$354.64	\$355.74	
78	\$186.09	\$235.46	\$342.61	\$289.60	\$118.07	\$219.76	\$255.48	\$366.73	\$367.86	
79	\$192.23	\$243.22	\$353.91	\$299.15	\$121.96	\$227.01	\$263.90	\$378.82	\$379.99	
80	\$198.36	\$250.98	\$365.20	\$308.70	\$125.85	\$234.25	\$272.32	\$390.91	\$392.12	
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$204.50	\$258.75	\$376.50	\$318.25	\$129.75	\$241.50	\$280.75	\$403.00	\$404.25	
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$306.75	\$388.12	\$564.75	\$569.66	\$194.62	\$362.25	\$595.19	\$604.50	\$606.37	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
75+	\$224.95	\$284.62	\$414.15	\$350.07	\$142.72	\$265.65	\$308.82	\$443.30	\$444.67	
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
75+	\$306.75	\$388.12	\$564.75	\$569.66	\$194.62	\$362.25	\$595.19	\$604.50	\$606.37	

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 Michigan

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$137.21	\$173.61	\$252.63	\$213.54	\$87.05	\$162.04	\$188.38	\$270.41	\$271.24	
66	\$137.21	\$173.61	\$252.63	\$213.54	\$87.05	\$162.04	\$188.38	\$270.41	\$271.24	
67	\$137.21	\$173.61	\$252.63	\$213.54	\$87.05	\$162.04	\$188.38	\$270.41	\$271.24	
68	\$137.21	\$173.61	\$252.63	\$213.54	\$87.05	\$162.04	\$188.38	\$270.41	\$271.24	
69	\$143.96	\$182.15	\$265.05	\$224.04	\$91.34	\$170.01	\$197.64	\$283.71	\$284.58	
70	\$150.71	\$190.69	\$277.48	\$234.54	\$95.62	\$177.98	\$206.90	\$297.01	\$297.92	
71	\$157.46	\$199.23	\$289.90	\$245.04	\$99.90	\$185.95	\$216.17	\$310.31	\$311.26	
72	\$164.21	\$207.77	\$302.32	\$255.55	\$104.18	\$193.92	\$225.43	\$323.60	\$324.60	
73	\$170.96	\$216.31	\$314.75	\$266.05	\$108.46	\$201.89	\$234.70	\$336.90	\$337.94	
74	\$177.71	\$224.84	\$327.17	\$276.55	\$112.74	\$209.86	\$243.96	\$350.20	\$351.28	
75	\$184.45	\$233.38	\$339.60	\$287.05	\$117.03	\$217.83	\$253.23	\$363.50	\$364.62	
76	\$191.20	\$241.92	\$352.02	\$297.55	\$121.31	\$225.80	\$262.49	\$376.80	\$377.96	
77	\$197.95	\$250.46	\$364.45	\$308.06	\$125.59	\$233.77	\$271.76	\$390.10	\$391.30	
78	\$204.70	\$259.00	\$376.87	\$318.56	\$129.87	\$241.74	\$281.02	\$403.40	\$404.64	
79	\$211.45	\$267.54	\$389.30	\$329.06	\$134.15	\$249.71	\$290.29	\$416.70	\$417.98	
80	\$218.20	\$276.08	\$401.72	\$339.56	\$138.43	\$257.68	\$299.55	\$430.00	\$431.32	
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$224.95	\$284.62	\$414.15	\$350.07	\$142.72	\$265.65	\$308.82	\$443.30	\$444.67	
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$337.42	\$426.93	\$621.22	\$626.62	\$214.08	\$398.47	\$654.69	\$664.95	\$667.00	
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 D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
75+	\$247.44	\$313.08	\$455.56	\$385.07	\$156.99	\$292.21	\$339.70	\$487.63	\$489.13	
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
75+	\$337.42	\$426.93	\$621.22	\$626.62	\$214.08	\$398.47	\$654.69	\$664.95	\$667.00	

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 Michigan

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are no longer eligible for major medical insurance due to becoming eligible for Medicare. ⁵								
Age ¹	Plan A	Plan B	Plan D	Plan G	Plan K	Plan L	Plan N	Plan C ⁴	Plan F ⁴	
Female Non-Tobacco Rates										
50-64	\$363.00	N/A	\$668.00	N/A	N/A	N/A	N/A	\$715.00	N/A	
Female Tobacco Rates										
50-64	\$399.30	N/A	\$734.80	N/A	N/A	N/A	N/A	\$786.50	N/A	
Male Non-Tobacco Rates										
50-64	\$409.00	N/A	\$753.00	N/A	N/A	N/A	N/A	\$806.00	N/A	
Male Tobacco Rates										
50-64	\$449.90	N/A	\$828.30	N/A	N/A	N/A	N/A	\$886.60	N/A	

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, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

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 Refer to the application.

4 **IMPORTANT:** Plans C and F are available to eligible Applicants with a 65th birthday prior to 1/1/2020. Plan C is available to eligible Applicants with a Medicare Part A effective date prior to 1/1/2020. These plans are not available to Applicants who turn age 65 (or if under 65, have Part A effective dates) on or after 1/1/2020.

5 If you are not yet age 65, you are only eligible if you lost coverage under a major medical plan because you became eligible for Medicare. You may only enroll in Plan A, or Plan C (if eligible) or Plan D.

Michigan Area 3 ZIP Codes

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

48897	49047	49098	49325	49422	49507	49632	49688	49751	49815
49001	49048	49099	49326	49423	49508	49633	49689	49752	49816
49002	49050	49101	49327	49424	49509	49634	49690	49753	49817
49003	49051	49102	49328	49425	49510	49635	49696	49755	49818
49004	49052	49103	49330	49426	49512	49636	49701	49756	49819
49005	49053	49104	49331	49427	49514	49637	49705	49757	49820
49006	49055	49106	49332	49428	49515	49638	49706	49759	49821
49007	49056	49107	49333	49429	49516	49639	49707	49760	49822
49008	49057	49111	49335	49430	49518	49640	49709	49761	49825
49009	49058	49112	49336	49431	49519	49642	49710	49762	49826
49010	49060	49113	49337	49434	49523	49643	49711	49764	49827
49011	49061	49115	49338	49435	49525	49644	49712	49765	49829
49012	49062	49116	49340	49436	49528	49645	49713	49766	49831
49013	49063	49117	49341	49437	49530	49646	49715	49768	49833
49014	49064	49119	49342	49440	49534	49648	49716	49769	49834
49015	49065	49120	49343	49441	49544	49649	49717	49770	49835
49016	49066	49125	49344	49442	49546	49650	49718	49774	49836
49017	49067	49126	49345	49443	49548	49651	49719	49775	49837
49018	49068	49127	49346	49444	49555	49653	49720	49776	49838
49019	49070	49128	49348	49445	49560	49654	49721	49777	49839
49020	49071	49129	49349	49446	49588	49655	49722	49779	49840
49022	49072	49130	49351	49448	49599	49656	49723	49780	49841
49023	49073	49224	49355	49449	49601	49657	49724	49781	49845
49024	49074	49245	49356	49450	49610	49659	49725	49782	49847
49026	49075	49255	49357	49451	49611	49660	49726	49783	49848
49027	49077	49301	49401	49452	49612	49663	49727	49784	49849
49028	49078	49302	49402	49453	49613	49664	49728	49785	49852
49029	49079	49303	49403	49454	49614	49665	49729	49786	49853
49030	49080	49304	49404	49455	49615	49666	49730	49788	49854
49031	49081	49305	49405	49456	49616	49667	49733	49791	49855
49032	49082	49306	49406	49457	49617	49668	49734	49792	49858
49033	49083	49307	49408	49458	49618	49670	49735	49793	49861
49034	49084	49309	49409	49459	49619	49673	49736	49795	49862
49035	49085	49311	49410	49460	49620	49674	49737	49796	49863
49036	49087	49312	49411	49461	49621	49675	49738	49797	49864
49037	49088	49314	49412	49463	49622	49676	49739	49799	49865
49038	49089	49315	49413	49464	49623	49677	49740	49801	49866
49039	49090	49316	49415	49468	49625	49679	49743	49802	49868
49040	49091	49317	49416	49501	49626	49680	49744	49805	49870
49041	49092	49318	49417	49502	49627	49682	49745	49806	49871
49042	49093	49319	49418	49503	49628	49683	49746	49807	49872
49043	49094	49320	49419	49504	49629	49684	49747	49808	49873
49045	49095	49321	49420	49505	49630	49685	49748	49812	49874
49046	49097	49323	49421	49506	49631	49686	49749	49814	49876

Michigan Area 3 ZIP Codes CONTINUED

49877	49947
49878	49948
49879	49950
49880	49952
49881	49953
49883	49955
49884	49958
49885	49959
49886	49960
49887	49961
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49892	49963
49893	49964
49894	49965
49895	49967
49896	49968
49901	49969
49902	49970
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Rules and Disclosures about this Insurance

Premium information

We, UnitedHealthcare Insurance Company, can only raise your premium if we raise the premium for all certificates like yours in this State.

Disclosures

Use this outline to compare benefits and premiums among policies, certificates, and contracts.

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.

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 Medicare Handbook", the Centers for Medicare & Medicaid Services (CMS) publication *Medicare & You*, for more details.


Complete answers are very important

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$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 Period ¹				
Service		Medicare Pays	Plan B pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$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 D

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan D 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 D (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan D 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 D 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

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan D 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 Period ¹				
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 Period ¹				
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

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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

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.**

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 Period ¹				
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

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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

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.**

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 Period ¹				
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.

Your Guide to AARP Medicare Supplement Insurance Plans

To help you choose the AARP Medicare Supplement 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

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare Supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are eligible only if you lost coverage under a Major Medical plan **within the last 180 days** because you became eligible for Medicare. If you **enrolled in Medicare Part A before 1/1/2020**, you may only apply for Plan A or C. If you **enrolled in Medicare Part A on or after 1/1/2020**, you may only apply for Plan A or D.) **If eligible, please complete questions 9K, 9L, 9M and 9N on the Application Form and send the termination notice you received from your prior insurer.**

Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period**, which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- Also, you may have a guaranteed issue right to enroll in a Medicare Supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the 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.

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at www.Medicare.gov/publications. You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 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.

Continued ...

You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement Plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare Supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement Insurance Plan is insured by UnitedHealthcare, not by AARP or its affiliates. Please contact UnitedHealthcare if you have questions about your policy, including any limitations and exclusions.

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 Plan claims may be processed automatically.

UnitedHealthcare accepts insurance premium payments made by the insured or a relative or legal guardian on behalf of the insured. UnitedHealthcare reserves the right to decline insurance premium payments from third parties other than a relative or legal guardian of the insured.

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.**

This is a solicitation of insurance. An agent may contact you.

These materials describe the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.

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.



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).

In some states 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),
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 Michigan. The information you provide on this Application Form will be used to determine your acceptance and rate.

TEAR HERE

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 _____

TEAR HERE

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,
- 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 age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you are eligible only if you lost coverage under a Major Medical plan **within the last 180 days** because you became eligible for Medicare. If you **enrolled in Medicare Part A before 1/1/2020**, you may only apply for Plan A or C. If you **enrolled in Medicare Part A on or after 1/1/2020**, you may only apply for Plan A or D. **If eligible, please complete questions 9K, 9L, 9M and 9N on the Application Form and send the termination notice you received from your prior insurer.**

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. If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, please see the Plan information shown above. Please call if you have questions.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan D |
| <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan G |
| <input type="checkbox"/> Plan K | <input type="checkbox"/> Plan L |
| | <input type="checkbox"/> 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 9**. You do not have to answer the questions in **Sections 4, 5, 6, 7 and 8**.
- If **NO**, you must answer **Question 3B**.

3B. Have you lost or are losing health insurance coverage or do you have a Medicare Advantage Plan "trial right" and, if so, have you received a notice from your employer or prior insurer saying that you are eligible for guaranteed issue of a Medicare supplement plan?

Yes No

If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days (180 days for eligible age 50-64 individuals) after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage. If you have questions about your guaranteed issue rights, please see "Your Guide."

- If **YES**, skip directly to **Section 9**.
- If you answered **NO** to both questions in **Section 3** and you are:
 - **age 65 or over**, continue to **Section 4**.
 - **age 50-64 and eligible for Medicare by reason of disability or ESRD**, you are **NOT** eligible to apply.



First Name

Last Name

Answer the health questions in Sections 4-7 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

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



First Name

Last Name

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)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
6H. Are you awaiting any diagnostic test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

7 Answer these health questions. If you answer YES to any question, your rate will be the Level 2 rate (see “Cover Page – Rates”). If you answer NOT SURE, we may follow up for additional information.

7A. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Alzheimer’s Disease, Dementia, or Parkinson’s Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

TEAR HERE

TEAR HERE



7 Answer these health questions. If you answer YES to any question, your rate will be the Level 2 rate (see "Cover Page – Rates"). If you answer NOT SURE, we may follow up for additional information. (continued)

7B. 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 productsYes 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

7C. Within the past 2 years, did you receive any of the following:

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

8 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").

8A. At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

Yes No

TEAR HERE

TEAR HERE



9 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 reinstated 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 reinstated 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

9A. 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 9B and 9C.

9B. Will Medicaid pay your premiums for this Medicare supplement policy? Yes No

9C. 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)

9D. 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 9E through 9H.

9E. 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

9 Your past and current coverage (continued)

9F. 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.

9G. Was this your first time in this type of Medicare plan?

Yes No

9H. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

Yes No

Questions about Medicare supplement plans

9I. Do you have another Medicare supplement policy in force? If so, what insurance company and what plan do you have?

Yes No

Insurance Company: _____

Policy: _____

If YES, you must answer Question 9J.

9J. 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

9K. Have you had coverage under any other health insurance within the past 63 days (180 days for eligible age 50-64 individuals) (for example, an employer, Major Medical, union or individual plan)?

Yes No

If YES, you must answer Questions 9L through 9N.

9L. If so, with what insurance company and what kind of policy?

Insurance Company: _____

Policy:

HMO/PPO

Major Medical

Employer Plan

Union Plan

Other _____

9M. 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

9N. Are you replacing this health insurance?

Yes No



Your Signature (required)

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



10 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 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

11

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. 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.

TEAR HERE

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.

TEAR HERE



First Name

Last Name

12 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:

TEAR HERE

TEAR HERE

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 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



TEAR HERE

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.

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TEAR HERE

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

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:** _____
- Bank Routing Transit Number:** |123456789| (Must be 9 numbers)
- Bank Account Number:** 12345678 (Include all zeros)
- Check Number:** 1234 (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.

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.*

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- 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)

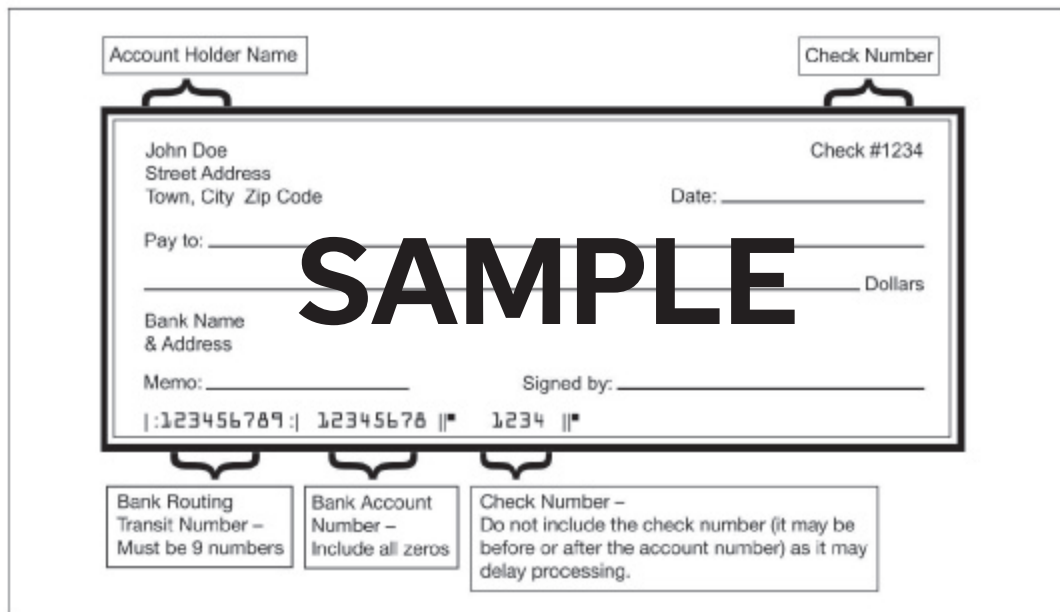
Bank Account No. _____

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.



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):

- | | |
|--|--|
| <input type="checkbox"/> Additional benefits. | <input type="checkbox"/> Disenrollment from a Medicare Advantage plan.
Please explain reason for Disenrollment. |
| <input type="checkbox"/> No change in benefits, but lower premiums. | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Fewer benefits and lower premiums. | _____ |
| <input type="checkbox"/> 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.
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 the extent such time was spent (depleted) under the original policy.
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 submit this copy with the application

TEAR HERE

TEAR HERE



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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

TEAR HERE

TEAR HERE



**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**)، سنتوفر 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 ફોર્મટમાં 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.



This page was intentionally left blank.

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/producer contracted with UnitedHealthcare Insurance Company, I am here to help.

Name _____

Email _____

Phone _____



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).

In some states, 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 enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.