



Medicare Supplement Enrollment Kit

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

Louisiana

Enrollment materials are for June 1, 2026 - May 1, 2027 plan effective dates.
Edition date: 9/30/26.



Coverage you can count on, year after year.

Complete your coverage with a Medicare Supplement insurance plan that helps you minimize your out-of-pocket medical costs, while maximizing your health care choices.

Medicare Supplement plans, like the **AARP[®] Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company** (UnitedHealthcare), offer you:



Value

- ✓ 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

- ✓ Select any doctor and hospital, as long as they accept Medicare patients.
- ✓ No referrals or prior authorizations needed.
- ✓ When traveling, your coverage goes with you anywhere in the U.S., and for some plans, medical emergencies abroad.



Reliability

- ✓ Lifetime coverage guaranteed.³
- ✓ More predictable out-of-pocket costs.
- ✓ 96% of surveyed AARP Medicare Supplement Plan members nationwide were satisfied with the plan's consistent coverage that does not change after enrolling.⁴

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

UnitedHealthcare is committed to offering quality service and would be honored to serve your Medicare needs – now, and for years to come.

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.

- 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 As long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan.
- ⁴ 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 insured by UnitedHealthcare. UnitedHealthcare pays royalty fees for the use of AARP intellectual property. AARP uses the royalty fees for the general purposes of its organization. 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. If you are not a member, you can join AARP for just \$20.00 a year.

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

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



Gym Membership, Discounts, and More

For plans effective January 1, 2027 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® by UnitedHealthcare® is a fitness program for body and mind to help stay active, focused and connected either at a gym or from home, at no additional cost.

- A gym membership at no additional cost.
- Access to a large national network of gyms and fitness locations.
- Access to many premium gyms and fitness locations.
- Access to thousands of on-demand workout videos and live streaming fitness classes.



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 offering content and interactive tools designed to help support brain health and overall wellness. It features the Cognitive Assessment and Lifestyle Check-Ins, exclusive content, videos and interactive challenges for Renew Active members.



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.

- Up to 50% off national average prices for prescription hearing aids and access to optional care and support packages to help personalize your experience. Plus, up to 15% off hearing accessories.
- No-cost hearing exam and consultation and expert support from participating providers in UnitedHealthcare Hearing's nationwide network.
- Save with private-label hearing aid brand Relate®, accessed exclusively through AARP Hearing Solutions provided by UnitedHealthcare Hearing.

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. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

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 12/31/27.

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 2027 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 12/31/2027.

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 overall health and 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

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. Not available to AARP Medicare Supplement members in NY, OR and U.S. Territories. Please contact UnitedHealthcare Hearing directly for details.

AARP Medicare Supplement Insurance Plans

AARP endorses the AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare. UnitedHealthcare pays royalty fees for the use of AARP intellectual property. AARP uses the royalty fees for the general purposes of its organization. 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.

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.

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

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

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 10% with the Multi-Insured Discount

You can take 10% 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.



*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.

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 Plan.

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.

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

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%

AARP | Medicare Supplement
from  **UnitedHealthcare**

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.

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

Overview of Available Plans

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

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

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of this benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹ ◆	K	L	M	N ◆	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2026 ²					\$8000 ²	\$4000 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.



Important Note about the Plan Information in This Package

The deductibles and co-payments shown in this package are the 2026 amounts.

If Medicare decides to make a change for 2027, your AARP® Medicare Supplement Plan benefits will automatically change to match any increase in the deductibles and co-payments.

If you have any questions, please contact your licensed insurance agent/producer.

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$136.79	\$210.60	\$205.26	\$184.83	\$90.28	\$147.62	\$177.05	\$158.90	\$263.52	\$264.13
66	\$136.79	\$210.60	\$205.26	\$184.83	\$90.28	\$147.62	\$177.05	\$158.90	\$263.52	\$264.13
67	\$136.79	\$210.60	\$205.26	\$184.83	\$90.28	\$147.62	\$177.05	\$158.90	\$263.52	\$264.13
68	\$136.79	\$210.60	\$205.26	\$184.83	\$90.28	\$147.62	\$177.05	\$158.90	\$263.52	\$264.13
69	\$143.52	\$220.96	\$215.36	\$193.92	\$94.72	\$154.88	\$185.76	\$166.72	\$276.48	\$277.12
70	\$150.24	\$231.31	\$225.45	\$203.01	\$99.16	\$162.14	\$194.46	\$174.53	\$289.44	\$290.11
71	\$156.97	\$241.67	\$235.55	\$212.10	\$103.60	\$169.40	\$203.17	\$182.35	\$302.40	\$303.10
72	\$163.70	\$252.03	\$245.64	\$221.19	\$108.04	\$176.66	\$211.88	\$190.16	\$315.36	\$316.09
73	\$170.43	\$262.39	\$255.74	\$230.28	\$112.48	\$183.92	\$220.59	\$197.98	\$328.32	\$329.08
74	\$177.15	\$272.74	\$265.83	\$239.37	\$116.92	\$191.18	\$229.29	\$205.79	\$341.28	\$342.07
75	\$183.88	\$283.10	\$275.93	\$248.46	\$121.36	\$198.44	\$238.00	\$213.61	\$354.24	\$355.06
76	\$190.61	\$293.46	\$286.02	\$257.55	\$125.80	\$205.70	\$246.71	\$221.42	\$367.20	\$368.05
77	\$197.34	\$303.82	\$296.12	\$266.64	\$130.24	\$212.96	\$255.42	\$229.24	\$380.16	\$381.04
78	\$204.06	\$314.17	\$306.21	\$275.73	\$134.68	\$220.22	\$264.12	\$237.05	\$393.12	\$394.03
79	\$210.79	\$324.53	\$316.31	\$284.82	\$139.12	\$227.48	\$272.83	\$244.87	\$406.08	\$407.02
80	\$217.52	\$334.89	\$326.40	\$293.91	\$143.56	\$234.74	\$281.54	\$252.68	\$419.04	\$420.01
Standard Rates for individuals ages 81 and older.										
81+	\$224.25	\$345.25	\$336.50	\$303.00	\$148.00	\$242.00	\$290.25	\$260.50	\$432.00	\$433.00

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

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$246.67	\$379.77	\$370.15	\$333.30	\$162.80	\$266.20	\$319.27	\$286.55	\$475.20	\$476.30

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 Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$150.46	\$231.65	\$225.79	\$203.31	\$99.30	\$162.38	\$194.75	\$174.79	\$289.87	\$290.54
66	\$150.46	\$231.65	\$225.79	\$203.31	\$99.30	\$162.38	\$194.75	\$174.79	\$289.87	\$290.54
67	\$150.46	\$231.65	\$225.79	\$203.31	\$99.30	\$162.38	\$194.75	\$174.79	\$289.87	\$290.54
68	\$150.46	\$231.65	\$225.79	\$203.31	\$99.30	\$162.38	\$194.75	\$174.79	\$289.87	\$290.54
69	\$157.86	\$243.05	\$236.89	\$213.31	\$104.19	\$170.36	\$204.33	\$183.39	\$304.12	\$304.83
70	\$165.26	\$254.44	\$248.00	\$223.31	\$109.07	\$178.35	\$213.91	\$191.98	\$318.38	\$319.12
71	\$172.66	\$265.83	\$259.10	\$233.31	\$113.96	\$186.34	\$223.48	\$200.58	\$332.64	\$333.41
72	\$180.06	\$277.23	\$270.20	\$243.30	\$118.84	\$194.32	\$233.06	\$209.18	\$346.89	\$347.69
73	\$187.46	\$288.62	\$281.31	\$253.30	\$123.72	\$202.31	\$242.64	\$217.77	\$361.15	\$361.98
74	\$194.86	\$300.01	\$292.41	\$263.30	\$128.61	\$210.29	\$252.22	\$226.37	\$375.40	\$376.27
75	\$202.26	\$311.41	\$303.52	\$273.30	\$133.49	\$218.28	\$261.80	\$234.97	\$389.66	\$390.56
76	\$209.66	\$322.80	\$314.62	\$283.30	\$138.38	\$226.27	\$271.37	\$243.56	\$403.92	\$404.85
77	\$217.06	\$334.19	\$325.73	\$293.30	\$143.26	\$234.25	\$280.95	\$252.16	\$418.17	\$419.14
78	\$224.46	\$345.59	\$336.83	\$303.30	\$148.14	\$242.24	\$290.53	\$260.76	\$432.43	\$433.43
79	\$231.86	\$356.98	\$347.94	\$313.30	\$153.03	\$250.22	\$300.11	\$269.35	\$446.68	\$447.72
80	\$239.26	\$368.37	\$359.04	\$323.30	\$157.91	\$258.21	\$309.69	\$277.95	\$460.94	\$462.01
Standard Rates for individuals ages 81 and older.										
81+	\$246.67	\$379.77	\$370.15	\$333.30	\$162.80	\$266.20	\$319.27	\$286.55	\$475.20	\$476.30

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 Louisiana - Area 1
 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$271.33	\$417.74	\$407.16	\$366.63	\$179.08	\$292.82	\$351.19	\$315.20	\$522.72	\$523.93

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 Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$154.17	\$237.44	\$231.49	\$208.31	\$101.87	\$166.53	\$199.62	\$179.34	\$297.07	\$297.98
66	\$154.17	\$237.44	\$231.49	\$208.31	\$101.87	\$166.53	\$199.62	\$179.34	\$297.07	\$297.98
67	\$154.17	\$237.44	\$231.49	\$208.31	\$101.87	\$166.53	\$199.62	\$179.34	\$297.07	\$297.98
68	\$154.17	\$237.44	\$231.49	\$208.31	\$101.87	\$166.53	\$199.62	\$179.34	\$297.07	\$297.98
69	\$161.76	\$249.12	\$242.88	\$218.56	\$106.88	\$174.72	\$209.44	\$188.16	\$311.68	\$312.64
70	\$169.34	\$260.79	\$254.26	\$228.80	\$111.89	\$182.91	\$219.25	\$196.98	\$326.29	\$327.29
71	\$176.92	\$272.47	\$265.65	\$239.05	\$116.90	\$191.10	\$229.07	\$205.80	\$340.90	\$341.95
72	\$184.50	\$284.15	\$277.03	\$249.29	\$121.91	\$199.29	\$238.89	\$214.62	\$355.51	\$356.60
73	\$192.09	\$295.83	\$288.42	\$259.54	\$126.92	\$207.48	\$248.71	\$223.44	\$370.12	\$371.26
74	\$199.67	\$307.50	\$299.80	\$269.78	\$131.93	\$215.67	\$258.52	\$232.26	\$384.73	\$385.91
75	\$207.25	\$319.18	\$311.19	\$280.03	\$136.94	\$223.86	\$268.34	\$241.08	\$399.34	\$400.57
76	\$214.83	\$330.86	\$322.57	\$290.27	\$141.95	\$232.05	\$278.16	\$249.90	\$413.95	\$415.22
77	\$222.42	\$342.54	\$333.96	\$300.52	\$146.96	\$240.24	\$287.98	\$258.72	\$428.56	\$429.88
78	\$230.00	\$354.21	\$345.34	\$310.76	\$151.97	\$248.43	\$297.79	\$267.54	\$443.17	\$444.53
79	\$237.58	\$365.89	\$356.73	\$321.01	\$156.98	\$256.62	\$307.61	\$276.36	\$457.78	\$459.19
80	\$245.16	\$377.57	\$368.11	\$331.25	\$161.99	\$264.81	\$317.43	\$285.18	\$472.39	\$473.84
Standard Rates for individuals ages 81 and older.										
81+	\$252.75	\$389.25	\$379.50	\$341.50	\$167.00	\$273.00	\$327.25	\$294.00	\$487.00	\$488.50

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

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$278.02	\$428.17	\$417.45	\$375.65	\$183.70	\$300.30	\$359.97	\$323.40	\$535.70	\$537.35

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

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$169.59	\$261.18	\$254.64	\$229.14	\$112.05	\$183.18	\$219.58	\$197.27	\$326.77	\$327.78
66	\$169.59	\$261.18	\$254.64	\$229.14	\$112.05	\$183.18	\$219.58	\$197.27	\$326.77	\$327.78
67	\$169.59	\$261.18	\$254.64	\$229.14	\$112.05	\$183.18	\$219.58	\$197.27	\$326.77	\$327.78
68	\$169.59	\$261.18	\$254.64	\$229.14	\$112.05	\$183.18	\$219.58	\$197.27	\$326.77	\$327.78
69	\$177.93	\$274.02	\$267.16	\$240.41	\$117.56	\$192.19	\$230.38	\$206.97	\$342.84	\$343.90
70	\$186.27	\$286.87	\$279.69	\$251.68	\$123.07	\$201.20	\$241.17	\$216.67	\$358.91	\$360.02
71	\$194.61	\$299.71	\$292.21	\$262.95	\$128.59	\$210.21	\$251.97	\$226.38	\$374.99	\$376.14
72	\$202.95	\$312.56	\$304.73	\$274.22	\$134.10	\$219.21	\$262.77	\$236.08	\$391.06	\$392.26
73	\$211.29	\$325.40	\$317.26	\$285.49	\$139.61	\$228.22	\$273.57	\$245.78	\$407.13	\$408.38
74	\$219.63	\$338.25	\$329.78	\$296.76	\$145.12	\$237.23	\$284.37	\$255.48	\$423.20	\$424.50
75	\$227.97	\$351.09	\$342.30	\$308.03	\$150.63	\$246.24	\$295.17	\$265.18	\$439.27	\$440.62
76	\$236.31	\$363.94	\$354.83	\$319.30	\$156.14	\$255.25	\$305.97	\$274.89	\$455.34	\$456.74
77	\$244.65	\$376.78	\$367.35	\$330.57	\$161.65	\$264.26	\$316.77	\$284.59	\$471.41	\$472.86
78	\$252.99	\$389.63	\$379.87	\$341.84	\$167.16	\$273.27	\$327.57	\$294.29	\$487.48	\$488.98
79	\$261.33	\$402.47	\$392.40	\$353.11	\$172.67	\$282.28	\$338.37	\$303.99	\$503.55	\$505.10
80	\$269.67	\$415.32	\$404.92	\$364.38	\$178.18	\$291.29	\$349.17	\$313.69	\$519.62	\$521.22
Standard Rates for individuals ages 81 and older.										
81+	\$278.02	\$428.17	\$417.45	\$375.65	\$183.70	\$300.30	\$359.97	\$323.40	\$535.70	\$537.35

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

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$305.82	\$470.98	\$459.19	\$413.21	\$202.07	\$330.33	\$395.96	\$355.74	\$589.27	\$591.08

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 Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 3										
Applies to individuals age 50-64 who are eligible for Medicare.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Female Non-Tobacco Rates									
50-64	\$441.75	\$676.75	\$794.25	\$697.00	\$300.50	\$488.75	\$586.25	\$599.25	\$846.75	\$848.75
	Female Tobacco Rates									
50-64	\$485.92	\$744.42	\$873.67	\$766.70	\$330.55	\$537.62	\$644.87	\$659.17	\$931.42	\$933.62
	Male Non-Tobacco Rates									
50-64	\$498.00	\$763.00	\$895.50	\$785.50	\$339.00	\$551.50	\$661.00	\$676.25	\$954.50	\$957.50
	Male Tobacco Rates									
50-64	\$547.80	\$839.30	\$985.05	\$864.05	\$372.90	\$606.65	\$727.10	\$743.87	\$1,049.95	\$1,053.25

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

1 Your age as of your plan effective date.

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

Who is eligible

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

How it works

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

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

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

LOUISIANA Area 1 ZIP Codes

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

70001	70040	70062	70082	70116	70142	70163	70185	70429	70452	70471	70744
70002	70041	70063	70083	70117	70143	70164	70186	70431	70454	70706	70754
70003	70043	70064	70084	70118	70145	70165	70187	70433	70455	70707	70757
70004	70044	70065	70085	70119	70146	70166	70189	70434	70456	70711	70763
70005	70047	70067	70086	70121	70148	70167	70190	70435	70457	70718	70764
70006	70049	70068	70087	70122	70150	70170	70195	70436	70458	70721	70765
70009	70050	70069	70090	70123	70151	70172	70346	70437	70459	70723	70769
70010	70051	70070	70091	70124	70152	70174	70358	70438	70460	70725	70772
70011	70052	70071	70092	70125	70153	70175	70401	70442	70461	70726	70774
70030	70053	70072	70093	70126	70154	70176	70402	70444	70462	70727	70776
70031	70054	70073	70094	70127	70156	70177	70403	70445	70463	70728	70778
70032	70055	70075	70096	70128	70157	70178	70404	70446	70464	70733	70780
70033	70056	70076	70097	70129	70158	70179	70420	70447	70465	70734	70785
70036	70057	70078	70112	70130	70159	70181	70421	70448	70466	70737	70786
70037	70058	70079	70113	70131	70160	70182	70422	70449	70467	70738	70788
70038	70059	70080	70114	70139	70161	70183	70426	70450	70469	70740	70792
70039	70060	70081	70115	70141	70162	70184	70427	70451	70470	70743	

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³	
	Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$118.95	\$183.00	\$178.27	\$160.73	\$78.53	\$128.40	\$153.87	\$138.01	\$229.05	\$229.51	
66	\$118.95	\$183.00	\$178.27	\$160.73	\$78.53	\$128.40	\$153.87	\$138.01	\$229.05	\$229.51	
67	\$118.95	\$183.00	\$178.27	\$160.73	\$78.53	\$128.40	\$153.87	\$138.01	\$229.05	\$229.51	
68	\$118.95	\$183.00	\$178.27	\$160.73	\$78.53	\$128.40	\$153.87	\$138.01	\$229.05	\$229.51	
69	\$124.80	\$192.00	\$187.04	\$168.64	\$82.40	\$134.72	\$161.44	\$144.80	\$240.32	\$240.80	
70	\$130.65	\$201.00	\$195.80	\$176.54	\$86.26	\$141.03	\$169.00	\$151.58	\$251.58	\$252.08	
71	\$136.50	\$210.00	\$204.57	\$184.45	\$90.12	\$147.35	\$176.57	\$158.37	\$262.85	\$263.37	
72	\$142.35	\$219.00	\$213.34	\$192.35	\$93.98	\$153.66	\$184.14	\$165.16	\$274.11	\$274.66	
73	\$148.20	\$228.00	\$222.11	\$200.26	\$97.85	\$159.98	\$191.71	\$171.95	\$285.38	\$285.95	
74	\$154.05	\$237.00	\$230.87	\$208.16	\$101.71	\$166.29	\$199.27	\$178.73	\$296.64	\$297.23	
75	\$159.90	\$246.00	\$239.64	\$216.07	\$105.57	\$172.61	\$206.84	\$185.52	\$307.91	\$308.52	
76	\$165.75	\$255.00	\$248.41	\$223.97	\$109.43	\$178.92	\$214.41	\$192.31	\$319.17	\$319.81	
77	\$171.60	\$264.00	\$257.18	\$231.88	\$113.30	\$185.24	\$221.98	\$199.10	\$330.44	\$331.10	
78	\$177.45	\$273.00	\$265.94	\$239.78	\$117.16	\$191.55	\$229.54	\$205.88	\$341.70	\$342.38	
79	\$183.30	\$282.00	\$274.71	\$247.69	\$121.02	\$197.87	\$237.11	\$212.67	\$352.97	\$353.67	
80	\$189.15	\$291.00	\$283.48	\$255.59	\$124.88	\$204.18	\$244.68	\$219.46	\$364.23	\$364.96	
	Standard Rates for individuals ages 81 and older.										
81+	\$195.00	\$300.00	\$292.25	\$263.50	\$128.75	\$210.50	\$252.25	\$226.25	\$375.50	\$376.25	

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

Cover Page - Rates

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

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Level 1 Rates for individuals ages 75 and older.										
75+	\$214.50	\$330.00	\$321.47	\$289.85	\$141.62	\$231.55	\$277.47	\$248.87	\$413.05	\$413.87

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$130.84	\$201.30	\$196.09	\$176.80	\$86.38	\$141.24	\$169.25	\$151.81	\$251.96	\$252.46
66	\$130.84	\$201.30	\$196.09	\$176.80	\$86.38	\$141.24	\$169.25	\$151.81	\$251.96	\$252.46
67	\$130.84	\$201.30	\$196.09	\$176.80	\$86.38	\$141.24	\$169.25	\$151.81	\$251.96	\$252.46
68	\$130.84	\$201.30	\$196.09	\$176.80	\$86.38	\$141.24	\$169.25	\$151.81	\$251.96	\$252.46
69	\$137.28	\$211.20	\$205.74	\$185.50	\$90.63	\$148.19	\$177.58	\$159.27	\$264.35	\$264.87
70	\$143.71	\$221.10	\$215.38	\$194.19	\$94.88	\$155.13	\$185.90	\$166.74	\$276.74	\$277.29
71	\$150.15	\$231.00	\$225.02	\$202.89	\$99.13	\$162.08	\$194.22	\$174.20	\$289.13	\$289.70
72	\$156.58	\$240.90	\$234.67	\$211.59	\$103.38	\$169.03	\$202.55	\$181.67	\$301.52	\$302.12
73	\$163.02	\$250.80	\$244.31	\$220.28	\$107.63	\$175.97	\$210.87	\$189.14	\$313.91	\$314.54
74	\$169.45	\$260.70	\$253.96	\$228.98	\$111.87	\$182.92	\$219.20	\$196.60	\$326.30	\$326.95
75	\$175.89	\$270.60	\$263.60	\$237.67	\$116.12	\$189.87	\$227.52	\$204.07	\$338.70	\$339.37
76	\$182.32	\$280.50	\$273.24	\$246.37	\$120.37	\$196.81	\$235.84	\$211.53	\$351.09	\$351.78
77	\$188.76	\$290.40	\$282.89	\$255.06	\$124.62	\$203.76	\$244.17	\$219.00	\$363.48	\$364.20
78	\$195.19	\$300.30	\$292.53	\$263.76	\$128.87	\$210.71	\$252.49	\$226.47	\$375.87	\$376.62
79	\$201.63	\$310.20	\$302.18	\$272.45	\$133.12	\$217.65	\$260.82	\$233.93	\$388.26	\$389.03
80	\$208.06	\$320.10	\$311.82	\$281.15	\$137.37	\$224.60	\$269.14	\$241.40	\$400.65	\$401.45
Standard Rates for individuals ages 81 and older.										
81+	\$214.50	\$330.00	\$321.47	\$289.85	\$141.62	\$231.55	\$277.47	\$248.87	\$413.05	\$413.87

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 Louisiana - Area 2
 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Level 1 Rates for individuals ages 75 and older.									
75+	\$235.95	\$363.00	\$353.61	\$318.83	\$155.78	\$254.70	\$305.21	\$273.75	\$454.35	\$455.25

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$134.20	\$206.48	\$201.14	\$181.17	\$88.60	\$144.87	\$173.39	\$155.70	\$258.33	\$258.79
66	\$134.20	\$206.48	\$201.14	\$181.17	\$88.60	\$144.87	\$173.39	\$155.70	\$258.33	\$258.79
67	\$134.20	\$206.48	\$201.14	\$181.17	\$88.60	\$144.87	\$173.39	\$155.70	\$258.33	\$258.79
68	\$134.20	\$206.48	\$201.14	\$181.17	\$88.60	\$144.87	\$173.39	\$155.70	\$258.33	\$258.79
69	\$140.80	\$216.64	\$211.04	\$190.08	\$92.96	\$152.00	\$181.92	\$163.36	\$271.04	\$271.52
70	\$147.40	\$226.79	\$220.93	\$198.99	\$97.31	\$159.12	\$190.44	\$171.01	\$283.74	\$284.24
71	\$154.00	\$236.95	\$230.82	\$207.90	\$101.67	\$166.25	\$198.97	\$178.67	\$296.45	\$296.97
72	\$160.60	\$247.10	\$240.71	\$216.81	\$106.03	\$173.37	\$207.50	\$186.33	\$309.15	\$309.70
73	\$167.20	\$257.26	\$250.61	\$225.72	\$110.39	\$180.50	\$216.03	\$193.99	\$321.86	\$322.43
74	\$173.80	\$267.41	\$260.50	\$234.63	\$114.74	\$187.62	\$224.55	\$201.64	\$334.56	\$335.15
75	\$180.40	\$277.57	\$270.39	\$243.54	\$119.10	\$194.75	\$233.08	\$209.30	\$347.27	\$347.88
76	\$187.00	\$287.72	\$280.28	\$252.45	\$123.46	\$201.87	\$241.61	\$216.96	\$359.97	\$360.61
77	\$193.60	\$297.88	\$290.18	\$261.36	\$127.82	\$209.00	\$250.14	\$224.62	\$372.68	\$373.34
78	\$200.20	\$308.03	\$300.07	\$270.27	\$132.17	\$216.12	\$258.66	\$232.27	\$385.38	\$386.06
79	\$206.80	\$318.19	\$309.96	\$279.18	\$136.53	\$223.25	\$267.19	\$239.93	\$398.09	\$398.79
80	\$213.40	\$328.34	\$319.85	\$288.09	\$140.89	\$230.37	\$275.72	\$247.59	\$410.79	\$411.52
Standard Rates for individuals ages 81 and older.										
81+	\$220.00	\$338.50	\$329.75	\$297.00	\$145.25	\$237.50	\$284.25	\$255.25	\$423.50	\$424.25

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Level 1 Rates for individuals ages 75 and older.									
75+	\$242.00	\$372.35	\$362.72	\$326.70	\$159.77	\$261.25	\$312.67	\$280.77	\$465.85	\$466.67

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 1										
Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
Standard Rates with Enrollment Discount ² for individuals ages 65-80.										
65	\$147.62	\$227.13	\$221.25	\$199.28	\$97.45	\$159.36	\$190.72	\$171.26	\$284.16	\$284.66
66	\$147.62	\$227.13	\$221.25	\$199.28	\$97.45	\$159.36	\$190.72	\$171.26	\$284.16	\$284.66
67	\$147.62	\$227.13	\$221.25	\$199.28	\$97.45	\$159.36	\$190.72	\$171.26	\$284.16	\$284.66
68	\$147.62	\$227.13	\$221.25	\$199.28	\$97.45	\$159.36	\$190.72	\$171.26	\$284.16	\$284.66
69	\$154.88	\$238.30	\$232.14	\$209.08	\$102.25	\$167.20	\$200.10	\$179.69	\$298.14	\$298.66
70	\$162.14	\$249.47	\$243.02	\$218.88	\$107.04	\$175.03	\$209.48	\$188.11	\$312.11	\$312.66
71	\$169.40	\$260.64	\$253.90	\$228.69	\$111.83	\$182.87	\$218.86	\$196.53	\$326.09	\$326.66
72	\$176.66	\$271.81	\$264.78	\$238.49	\$116.63	\$190.71	\$228.24	\$204.96	\$340.07	\$340.66
73	\$183.92	\$282.98	\$275.66	\$248.29	\$121.42	\$198.55	\$237.62	\$213.38	\$354.04	\$354.66
74	\$191.18	\$294.15	\$286.54	\$258.09	\$126.21	\$206.38	\$247.00	\$221.80	\$368.02	\$368.66
75	\$198.44	\$305.32	\$297.43	\$267.89	\$131.01	\$214.22	\$256.38	\$230.23	\$381.99	\$382.66
76	\$205.70	\$316.49	\$308.31	\$277.69	\$135.80	\$222.06	\$265.76	\$238.65	\$395.97	\$396.66
77	\$212.96	\$327.66	\$319.19	\$287.49	\$140.59	\$229.90	\$275.14	\$247.07	\$409.94	\$410.66
78	\$220.22	\$338.83	\$330.07	\$297.29	\$145.39	\$237.73	\$284.52	\$255.50	\$423.92	\$424.66
79	\$227.48	\$350.00	\$340.95	\$307.09	\$150.18	\$245.57	\$293.90	\$263.92	\$437.89	\$438.66
80	\$234.74	\$361.17	\$351.83	\$316.89	\$154.97	\$253.41	\$303.28	\$272.34	\$451.87	\$452.66
Standard Rates for individuals ages 81 and older.										
81+	\$242.00	\$372.35	\$362.72	\$326.70	\$159.77	\$261.25	\$312.67	\$280.77	\$465.85	\$466.67

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 2										
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Level 1 Rates for individuals ages 75 and older.									
75+	\$266.20	\$409.58	\$398.99	\$359.37	\$175.74	\$287.37	\$343.93	\$308.84	\$512.43	\$513.33

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 Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ³
Group 3										
Applies to individuals age 50-64 who are eligible for Medicare.										
Age ¹	Plan A	Plan B	Plan G	Select G ⁴	Plan K	Plan L	Plan N	Select N ⁴	Plan C ³	Plan F ³
	Female Non-Tobacco Rates									
50-64	\$384.25	\$588.00	\$689.75	\$606.00	\$261.25	\$425.25	\$509.50	\$520.50	\$736.00	\$737.50
	Female Tobacco Rates									
50-64	\$422.67	\$646.80	\$758.72	\$666.60	\$287.37	\$467.77	\$560.45	\$572.55	\$809.60	\$811.25
	Male Non-Tobacco Rates									
50-64	\$433.50	\$663.50	\$778.25	\$683.00	\$294.75	\$479.75	\$574.25	\$587.00	\$830.00	\$831.50
	Male Tobacco Rates									
50-64	\$476.85	\$729.85	\$856.07	\$751.30	\$324.22	\$527.72	\$631.67	\$645.70	\$913.00	\$914.65

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

1 Your age as of your plan effective date.

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

Who is eligible

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

How it works

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

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

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

LOUISIANA Area 2 ZIP Codes

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

70301	70505	70554	70634	70749	70823	71038	71111	71220	71281	71356	71432
70302	70506	70555	70637	70750	70825	71039	71112	71221	71282	71357	71433
70310	70507	70556	70638	70752	70826	71040	71113	71222	71284	71358	71434
70339	70508	70558	70639	70753	70827	71043	71115	71223	71286	71359	71435
70340	70509	70559	70640	70755	70831	71044	71118	71225	71291	71360	71438
70341	70510	70560	70643	70756	70835	71045	71119	71226	71292	71361	71439
70342	70511	70562	70644	70759	70836	71046	71120	71227	71294	71362	71440
70343	70512	70563	70645	70760	70837	71047	71129	71229	71295	71363	71441
70344	70513	70569	70646	70761	70873	71048	71130	71230	71301	71365	71443
70345	70514	70570	70647	70762	70874	71049	71133	71232	71302	71366	71446
70352	70515	70571	70648	70767	70879	71050	71134	71233	71303	71367	71447
70353	70516	70575	70650	70770	70883	71051	71135	71234	71306	71368	71448
70354	70517	70576	70651	70773	70884	71052	71136	71235	71307	71369	71449
70355	70518	70577	70652	70775	70891	71055	71137	71237	71309	71371	71450
70356	70519	70578	70653	70777	70892	71058	71138	71238	71315	71373	71452
70357	70520	70580	70654	70782	70893	71060	71148	71240	71316	71375	71454
70359	70521	70581	70655	70783	70894	71061	71149	71241	71320	71377	71455
70360	70522	70582	70656	70784	70895	71063	71150	71242	71322	71378	71456
70361	70523	70583	70657	70787	70896	71064	71151	71243	71323	71401	71457
70363	70524	70584	70658	70789	70898	71065	71152	71245	71324	71403	71458
70364	70525	70585	70659	70791	71001	71066	71153	71247	71325	71404	71459
70371	70526	70586	70660	70801	71002	71067	71154	71249	71326	71405	71460
70372	70527	70589	70661	70802	71003	71068	71156	71250	71327	71406	71461
70373	70528	70591	70662	70803	71004	71069	71161	71251	71328	71407	71462
70374	70529	70592	70663	70804	71006	71070	71162	71253	71329	71409	71463
70375	70531	70593	70664	70805	71007	71071	71163	71254	71330	71410	71465
70377	70532	70596	70665	70806	71008	71072	71164	71256	71331	71411	71466
70380	70533	70598	70668	70807	71009	71073	71165	71259	71333	71414	71467
70381	70534	70601	70669	70808	71016	71075	71166	71260	71334	71415	71468
70390	70535	70602	70704	70809	71018	71078	71171	71261	71336	71416	71469
70391	70537	70605	70710	70810	71019	71079	71172	71263	71339	71417	71471
70392	70538	70606	70712	70811	71021	71080	71201	71264	71340	71418	71472
70393	70540	70607	70714	70812	71023	71082	71202	71266	71341	71419	71473
70394	70541	70609	70715	70813	71024	71101	71203	71268	71342	71422	71474
70395	70542	70611	70719	70814	71027	71102	71207	71269	71343	71423	71475
70397	70543	70612	70722	70815	71028	71103	71209	71270	71345	71424	71477
70441	70544	70615	70729	70816	71029	71104	71210	71272	71346	71425	71479
70443	70546	70616	70730	70817	71030	71105	71211	71273	71348	71426	71480
70453	70548	70629	70732	70818	71031	71106	71212	71275	71350	71427	71483
70501	70549	70630	70736	70819	71032	71107	71213	71276	71351	71428	71485
70502	70550	70631	70739	70820	71033	71108	71217	71277	71353	71429	71486
70503	70551	70632	70747	70821	71034	71109	71218	71279	71354	71430	71496
70504	70552	70633	70748	70822	71037	71110	71219	71280	71355	71431	71497

Rules and Disclosures about this Insurance

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

Premium information

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

Disclosures

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

Read your certificate very carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Your right to return the certificate

If you find that you are not satisfied with your coverage, you may return the certificate to:

UNITEDHEALTHCARE
PO BOX 9003
HUNTINGDON VALLEY PA 19006-9998

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

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither UnitedHealthcare Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Centers for Medicare & Medicaid Services (CMS) publication *Medicare & You* for more details.

Complete answers are very important

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

Grievance Procedure

Complaint and Grievance Procedure -

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

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

UNITEDHEALTHCARE
PO BOX 1891
SOUTHAMPTON PA 18966-9998

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

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

UNITEDHEALTHCARE
PO BOX 1891
SOUTHAMPTON PA 18966-9998

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

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

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan A (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Plan A Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

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

Plan Benefit Tables: Plan B

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan B pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	\$0	Up to \$217 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

Continued on next page ►

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

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan C (continued)**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Plan C Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan C Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan C Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

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

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$217 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page ►

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

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

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

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan K Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$868 (50% of Part A deductible)	\$868 (50% of Part A deductible)♦
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$108.50 per day	Up to \$108.50 per day♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	50%	50%♦
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/co-insurance	50% of Medicare co-payment/co-insurance♦

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan K pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$8000) ⁴
Blood	First 3 pints	\$0	50%	50% ♦
	Next \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page **Notes**

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

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

Plan Benefit Tables: Plan K (continued)

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

Notes

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 Period¹

Service		Medicare Pays	Plan L Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,302 (75% of Part A deductible)	\$434 (25% of Part A deductible)♦
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$162.75 per day	Up to \$54.25 per day♦
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	75%	25%♦
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	75% of co-payment/co-insurance	25% of Medicare co-payment/co-insurance♦

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4000) ⁴
Blood	First 3 pints	\$0	75%	25% ♦
	Next \$283 of Medicare-approved amounts ⁵	\$0	\$0	\$283 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 15%	Generally 5% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page **Notes**

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

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

Plan Benefit Tables: Plan L (continued)

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

Notes

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 Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$217 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

Continued on next page ►

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

Continued on next page ►

Notes

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

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued				
Service		Medicare Pays	Plan N Pays	You Pay
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

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

Plan Benefit Tables: Medicare Select - Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$217 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 You must use a network hospital.

3 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Continued on next page **Notes**

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

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

Other Benefits not covered by Medicare

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Plan Benefit Tables: Medicare Select - Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61-90	All but \$434 per day	\$434 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$217 per day	Up to \$217 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/co-insurance	\$0

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 You must use a network hospital.

3 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Continued on next page **Notes**

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

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

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$283 of Medicare-approved amounts ⁴	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

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

Your Guide To AARP Medicare Supplement and Medicare Select Insurance Plans.

To help you choose the AARP Medicare Supplement or Medicare Select Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), to best meet your needs and budget, be sure to look at the information shown in this Guide and the other documents that show the expenses that Medicare pays, the benefits each Plan pays and the costs you will have to pay yourself. Also, be sure to review the Monthly Premium information. **Benefits and cost vary depending upon the Plan selected.**

Eligibility to Apply

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 only eligible if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare Supplement plan as shown under the following "Guaranteed Acceptance" section.)

Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period** which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- **There is also an annual 63-day Birthday Enrollment period** that begins on your birthday and you are replacing an AARP Medicare Supplement Plan (including AARP Medicare Select) and your Application Form is received no later than 62 days after your birth date.
 - If you **enrolled in Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan or an AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, C, F, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current Plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
 - If you **enrolled in Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan or AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current Plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
- Also, you may have a guaranteed issue right to enroll in a Medicare Supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the health insurance coverage, or
 - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare Supplement plan during the trial period.

If you have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. Your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

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

Additional Information

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.

Continued...

- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- For AARP Medicare Select Plans – Care or services provided by a non-participating hospital, except in the event of a medical emergency, or if the services are not available from any participating hospital in the service area.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination; or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
3. Individuals who are entitled to Guaranteed Issue; or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

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

Please read this information carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan.

Medicare Select Provider Restrictions

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

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

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

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

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

Right to Replace Your Medicare Select Plan

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare, that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

Quality Assurance

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

For Your Protection, Please Be Aware of the Following:

You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement or Medicare Select Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement or Medicare Select Plan may be canceled due to nonpayment of premium or

Continued...

material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement or Medicare Select Plan to an individual Medicare Supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement or Medicare Select Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

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

General Information

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

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

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

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

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

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

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

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

Louisiana Resident Directory

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

Louisiana

Ascension Parish

Our Lady of the Lake Ascension*
1125 West Highway 30
Gonzales, LA 70737
(225) 647-5000
95 Hospital Beds

Assumption Parish

Assumption Community Hospital*
135 Highway 402
Napoleonville, LA 70390
(985) 369-3600
15 Hospital Beds

Beauregard Parish

Beauregard Memorial Hospital*
600 South Pine Street
Deridder, LA 70634
(337) 462-7100
49 Hospital Beds

Bossier Parish

Willis Knighton Bossier Health Center**
2400 Hospital Drive
Bossier City, LA 71111
(318) 212-7000
166 Hospital Beds

Caddo Parish

Brentwood Hospital*
1006 Highland Avenue
Shreveport, LA 71101
(318) 678-7500
176 Hospital Beds

Caddo Parish (Continued)

CHRISTUS Highland Medical Center
1453 East Bert Kouns Industrial Loop
Shreveport, LA 71105
(318) 681-4500
230 Hospital Beds

Ochsner LSU Health Shreveport - St. Mary Medical Center
One Saint Mary Place
Shreveport, LA 71101
(318) 626-4300
452 Hospital Beds

PAM Health Specialty Hospital of Shreveport
1541 Kings Hwy FL 10
Shreveport, LA 71103
(318) 688-8504

University Health Shreveport
1541 Kings Highway
Shreveport, LA 71103
(318) 626-0000
452 Hospital Beds

Willis Knighton Medical Center**
2600 Greenwood Road
Shreveport, LA 71103
(318) 212-4000
944 Hospital Beds

Willis Knighton Medical Center South**
2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
(318) 632-5100
621 Hospital Beds

Calcasieu Parish

CHRISTUS Ochsner Lake Area Hospital
4200 Nelson Road
Lake Charles, LA 70605
(337) 474-6370
88 Hospital Beds

CHRISTUS St. Patrick Hospital
524 Dr. Michael DeBakey Drive
Lake Charles, LA 70601
(337) 436-2511
230 Hospital Beds

DeQuincy Memorial Hospital*
110 West Fourth Street
DeQuincy, LA 70633
(337) 786-1200
25 Hospital Beds

West Calcasieu Cameron Hospital
701 Cypress Street
Sulphur, LA 70663
(337) 527-7034
110 Hospital Beds

Caldwell Parish

Citizens Medical Center**
7939 Highway 165 South
Columbia, LA 71418
(318) 649-6106
40 Hospital Beds

Claiborne Parish

Claiborne Memorial Medical Center
620 E College Street
Homer, LA 71040
(318) 927-2024
47 Hospital Beds

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

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

Louisiana (Continued)

Concordia Parish

Promise Hospital of Miss Lou*
209 Front Street
Vidalia, LA 71373
(318) 336-6500
40 Hospital Beds

Riverland Medical Center*
1700 EE Wallace Boulevard
Ferriday, LA 71334
(318) 757-6551
25 Hospital Beds

DeSoto Parish

DeSoto Regional Health System**
207 Jefferson Street
Mansfield, LA 71052
(318) 872-4610
34 Hospital Beds

East Baton Rouge Parish

Baton Rouge Behavioral Hospital*
4040 North Boulevard
Baton Rouge, LA 70806
(225) 300-8470
53 Hospital Beds

Baton Rouge General Medical Center – Bluebonnet
8585 Picardy Avenue
Baton Rouge, LA 70809
(225) 763-4000
72 Hospital Beds

Baton Rouge General Medical Center – Mid City
3600 Florida Boulevard
Baton Rouge, LA 70806
(225) 387-7000
534 Hospital Beds

Lane Regional Medical Center*
6300 Main Street
Zachary, LA 70791
(225) 658-4000
140 Hospital Beds

East Baton Rouge Parish (Continued)

Our Lady of the Lake Regional Medical Center*
5000 Hennessy Boulevard
Baton Rouge, LA 70808
(225) 765-6565
857 Hospital Beds

Surgical Specialty Center of Baton Rouge*
8080 Bluebonnet Boulevard
Baton Rouge, LA 70810
(225) 408-8080
16 Hospital Beds

Iberia Parish

Iberia Medical Center**
2315 East Main Street
New Iberia, LA 70560
(337) 364-0441
146 Hospital Beds

Jefferson Parish

East Jefferson General Hospital*
4200 Houma Boulevard
Metairie, LA 70006
(504) 454-4000
371 Hospital Beds

River Oaks Hospital*
1525 River Oaks Road West
New Orleans, LA 70123
(504) 734-1740
126 Hospital Beds

Lafayette Parish

Our Lady of Lourdes Regional Medical Center*
4801 Ambassador Caffery Parkway
Lafayette, LA 70508
(337) 470-2000
328 Hospital Beds

Lafayette Parish (Continued)

Park Place Surgical Hospital
4811 Ambassador Caffery Parkway
Lafayette, LA 70508
(337) 237-8119
10 Hospital Beds

Vermilion Behavioral Health Systems*
2520 North University Avenue
Lafayette, LA 70507
(337) 234-5614
78 Hospital Beds

Lafourche Parish

Thibodaux Regional Medical Center**
602 North Acadia Road
Thibodaux, LA 70301
(985) 447-5500
180 Hospital Beds

La Salle Parish

Hardtner Medical Center*
1102 N Pine Road
Olla, LA 71465
(318) 495-3131
35 Hospital Beds

Lincoln Parish

Northern Louisiana Medical Center*
401 East Vaughn Avenue
Ruston, LA 71270
(318) 254-2100
139 Hospital Beds

Morehouse Parish

Sterlington Rehabilitation Hospital
370 West Hickory Avenue
Bastrop, LA 71220
(318) 281-4531
10 Hospital Beds

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

**This hospital was contracted by AmeriPlus and leased by UnitedHealthcare for inclusion in the AARP Medicare Select Network. (2 of 6)

Louisiana (Continued)

Orleans Parish

Community Care Hospital*
1421 General Taylor Street
New Orleans, LA 70115
(504) 899-2500
36 Hospital Beds

New Orleans East Hospital
5620 Read Boulevard
New Orleans, LA 70127
(504) 592-6600
50 Hospital Beds

Touro Infirmary
1401 Foucher Street
New Orleans, LA 70115
(504) 897-7011
348 Hospital Beds

Ouachita Parish

Ochsner LSU Health Monroe
4864 Jackson Street
Monroe, LA 71202
(318) 330-7000
247 Hospital Beds

St. Francis Medical Center*
309 Jackson Street
Monroe, LA 71201
(318) 966-4000
335 Hospital Beds

Rapides Parish

CHRISTUS St. Frances
Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301
(318) 487-1122
293 Hospital Beds

Red River Parish

CHRISTUS Coushatta
Health Care Center
1635 Marvel Street
Coushatta, LA 71019
(318) 932-2000
25 Hospital Beds

Sabine Parish

Sabine Medical Center
240 Highland Drive
Many, LA 71449
(318) 256-5691
36 Hospital Beds

St. Helena Parish

St. Helena Parish Hospital*
16874 LA-43
Greensburg, LA 70441
(225) 222-6111
25 Hospital Beds

St. James Parish

St. James Parish Hospital**
1645 Lutchter Avenue
Lutchter, LA 70071
(225) 869-5512
25 Hospital Beds

St. Landry Parish

Opelousas General Health
System**
539 East Prudhomme Street
Opelousas, LA 70570
(337) 948-3011
197 Hospital Beds

St. Martin Parish

St. Martin Hospital**
210 Champagne Boulevard
Breaux Bridge, LA 70517
(337) 332-2178
25 Hospital Beds

St. Mary Parish

Franklin Foundation Hospital
1097 Northwest Boulevard
Franklin, LA 70538
(337) 828-0760
22 Hospital Beds

St. Tammany Parish

PAM Specialty and
Rehabilitation Hospital
20050 Crestwood Blvd.
Covington, LA 70433
(985) 902-8148

St. Tammany Parish

(Continued)

Southern Surgical Hospital*
1700 Lindberg Drive
Slidell, LA 70458
(985) 641-0600
37 Hospital Beds

St. Tammany Parish Hospital
1202 South Tyler Street
Covington, LA 70433
(985) 898-4000
228 Hospital Beds

Tangipahoa Parish

Cypress Pointe Surgical
Hospital
42570 South Airport Road
Hammond, LA 70403
(985) 510-6200
30 Hospital Beds

PAM Specialty Hospital
of Hammond
42074 Veterans Ave.
Hammond LA 70403
(985) 902-8148

Terrebonne Parish

Physicians Medical Center*
218 Corporate Drive
Houma, LA 70360
(985) 853-1390
30 Hospital Beds

Union Parish

Reeves Memorial Medical
Center*
409 First Street
Bernice, LA 71222
(318) 285-9066
15 Hospital Beds

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

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

Louisiana (Continued)

Vermilion Parish

Abrom Kaplan Memorial Hospital**
1310 West Seventh Street
Kaplan, LA 70548
(337) 643-8300
35 Hospital Beds

Vernon Parish

Byrd Regional Hospital*
1020 West Fertitta Boulevard
Leesville, LA 71446
(337) 239-9041
49 Hospital Beds

Washington Parish

Our Lady of the Angels*
433 Plaza Street
Bogalusa, LA 70427
(985) 730-6700
92 Hospital Beds

Riverside Medical Center
1900 Main Street
Franklinton, LA 70438
(985) 839-4431
25 Hospital Beds

Webster Parish

Minden Medical Center*
1 Medical Plaza Place
Minden, LA 71055
(318) 377-2321
123 Hospital Beds

Springhill Medical Center**
2001 Doctors Drive
Springhill, LA 71075
(318) 539-1000
60 Hospital Beds

Mississippi

Adams County

Merit Health Natchez**
54 Sergeant Prentiss Drive
Natchez, MS 39120
(601) 443-2100
179 Hospital Beds

Forrest County

Merit Health Wesley*
5001 Hardy Street
Hattiesburg, MS 39402
(601) 268-8000
211 Hospital Beds

Harrison County

Merit Health Biloxi*
150 Reynoir Street
Biloxi, MS 39530
(228) 432-1571
153 Hospital Beds

Singing River Gulfport
15200 Community Road
Gulfport, MS 39503
(228) 575-7000
121 Hospital Beds

Hinds County

Merit Health Central*
1850 Chadwick Drive
Jackson, MS 39204
(601) 376-1000
451 Hospital Beds

Jefferson County

Jefferson County Hospital
870 South Main Street
Fayette, MS 39069
(601) 786-3401
30 Hospital Beds

Marion County

Marion General Hospital**
1560 Sumrall Road
Columbia, MS 39429
(601) 736-6303
79 Hospital Beds

Pearl River County

Pearl River County Hospital**
305 West Moody Street
Poplarville, MS 39470
(601) 765-4543
24 Hospital Beds

Pike County

Beacham Memorial Hospital*
205 N Cherry Street
Magnolia, MS 39652
(601) 783-2351
37 Hospital Beds

Walthall County

Walthall County General Hospital**
100 Hospital Drive
Tylertown, MS 39667
(601) 876-2122
35 Hospital Beds

Warren County

Merit Health River Region**
2100 Highway 61 North
Vicksburg, MS 39183
(601) 883-5000
142 Hospital Beds

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

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

Texas

Bowie County

CHRISTUS St. Michael
Health System
2600 St. Michael Drive
Texarkana, TX 75503
(903) 614-1000
312 Hospital Beds

CHRISTUS St. Michael
Rehabilitation Hospital
2400 St. Michael Drive
Texarkana, TX 75503
(903) 614-1000
50 Hospital Beds

Encompass Health
Rehabilitation Hospital of
Texarkana
515 West 12th Street
Texarkana, TX 75501
(903) 735-5000
60 Hospital Beds

PAM Specialty Hospital of
Texarkana
2400 Saint Michael Drive, 2nd
Floor
Texarkana, TX 75503
(903) 614-7600
49 Hospital Beds

Wadley Regional Medical
Center
1000 Pine Street
Texarkana, TX 75501
(903) 798-8000
324 Hospital Beds

Cass County

CHRISTUS St. Michael
Hospital – Atlanta
1007 South William Street
Atlanta, TX 75551
(903) 799-3000
65 Hospital Beds

Chambers County

Riceland Medical Center*
538 Broadway
Winnie, TX 77665
(409) 296-6000
25 Hospital Beds

Gregg County

CHRISTUS Good Shepherd
Medical Center**
700 East Marshall Avenue
Longview, TX 75601
(903) 315-2000
350 Hospital Beds

Harrison County

CHRISTUS Good Shepherd
Medical Center Marshall
811 South Washington
Marshall, TX 75670
(903) 927-6000
474 Hospital Beds

Jasper County

CHRISTUS Jasper
Memorial Hospital
1275 Marvin Hancock Drive
Jasper, TX 75951
(409) 384-5461
49 Hospital Beds

Jefferson County

Baptist Hospital of Southeast
Texas Beaumont*
3080 College Street
Beaumont, TX 77701
(409) 212-5000
401 Hospital Beds

PAM Rehabilitation Hospital of
Beaumont
3340 Plaza 10 Boulevard
Beaumont, TX 77707
(409) 835- 0835
61 Hospital Beds

San Augustine County

CHI Saint Luke's Health -
Memorial San Augustine
511 East Hospital Street
San Augustine, TX 75972
(936) 275-3446
18 Hospital Beds

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

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



UnitedHealthcare

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

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

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

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

For AARP® Medicare Select Plans Only

Louisiana - Effective April 2026

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

70001	70060	70113	70156	70301	70381	70446	70506	70538	70583	70643
70002	70062	70114	70157	70302	70390	70447	70507	70540	70584	70644
70003	70063	70115	70158	70310	70391	70448	70508	70541	70585	70645
70004	70064	70116	70159	70339	70392	70449	70509	70542	70586	70646
70005	70065	70117	70160	70340	70393	70450	70510	70543	70589	70647
70006	70067	70118	70161	70341	70394	70451	70511	70544	70591	70648
70009	70068	70119	70162	70342	70395	70452	70512	70546	70592	70650
70010	70069	70121	70163	70343	70397	70453	70513	70548	70593	70651
70011	70070	70122	70164	70344	70401	70454	70514	70549	70596	70652
70030	70071	70123	70165	70345	70402	70455	70515	70550	70598	70653
70031	70072	70124	70166	70346	70403	70456	70516	70551	70601	70654
70032	70073	70125	70167	70352	70404	70457	70517	70552	70602	70655
70033	70075	70126	70170	70353	70420	70458	70518	70554	70605	70656
70036	70076	70127	70172	70354	70421	70459	70519	70555	70606	70657
70037	70078	70128	70174	70355	70422	70460	70520	70556	70607	70658
70039	70079	70129	70175	70356	70426	70461	70521	70558	70609	70659
70040	70080	70130	70176	70357	70427	70462	70522	70559	70611	70660
70043	70082	70131	70177	70358	70429	70463	70523	70560	70612	70661
70044	70083	70139	70178	70359	70431	70464	70524	70562	70615	70662
70047	70084	70141	70179	70360	70433	70465	70525	70563	70616	70663
70049	70085	70142	70181	70361	70434	70466	70526	70569	70629	70664
70051	70086	70143	70182	70363	70435	70467	70527	70570	70630	70665
70052	70087	70145	70183	70364	70436	70469	70528	70571	70631	70668
70053	70090	70146	70184	70371	70437	70470	70529	70575	70632	70669
70054	70092	70148	70185	70372	70438	70471	70531	70576	70633	70704
70055	70093	70150	70186	70373	70441	70501	70532	70577	70634	70706
70056	70094	70151	70187	70374	70442	70502	70533	70578	70637	70707
70057	70096	70152	70189	70375	70443	70503	70534	70580	70638	70710
70058	70097	70153	70190	70377	70444	70504	70535	70581	70639	70711
70059	70112	70154	70195	70380	70445	70505	70537	70582	70640	70712

CONTINUED ON REVERSE ►

CONTINUED

70714	70762	70812	71007	71064	71135	71225	71282	71348	71417	71462
70715	70763	70813	71008	71065	71136	71226	71284	71350	71418	71463
70718	70764	70814	71009	71066	71137	71227	71286	71351	71419	71465
70719	70765	70815	71016	71067	71138	71229	71291	71353	71422	71466
70721	70767	70816	71018	71068	71148	71230	71292	71354	71423	71467
70722	70769	70817	71019	71069	71149	71232	71294	71355	71424	71468
70723	70770	70818	71021	71070	71150	71233	71295	71356	71425	71469
70725	70772	70819	71023	71071	71151	71234	71301	71357	71426	71471
70726	70773	70820	71024	71072	71152	71235	71302	71358	71427	71472
70727	70774	70821	71027	71073	71153	71237	71303	71359	71428	71473
70728	70775	70822	71028	71075	71154	71238	71306	71360	71429	71474
70729	70776	70823	71029	71078	71156	71240	71307	71361	71430	71475
70730	70777	70825	71030	71079	71161	71241	71309	71362	71431	71477
70732	70778	70826	71031	71080	71162	71243	71315	71363	71432	71479
70733	70780	70827	71032	71082	71163	71245	71316	71365	71433	71480
70734	70782	70831	71033	71101	71164	71247	71320	71366	71434	71483
70736	70783	70833	71034	71102	71165	71249	71322	71367	71435	71485
70737	70784	70835	71037	71103	71166	71251	71323	71368	71438	71486
70738	70785	70836	71038	71104	71171	71254	71324	71369	71439	71496
70739	70786	70837	71039	71105	71172	71256	71325	71371	71440	71497
70740	70787	70873	71040	71106	71201	71259	71326	71373	71441	
70743	70788	70874	71043	71107	71202	71260	71327	71375	71443	
70744	70789	70879	71044	71108	71203	71261	71328	71377	71446	
70747	70791	70884	71045	71109	71207	71264	71329	71378	71447	
70748	70792	70891	71046	71110	71209	71266	71330	71401	71448	
70749	70801	70892	71047	71111	71210	71268	71331	71403	71449	
70750	70802	70893	71048	71112	71211	71269	71333	71404	71450	
70752	70803	70894	71049	71113	71212	71270	71334	71405	71452	
70753	70804	70895	71050	71115	71213	71272	71336	71406	71454	
70754	70805	70896	71051	71118	71217	71273	71339	71407	71455	
70755	70806	70898	71052	71119	71218	71275	71340	71409	71456	
70756	70807	71001	71055	71120	71219	71276	71341	71410	71457	
70757	70808	71002	71058	71129	71220	71277	71342	71411	71458	
70759	70809	71003	71060	71130	71221	71279	71343	71414	71459	
70760	70810	71004	71061	71133	71222	71280	71345	71415	71460	
70761	70811	71006	71063	71134	71223	71281	71346	71416	71461	

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 Louisiana. The information you provide on this Application Form will be used to determine your acceptance and rate.

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

Applicant First Name _____ MI _____ Last Name _____

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

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

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

Mailing Address Line 2 _____ City _____ State _____ Zip _____

1 Provide additional information about yourself and your Medicare Insurance.

() - _____

1A. Phone Number _____

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

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

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

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

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

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

2460720307 _AGT



First Name

Last Name

2 Choose your Plan and start date.

Plan Choice

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

- you are an AARP member,
- you are age 50 or older,
- you are enrolled in Medicare Parts A and B,
- you are not enrolled in more than one Medicare Supplement plan at the same time,

NOTE: If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease (ESRD), you must apply within 6 months after enrolling in Medicare Part B, unless you are entitled to guaranteed issue of a Medicare Supplement plan as shown under the "Guaranteed Acceptance" section shown in "Your Guide."

Please choose 1 Plan from the right-hand column. Important: Plans C and F are only available to eligible Applicants who turned 65 or enrolled in Medicare Part A prior to 1/1/2020. Please call if you have questions.

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

Plan Start Date

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

/ 01 /
Month Day Year

3 Is your acceptance guaranteed?

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

☐ Yes ☐ No

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

3B. Are you enrolling during your annual 63-day Birthday Enrollment Period that begins on your birthday **AND** are you replacing an AARP Medicare Supplement Plan or an AARP Medicare Select Plan with a different AARP Medicare Supplement Plan or AARP Medicare Select Plan that has equal or lesser benefits? See "Your Guide" for more information.

☐ Yes ☐ No

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



First Name

Last Name

3 Is your acceptance guaranteed? (continued)

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

☐ Yes ☐ No

If you have a guaranteed issue right, you must provide proof of your prior plan if you are replacing coverage, or provide a copy of the notice, disenrollment letter or other documentation you received if you lost or are losing coverage. Your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost or replaced, the termination reason, the termination date and the name of the person(s) who lost, is losing, or is replacing coverage.

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

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

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

4 Tell us about your medical providers.

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

Primary Physician () - Phone #

Specialist Name Specialty () - Phone #

Diagnosis/Condition

Specialist Name Specialty () - Phone #

Diagnosis/Condition

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



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.

6A. Were you hospitalized as an <u>inpatient</u> (not including overnight Outpatient observation) <ul style="list-style-type: none"> • 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 <u>past 2 years</u> , did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?	☐ Yes ☐ No ☐ Not Sure
6D. Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?	☐ Yes ☐ No ☐ Not Sure
6E. Within the <u>past 5 years</u> , were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: <ul style="list-style-type: none"> • Leukemia, Lymphoma or Multiple Myeloma? 	☐ Yes ☐ No ☐ Not Sure
6F. Within the <u>past 3 years</u> , were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for: <ul style="list-style-type: none"> • Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma) • Melanoma or Metastatic Merkel Cell (but not other skin cancers)? 	☐ Yes ☐ No ☐ Not Sure
6G. Within the <u>past year</u> , did a medical professional tell you that you may need any of the following that has NOT been completed : <ul style="list-style-type: none"> • Any surgery, biopsy, further evaluation, treatment, or diagnostic testing? 	☐ Yes ☐ No ☐ Not Sure
6H. Are you awaiting any diagnostic test results?	☐ Yes ☐ No ☐ Not Sure
6I. Within the <u>past 5 years</u> , 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? <ul style="list-style-type: none"> • Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator • Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems • Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD) • Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS) • Alzheimer's Disease, Dementia, or Parkinson's Disease • Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant 	☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No ☐ Not Sure ☐ Yes ☐ No ☐ Not Sure



6

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

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

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

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

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

7

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

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

☐ Yes ☐ No



8 Your past and current coverage

Review the statements.

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

PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge,

Questions about Medicaid

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

Start Date

/ /
Month Day Year

End Date

/ /
Month Day Year



First Name

Last Name

8 Your past and current coverage (continued)

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Insurance Company: _____

Policy: _____

If YES, you must answer Question 8J.

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

☐ Yes ☐ No

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

Questions about any other type of health insurance coverage

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

☐ Yes ☐ No

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

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

Insurance Company: _____

Policy:

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

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

Start Date

____ / ____ / ____
Month Day Year

End Date

____ / ____ / ____
Month Day Year

8N. Are you replacing this health insurance?

☐ Yes ☐ No**X**

Your Signature (required)

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



9 Authorization and Verification of Application Information

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

- I declare the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that this Application Form becomes a part of the insurance contract and that if the answers are incomplete, incorrect or untrue, UnitedHealthcare may have the right to rescind my coverage, adjust my premium, or reduce my benefits.
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- 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.
- **YOUR RIGHTS REGARDING THE RELEASE AND USE OF GENETIC INFORMATION:** Louisiana Law prohibits a health insurer from requiring an applicant for coverage under a plan to be the subject of a genetic test, release genetic test information, or to be subjected to questions relating to the medical conditions of persons not being insured under such plan.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.
- If you are enrolling in a Medicare Select Plan: I acknowledge that I have received an Outline of Coverage, Grievance Procedure, Provider Directory and a Medicare Select Disclosure Statement covering Provider Restrictions, Right to Replace Your Medicare Supplement Plan and Quality Assurance Program. I affirm that I understand the benefits, restrictions, limitations and other provisions of the Medicare Select Plan for which I am applying.

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

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

Authorization for the Release of Medical Information

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

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

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

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

X

Your Signature (required)

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

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



First Name

Last Name

10

Authorization for Verification of Information

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

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

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

X

Your Signature (required)

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

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



First Name

Last Name

11

For Agent/Broker Use Only

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

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

2. List policies issued which are still in force:

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

Agent Name (PLEASE PRINT)		
First Name	MI	Last Name
<hr/>		
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



Explore everything AARP membership has to offer:

Health Care Products & Discounts

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

Insurance & Financial Services

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

Travel Tips and Discounts

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

Community Involvement

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

Advocacy That Matters

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

Award-Winning Publications

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

*off AARP standard yearly price for your first year

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

VGCDUHCM

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

Mail-in Membership Activation Form

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

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



Your Name (please print) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month Day Year

FREE Membership for Household Member

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

VGCDUHCM
BA25608ST

AGT

Act today and make the most of membership.



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



Visit aarp.org/savetoday



Or call 1-866-331-1964



Scan now to join.

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

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



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

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

TEAR HERE

TEAR HERE

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

The Easiest Way to Pay

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

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

Benefits of the EFT service:

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

Signing Up is Easy

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

Your EFT Start Date

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

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

City

State

Zip Code

Bank Name _____

Bank Routing No. _____

(9 digit number)

Account Type: ☐ Checking

☐ Savings (statement savings only)

Bank Account No. _____

Bank Account Holder's Name if other than
Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

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

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

TEAR HERE

TEAR HERE

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

The Easiest Way to Pay

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

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

Benefits of the EFT service:

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

Signing Up is Easy

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

Your EFT Start Date

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

Complete Form on Reverse ►

This side for your information only, return not required.

AUTOMATIC PAYMENT AUTHORIZATION FORM

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

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

Member Name _____ AARP Member Number _____

Member Address _____

Street Address

City

State

Zip Code

Bank Name _____

Bank Routing No. _____
(9 digit number)

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

Bank Account No. _____

Bank Account Holder's Name if other than
Member _____

Bank Account Holder's Signature _____

IMPORTANT

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

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

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

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

Hartford, Connecticut

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

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

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

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

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

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

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

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

Complete and submit this copy with the application



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

Hartford, Connecticut

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

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

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

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

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

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

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

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

(Signature of Agent, Broker or Other Representative)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Printed Name & Address)

Complete and keep this copy for your records



**NOTICE OF AVAILABILITY AND LANGUAGE ASSISTANCE SERVICES AND
ALTERNATE FORMATS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Important Information for Agents

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

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



This page was intentionally left blank.

NOTES

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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

For Your Records:

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

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

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

What's Next:

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



Let's stay connected.

As your licensed insurance agent/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.