

## Consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company, to help complete your coverage.

You may need more insurance coverage to help fit your needs. There are a variety of AARP Medicare Supplement Insurance Plans to choose from that help pay some of the out-of-pocket costs for Medicare-covered services.

## For more information, visit UnitedHealthcare at AARPMedSuppRetirees.com.

| Medicare Supplement Plans  | MOST     |                    | COMPR            | EHENSIVE         |          | LEAST    |          |          |
|--|----------|--------------------|------------------|------------------|----------|----------|----------|----------|
| DESCRIPTION OF SERVICE   | G        | N                  | L                | K                | В        | А        | F*       | C*       |
| Medicare Part A (Hospitalization) Co-insurance plus 365 additional hospital days after Medicare benefits end | <b>✓</b> | <b>~</b>           | <b>~</b>         | <b>√</b>         | <b>√</b> | <b>~</b> | <b>✓</b> | <b>√</b> |
| Medicare Part A Deductible   | <b>√</b> | <b>✓</b>           | 75% <sup>1</sup> | 50% <sup>1</sup> | <b>✓</b> |          | <b>√</b> | <b>√</b> |
| Medicare Part B Co-insurance or Co-payment   | <b>✓</b> | Copay <sup>2</sup> | 75% <sup>1</sup> | 50% <sup>1</sup> | <b>✓</b> | <b>√</b> | <b>✓</b> | ✓        |
| Medicare Part B Deductible   |          |                    |                  |                  |          |          | <b>4</b> | <b>√</b> |
| Medicare Part B Excess Charges <sup>3</sup>  | <b>√</b> |                    |                  |                  |          |          | <b>v</b> |          |
| Blood (first three pints)  | <b>√</b> | <b>✓</b>           | 75% <sup>1</sup> | 50% <sup>1</sup> | <b>√</b> | <b>√</b> | ✓        | <b>✓</b> |
| Foreign Travel Emergency (up to plan limit) <sup>4</sup>   | 80%      | 80%                |                  |                  |          |          | 80%      | 80%      |
| Hospice Part A Co-insurance or Co-payment and Respite Care Expense   | <b>√</b> | <b>√</b>           | 75% <sup>1</sup> | 50% <sup>1</sup> | <b>√</b> | <b>√</b> | <b>✓</b> | <b>√</b> |
| Skilled Nursing Facility Co-insurance  | <b>✓</b> | <b>✓</b>           | 75% <sup>1</sup> | 50% <sup>1</sup> |          |          | <b>✓</b> | <b>√</b> |
| 2019 Out-of-Pocket Limit (Plans K and L only) <sup>1</sup>   |          |                    | \$2,780          | \$5,560          |          |          |          |          |

<sup>\*</sup> NOTE; IMPORTANT: Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) who will be age 65 or older on or after 1/1/2020 with a Medicare Part A effective date prior to 1/1/2020. Please call a licensed insurance agent if you have any questions 1-800-392-7537.

Plans vary by state; Medicare Select plans are available in some states. **Network restrictions apply.** 

Chart reflects 2019 data.

1 While most Medicare supplement insurance plans do not have an annual out-of-pocket maximum, 2019 Plan K has an out-of-pocket maximum of \$5,560 and Plan L has an out-of-pocket maximum of \$2,780. Services under Plan K and Plan L that do not count toward out-of-pocket maximums include Part B excess charges and any service not covered by Medicare. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$185 in 2019), the Medicare Supplement plans pay 100% of covered services for the rest of the calendar year. Exception: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

2 Plan pays Part B co-insurance or co-payment except for an insured co-pay up to \$20 for each doctor's office visit and up to \$50 co-pay for each ER visit that does not result in an inpatient admission.

4 Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum for medically necessary Foreign Travel Emergency Care received outside the U.S that begins during the first 60 days of each trip.

Plans vary in MA, MN, and WI. AARP Medicare Supplement Insurance Plan G is not offered in all states.

Benefits and costs vary depending on the plan chosen.

| NOTES |  |  |  |  |  |  |
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<sup>3</sup> The Excess Charge is limited to 5% in NY. Under OH and PA law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. In TX the Excess Charge is not to exceed 15% over the Medicare-approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment. VT law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan. Benefits and costs vary depending on the plan chosen.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY, for New York residents). 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. Contact will be made by UnitedHealthcare Insurance Company. A licensed insurance agent/producer may contact you.

PLEASE SEE THE ENROLLMENT MATERIALS THAT WERE PREVIOUSLY SENT TO YOU FOR COMPLETE INFORMATION (INCLUDING OUTLINES OF COVERAGE) SHOWING BENEFITS, COSTS, ELIGIBILITY REQUIREMENTS, EXCLUSIONS, AND LIMITATIONS.



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